

Meeting: Trust Board Meeting in Public

Date: Wednesday, 28 June 2023

Time: 09:30 – 11:00

Venue: R&I Building, Stoke Mandeville Hospital & 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

	3.	Minutes of the last meeting held on: <ul style="list-style-type: none"> 31 May 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

	6.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Late paper
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Performance

	7.	Integrated Performance Report <i>F&BPC 27.06.2023</i>	Assurance	Chief Operating Officer	Late paper
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QUESTIONS FROM THE PUBLIC

COMFORT BREAK – 10 minutes

Finance

	8.	Finance Report <i>F&BPC 27.06.2023</i>	Assurance	Chief Finance Officer	Paper
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Quality

	9.	Annual Quality Account <i>Q&CGC 17.05.2023, EMC 27.06.2023</i>	Approval	Chief Nurse	Paper
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Risk & Governance

	10.	Charitable Funds Committee Terms of Reference <i>CFC 26.05.2023</i>	Approval	Chief Finance Officer	Paper
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Information

	11. Future Delegation of Statutory Functions	Information	Chief Commercial Officer	Paper
	12. Private Board Summary Report	Information	Trust Board Business Manager	Paper

AOB

11.55	13. Risks identified through Board discussion	Discussion	Trust Board Business Manager	Verbal
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ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:
26 July 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

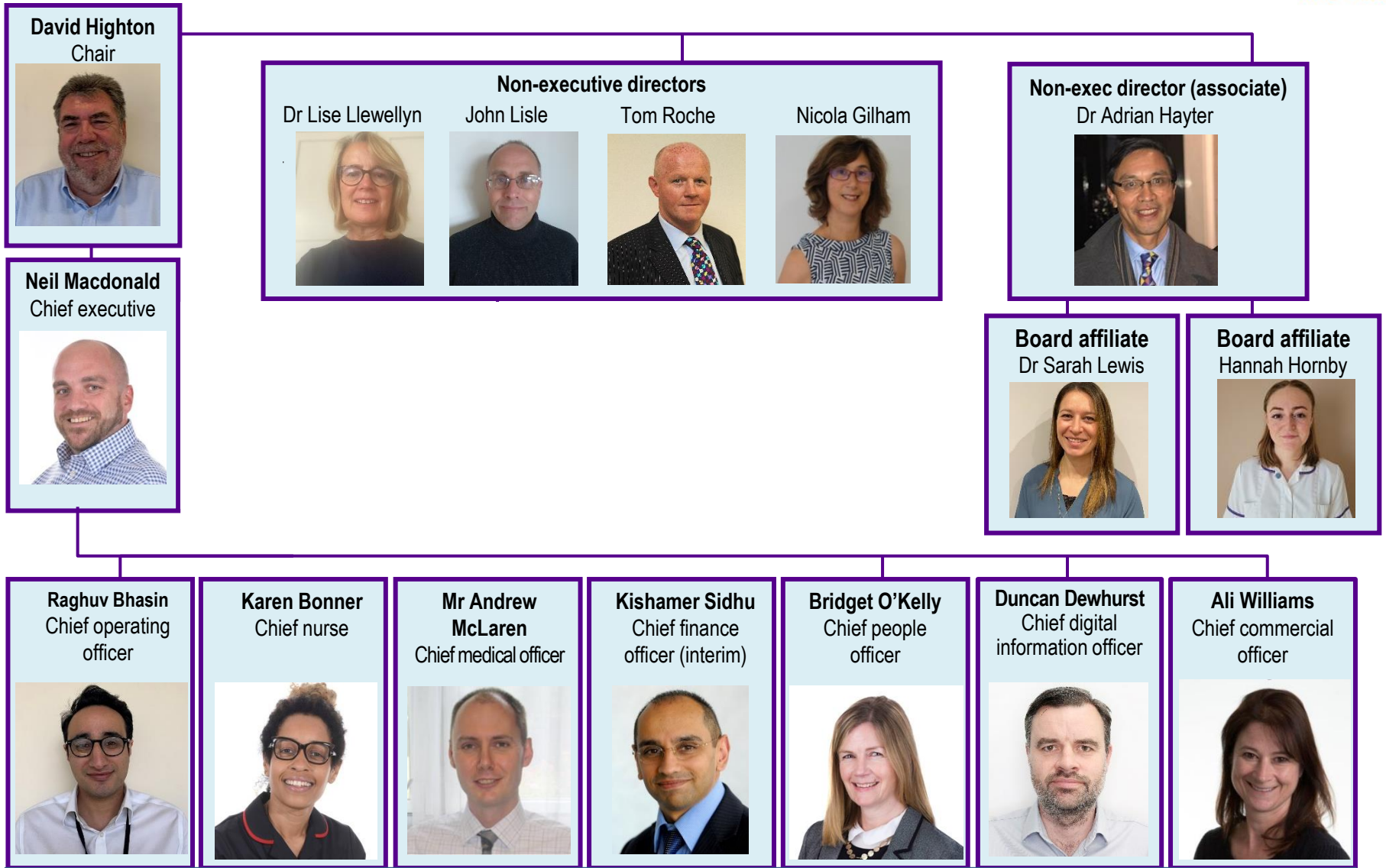
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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, 31 May 2023

Time: 09.30 – 12.00

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

MINUTES

Voting Members:

Mr D Highton (DH)	Trust Chair
Dr D Amin (DA)	Non-Executive Director
Mr R Bhasin (RB)	Chief Operating Officer
Ms K Bonner (KB)	Chief Nurse
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 K Sidhu (KS)	Interim Chief Finance Officer
Mr T Roche (TR)	Non-Executive Director

Non-Voting Members:

Mr M Girach (MG)	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:

Mr D Brennan (DJ)	Associate Director of Business Intelligence / Data Protection Officer
Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Ms H Beddall (HB)	Director of Midwifery (for agenda item 3)
Ms M East (ME)	Lead Midwife for Clinical Governance and Quality (for agenda item 3)
Ms T Underhill (TU)	Freedom to Speak Up Guardian (for agenda item 16)

01/05/23 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Adrian Hayter, Associate Non-Executive Director and Duncan Dewhurst, Chief Digital Information Officer. Daniel Brennan was attending in his place. Mo Girach would be joining the meeting late.

02/05/23 Declarations of Interest

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

03/05/23 Patient Story

Heidi Beddall and Michelle East joined the meeting.

KB introduced the patient story from Robyn Yarrow who had experienced a stillbirth at the Trust, and which had been investigated as a serious incident. Robyn spoke of her experience from diagnosis of antenatal intra uterine death, the birth of her stillborn daughter Olivia and the subsequent birth of her son Kit.

HB thanked Robyn for her sharing story, noting it was important to hear the story of bereaved parents considering the Ockenden and East Kent reports. The candour, transparent and engagement with parents was crucial when a baby dies, and the wrap around follow up care.

HH queried how families were supported through the serious incident investigation process. ME explained support was driven by what duty of candour and early contact and was determined by how much involvement the families wanted. ME explained enquiring whether to use the baby's name or not in the process was very important.

RJ questioned how the Trust was triangulating the East Kent and Ockenden findings with the complaints the Trust received. HB stressed it was essential to triangulate themes, findings from serious incidents, complaints, compliments and user feedback and the team were working hard to ensure any issues highlighted were reflected in learning and implemented into quality improvements.

DH noted one of the issues in the East Kent report was the Board having a false level of assurance and it was therefore important BHT's Board and the maternity team remain vigilant.

In response to a query from RB, HB noted it was important to recognise the loss of a baby from a family perspective regardless of the length of pregnancy and to have equity in the level of support provided. It was important to mirror what worked well, family engagement, transparency, and involvement in care in all parts of the pathway.

HB explained training provided a strong foundation for treating people as individuals with compassion and respect throughout the Trust such as using names of the deceased.

ME informed the Board the Trust requested open and honest feedback from all women which allowed anomalies in the pathway to be quickly identified.

KB thanked HB and ME and noted the learning was used and had wider implications across the Trust.

04/05/23 Minutes of the last meeting

The minutes of the meeting held on 26 April 2023 were **APPROVED** as a true and accurate record.

05/05/23 Actions and Matters Arising

The Action Matrix was **NOTED**.

06/05/23 Chief Executive's Report

NM presented the CEO report which was taken as read. NM noted a couple of things that had occurred since the report had been written:

- There had been a national announcement on funding for new hospital buildings and unfortunately the Trust had not been allocated to receive funding despite having critical infrastructure issues with the tower at Wycombe Hospital and the theatre areas at Stoke Mandeville Hospital. The Trust was now pursuing several different options.
- It had transpired the Trust had inadvertently had a link on its website which was diverting data to Meta which had now been taken down and the numbers involved were being investigated through the serious incident process.
- Assurance was provided around the call out of the fire brigade to Wycombe Hospital whereby something had started smoking in the fire ducts which had triggered the alarm. It had been disruptive but there had been no fire and staff were commended for following correct procedures.

NM thanked the departing non-executive directors for the generous amount of time they had given to the Trust.

JL commented on the recent news of the police not staying with mental health patients any longer during handovers and queried if the ICS had discussed how this would be supported across the system. NM explained this had not been discussed by the ICS however discussions were taking place with Oxford Health recognising the challenges around the number of children being admitted and long staying adults with complex mental health issues.

NG requested further details of the new intermediate care centre to be operational in September. NM explained this was an integration with community teams and council colleagues on the pathway

for rapid reablement and rehabilitation with therapists and social workers with a centre in Amersham and one in the north of the County.

The Board **NOTED** the CEO report.

07/05/23 Audit Committee Chair Report

JL took the report as read and highlighted the following:

- The Annual Governance Statement and Self-Certification had been approved for Board to approve.
- The latest submissions of the Annual Accounts had been approved.
- Internal Audit had issued a partial assurance on Complaints which was being addressed with an action plan in place.
- The Annual Internal Audit Opinion was for reasonable assurance however it had been close to being partial assurance and more work was required in the coming year to be more disciplined throughout the year with completing actions in a timelier manner and providing evidence.
- The use of Single Tender Waivers had increased.
- Concern had been raised regarding the 'on hold' patients outpatient appointment system which would be reviewed by the Quality and Clinical Governance Committee.

The Committee **NOTED** the report.

08/05/23 Quality and Clinical Governance Committee Chair Report

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

- There has been a detailed deep dive into pressure ulcers which had highlighted capacity challenges within the team preventing the level of oversight the Trust would like. More data was requested to look at community numbers as well as acute data.
- There had been improvements around medical staffing however this required continued oversight by the Strategic People Committee.
- There had been an increase in the number of children safeguarding cases and Deprivation of Liberty applications which required continued oversight.
- The Committee had been assured there was adequate oversight over the investigations into the two Never Events which had been declared.
- HB had been given two awards for outstanding leadership and promoting equality; chief midwifery office silver award and a personal award from the southeast regional chief nurse and congratulations were noted.

KB thanked DA for her commitment to the Quality and Clinical Governance Committee.

The Committee **NOTED** the report.

09/05/23 Finance and Business Performance Committee Chair Report

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

- There had been an extensive discussion on the switch to biosimilar drugs noting the cost improvements and clinical engagement required in the default switching programme.
- The Integrated Performance Report was reviewed noting it had been reviewed by NHSE and received accolades for its narrative and there had been a reduction in the cancer 62-day backlog.
- The month 1 finance report had provided assurance noting it was on plan.
- The financial plan for 23/24 was recommended for Board approval with a deficit of £12.1m.
- The 6 monthly property services report had been reviewed noting the risk around non-compliance in some health and safety areas which would be reviewed for the risk register rating.
- Discussion had taken place on a management review on spend and control of the building of the paediatric emergency building. Significant improvements were underway around controls and governance and overall financial management for future developments.

The Board **NOTED** the update.

10/05/23 Strategic People Committee Chair Report

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

- Important to ensure information regarding nominating staff for awards was readily available.

- Increased response rates for the staff survey.
- New and creative ideas had been discussed around staff retention and working flexibly.

The Board **NOTED** the report and **APPROVED** the revised Terms of Reference.

11/05/23 Charitable Funds Committee Chair Report

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

- Strong end of year position due the number of large legacies and consideration would be given to how these could be used.
- The register had been revised and would be reviewed on a quarterly basis.
- A self-assessment had been started in relation to the charity governance code.
- A bid had been recommended for approval for the purchase of 92 new wheelchairs and 46 new cushions for the NSIC.
- KS noted a bid had been agreed for the purchase of Chemotherapy Plum Pumps at a cost of £143,500 fully funded by the Charity. The Board were asked to agree the purchase as it exceed £100,000.

The Board **NOTED** the report, **APPROVED** the revised Terms of Reference, and **APPROVED** the purchase of the Chemotherapy Plum Pumps at a cost of £143,500.

12/05/23 Integrated Performance Report (IPR)

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

- There had been a couple of 78-day waiters due to industrial action.
- There had been a reduction in complaint responses over 90 days.
- Two Never Events had occurred which had been discussed in Quality and Clinical Governance Committee.
- There had been an increase in the vacancy rate due to the change in establishment which was expected however the level of turnover had reduced alongside the level of sickness due to mental health issues recognising the work of colleagues in occupational health.

AM updated the Board on the Never Events; noting one was related to an operation to fix a fracture of neck of femur where the surgeon had used mismatched components. The patient was reoperated on immediately and was doing well. The other event related to a fractured arm repair, where there was difficulty inserting a cannula, an ultrasound was used to anaesthetise the arm however it was the wrong arm. The mistake was recognised, and no harm was caused.

DA queried what was being done to reverse the trend of 12 hour waits in ED and seeing a senior decision maker within 60 minutes noting the potential for patient harm. RB explained a new consultant rota was in place. There would be 12 consultants working by early September which would fully staff the department with a senior member of staff between 08.00 and 24.00. Additional capacity was being brought in. Time was being invested in teamwork and changing culture which would help. AM noted the importance of triaging quickly was being supported and would also help to reverse the trend.

In response to a query from NG, BOK explained the work of the occupational health teams was having a positive impact on the numbers of hours lost due the mental health sickness. The numbers reflected the pressurised environment colleagues were working in and continued support to colleagues was vital. NM and BOK were in the process of meeting teams across the organisation who either performed well in the staff survey and those who had reported not such good experiences to understand, listen and learn from what was happening within the Trust. HH noted the increased number of higher acuity patients which made it more challenging for colleagues and teams were less resilient where there were gaps in leadership.

In response to a question from RJ, RB explained waiting times data was 6 weeks late this month and was unable to be included in the IPR noting the importance of putting the latest data in the report. RB assured the Board work was carried out offline to manage operational decisions.

The Board **NOTED** the report.

13/05/23 Monthly Finance Report

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

- The Trust was broadly on plan

- There was a continuing trend of vacancies in the organisation with temporary staffing however agency spend had reduced.
- The income position was broadly on plan
- The cost improvement plan was also on plan which was usual at the beginning of the financial year.
- Capital plan had started slowly but was likely to escalate as per the pattern of previous years.

The Board **NOTED** the report.

14/05/23 Financial Plan and Budget

KS explained the ICB had submitted a deficit plan of £60m at the beginning of May, NHSE did not accept the plan and asked the organisations to review what else could be done alongside some assistance. KS explained the bridge between the two plans highlighting additional income; additional CIP and £1m of extra capital was being made available which was transferable between revenue and capital. It was noted the divisions were not being asked to deliver additional CIPs.

In response to a query from RJ, KS informed the Board he had written to the ICB requesting information on how the system allocated resources.

KS noted the need to manage the income position which included ERF and was a risk which the Trust had had before. DH noted the acute collaborative Chairs and CEOs were resolved to work together to mitigate risk on ERF.

The Board **APPROVED** the 2023/24 Financial Plan and Budget; £12.1m deficit and capital of £29.7m.

15/05/23 Safe Staffing

Nursing and Midwifery Safe Staffing

KB took the report as read and noted the following:

- The registered nursing vacancy rate was at 6.3% by the end of Q4 which was the lowest achieved vacancy rate within the financial year.
- The need for 1-1 enhanced care support continued resulting in additional duties being created for temporary staff and work was ongoing to improve this.
- Additional beds were still open which put pressure on the staffing levels.
- The temporary staffing work has started to review and monitor the usage of temporary staffing with the aim of reducing agency spend to less than 3.7%

Medical Safe Staffing

AM took the report as read and noting the following:

- The improvement in safe medical staffing related to junior doctors. Benefits were being seen following the business case approved in August 2021 for additional support. The health roster system was reporting medical wards had 100% safe staffing in Q4 which was a great achievement resulting in junior doctors feeling less pressured and improved patient safety.
- Anaesthetics protocols meant if there is a shortage of junior doctors, theatre work was reduced.
- Surgery and women and children's divisions were moving to healthrota which was already being used in Medicine and would then be able to provide safe staffing data and would provide consistency.

NG noted safe medical staffing was being balanced against cost and queried the cost and whether the risk could be predicted. AM explained bank and agency costs and the gaps were because the Trust was unable to get people to work certain shifts. Patient care was not being compromised due to other staff in place which were not counted in the data. There would be further iterations of the report in due course.

In response to a query from SL, AM noted the safe staffing levels were not adjusted throughout the year recognising there was a steady level of activity throughout the year.

The Board **NOTED** the report.

16/05/23 Freedom to Speak Up Guardian Annual Report

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

- The BHT staff survey results had shown an upward trend against the national downward trend in speaking up which was due to the outreach guardians and champions.
- There was improved representation by ethnicity of colleagues accessing the service.

In response to a query from MG, TU noted work to embed the freedom to speak up culture within the Trust's strategies was ongoing.

KB noted there had been a reduction in speaking up external to the organisation which was positive.

In response to queries from NG, TU explained the contacts were helping to prevent issues becoming a concern and added there was good visibility in the community with an outreach model.

BOK thanked TU and the team, noting it was everyone's responsibility to create a culture of feeling safe to speak up.

DH and BOK expressed thanks to MG for his work in supporting the Freedom to Speak Up work, noting it was hoped to have a new NED champion by the beginning of July.

The Board **NOTED** the Annual Report.

17/05/23 Organisational Risk Report

The Board **NOTED** the report recognising they had been reviewed by Audit Committee and the Executive Management Committee.

18/05/23 Annual Governance Report

The Board **APPROVED** the report.

19/05/23 Self-Certification

The Board **APPROVED** the report.

20/05/23 Private Board Summary Report

The Board **NOTED** the report.

21/05/23 Risks identified through Board discussion

- Ongoing internal and external challenges and resultant impact on colleague wellbeing.
- Risks to financial position including the achievement of ERF income.
- Conflicting objectives including activity, finance and maintaining safe staffing.

22/05/23 Any other business

- DH thanked RJ and DA for the last eight years work on the Board and effective and supportive Committee Chairs and thanked MG for his work.

QUESTIONS FROM THE PUBLIC

No questions had been received.

Date of the next Trust Board Meeting in Public: 28 June 2023 at 09.30

Public Board Action Matrix

Action ID	Agenda Item	Summary	Target Date	Exec Lead	Status	Update
1489	Integrated Performance Report	Systematic review of critical infrastructure and shortage of skills to ensure no points of failure	28/06/2023 26/07/2023	Chief Operating Officer	In Progress (deferred)	Work underway to present to Board in July 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

28 June 2023

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

Executive Summary

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

Appended to this report is a list of the winners of our monthly CARE value awards (Appendix 1), a summary of Executive Management Committee 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).

Decision	The Board is requested to note the CEO 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	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 and system update

On 15 June, the Department of Health & Social Care published 'The government's 2023 mandate to NHS England'. This can be read in full [here](#), and sets out three priorities for NHS England to deliver alongside the NHS Long Term Plan, as follows:

1. Cut NHS waiting lists and recover performance
2. Support the workforce through training, retention and modernising the way staff work
3. Deliver recovery through the use of data and technology

This month we have seen a third period of industrial action taken by our junior doctor colleagues. Once again, I would like to take this opportunity to express my sincere gratitude to the many colleagues involved in planning and preparedness, ensuring high quality care could be maintained throughout. I also extend our thanks to those patients who had their appointment or procedure postponed, for their patience and understanding.

We have also seen the start of the warmest weather to date in recent weeks, and I am grateful to colleagues working in both our acute and community services for their hard work in maintaining high standards of care in the heat. We also experienced high attendance at our Emergency Department by patients with respiratory difficulties linked to hay fever.

Outstanding care

The Care Quality Commission (CQC) undertook two inspections at the Trust this month: the first was in our paediatric emergency department in response to a sad case of an unexpected paediatric death. The second was an announced inspection of our maternity department as part of the CQC's national programme; the department that was not inspected during the Trust inspection in 2022. The CQC have requested further information as part of the usual process and provided informal feedback. Once we have received final written reports, I will update the Board accordingly. I would also like to thank colleagues involved in these investigations for their hard work and professionalism throughout.

Key performance data are reported in the Integrated Performance Report with supporting narrative.

I am delighted to share that the Trust has been recognised as a Centre of Excellence for Atrial Fibrillation, the most common heart rhythm condition we treat, and the Bucks Heart Rhythm team were awarded Atrial Fibrillation and Supraventricular Tachycardia Pioneer Awards earlier this month. This is in recognition of the team's pioneering work, including for implementing a nurse-led Amiodarone Initiation Clinic. More information can be read [here](#).

Our recruitment to clinical trials continues to go from strength to strength, with the latest data from the National Institute for Health and Care Research showing the Trust has recruited its highest number to date, putting us 3rd in the region behind two large teaching hospitals.

Clinical colleagues have been hosting a number of conferences, notably the International Tetrahand UK Conference, which attracted c.100 attendees and focussed on discussing the surgical treatment of upper limb in tetraplegia (tetrahand surgery), helping suitable patients restore some upper limb function. The conference included five international speakers and our own colleagues from BHT: Professor Jeremy Rodrigues (plastic and hand surgeon), Joseph Papanikitas (radiologist) and Hazel Landymore (hand therapist).

Also this month they ran our first regional anaesthesia Annual Study Day. 83 delegates attended and we had expert speakers from London and the South West, as well as a series of virtual lectures from colleagues in the United States and Canada. The feedback has been extremely

positive, for example: *“This is the best conference I’ve attended. Way better than some of the big ones in London”*.

This month we held our Quality Improvement and Clinical Audit Conference which was a great opportunity to celebrate the wealth of projects ongoing across the organisation and share best practice and learning.

At the end of Month 2, we reported a deficit of £6.1m, £0.3m better than the planned deficit of £6.4m. We spent £1m against our capital plan for £29.4m and have delivered efficiencies of £1.63m.

Healthy communities

I was pleased to join our South Bucks Health Visitor team at their drop-in clinic in High Wycombe library this month. We are all aware of how important the early years are and the long-lasting impact they have into adulthood, and services like these are so important for parents to be able to access support at this time in their child’s life.

One of the determinants of health is education, and our school engagement team have been working hard over recent months with lots of activities for schools and young people in our communities who are starting to think about opportunities for their careers. As well as attending local careers events alongside clinical colleagues, in collaboration with Bucks Skills Hub the team have been coordinating a series of careers events for coming months, plus a showcase designed for teachers.

Congratulations to our school nursery team who recently underwent an unannounced Ofsted inspection and retained their rating of Good for Amersham and Wycombe Day Nurseries. Like inspections by the Care Quality Commission, these events can sometimes feel stressful, so my thanks and commendation to everyone involved – fantastic recognition for the brilliant care they deliver for the youngest in our community, many of whom are children of colleagues.

Great place to work

We previously reported our results from the National Staff Survey, and work continues to analyse and use these data to inform our future planning. One of the areas that I would like to share with the Board is the data contained in Figure 1 below. It is good to see the positive changes we have made as an organisation in both compassion & inclusion and staff engagement, relative to the trend this year.

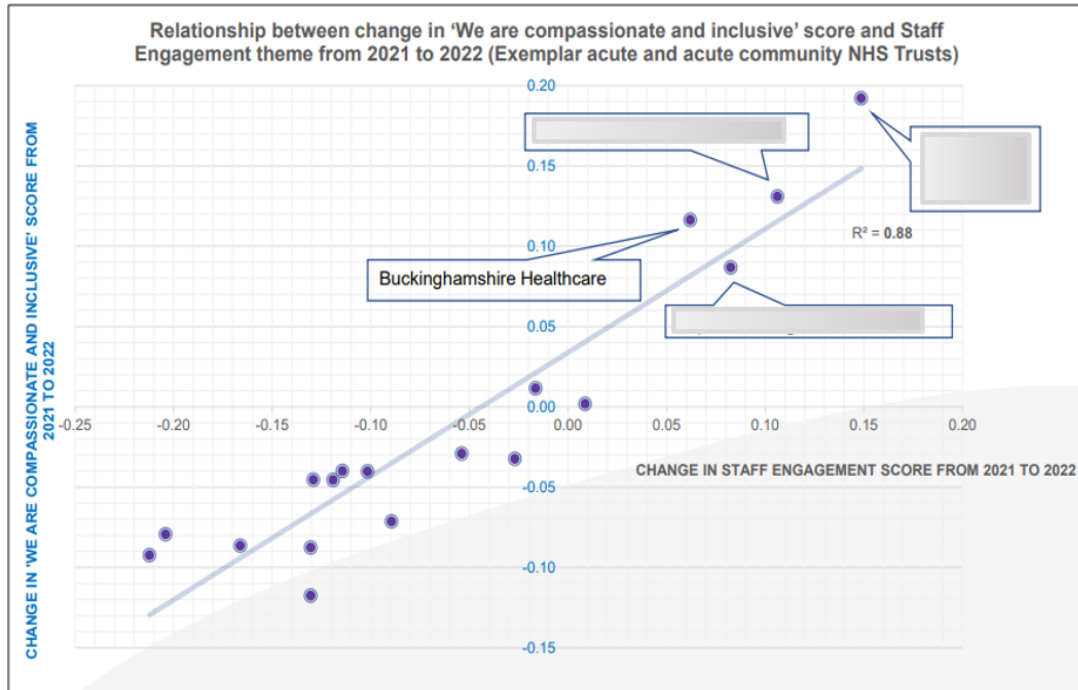


Figure 1: National Staff Survey 2022 data from NHS People Promise Exemplar acute and acute & community NHS trusts showing change from 2021 to 2022 in score for “We are compassionate and inclusive” and staff engagement

It was a pleasure to attend the inaugural Buckinghamshire Health & Social Care Academy Conference Executive Breakfast and have the opportunity to speak with leaders in our industry in support of our workforce.

June is Pride Month, and we have been proudly flying our flag at Stoke Mandeville Hospital both to celebrate the diversity of our workforce, and as a symbol of inclusivity in our organisation, both for colleagues working here as well as the patients we care for.

Earlier this month we celebrated Carers’ Week. The numbers of carers in Buckinghamshire alone is stark: over 6000, and often people are surprised to discover they themselves may be classed as carers; according to the NHS definition “A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.” Here in BHT we are fortunate to have access to Carers Bucks who provide vital support for patients’ carers.

It was also Volunteers’ Week at the start of June, and I was fortunate enough to spend some time with two of our fabulous volunteers at Stoke Mandeville Hospital – in our Cancer Care and Haematology Unit, and on Ward 3. Our volunteers are invaluable to how we deliver services to our patients, in the communities as much as in our hospitals, so I want to take this opportunity to extend immense gratitude to our near 500 volunteers. Many of our colleagues also choose to volunteer in their spare time, either for BHT or for other organisations and charities, and I hope everyone feels rightly proud to choose to do this for their community.

We also celebrate Armed Forces Week and I will be privileged to spend some time with one of our physiotherapists who is also an Army Reservist, to find out what life is really like balancing these commitments, and how their experiences in both disciplines can cross-benefit the other.

Finally, Thursday 22 June is Windrush Day, and we will be flying the Windrush flag in recognition of the huge contribution this generation has made, and continues to make, to the NHS and healthcare in this country.

Appendices

Appendix 1 – CARE Value awards

Appendix 2 – Executive Management Committee and Transformation Board

Appendix 3 – Place & System Briefing

Appendix 1 – Trust CARE values awards

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

April 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Aural Care Nursing Team	Aural Care Nurse Specialists	The Aural Care Nursing Team have been supplying a support to the ENT provision at Bucks for a while now enabling patients to be seen quickly and not have to be seen by consultants. Their workload has become so large, they go over and above to manage this and ensure patients are not kept waiting too long and are offered treatment as soon as possible. This is a very under-resourced area, and they run this service with extremely limited administration support. Being such a small department as well, when someone leaves, it affects the activity greatly. Sam, Aural Care Lead Nurse, does a fantastic job in keeping things working as smoothly as possible even during the most difficult of times and situations. The team who work with Sam, work collaboratively on a daily basis to bring a highly beneficial service to patients and the Trust and they maintain this at all times. Their support and dedication to their specialism and patients is outstanding.	Staff
Aspiring	Jeannine Phillips	Community Nursery Nurse Winslow Health Visiting Team	Jeannine called me to complete my son's 2-year-old health review last week. As soon as I picked up the phone, she was caring and understanding. She went through the booklets with me and was happy to listen to me waffle on about my kids, going off on a tangent every 30 seconds about something else. She then went above and beyond, making sure that I was doing okay, making sure I was taking time for myself and looking after my own mental health. It was such a pleasurable conversation, and she answered all my questions and troubles thoroughly. Nothing felt like too much of an ask. I truly believe that having a strong Health Visiting team really makes local families feel seen and valued, being more open to discuss any issues early on, rather than delaying involving healthcare professionals. Jeannine is an asset to the HV team and should be commended for this! Thank you so much Jeannine!"	Patient relative
Respect	Dr Abhishek Banerji	Consultant	During a very busy time in AE and whilst the strike was in progress. Dr Banerjee took great care and had so much patience talking to my 90-year-old Mother-in-Law. His bedside manner was exceptional during a very difficult time, especially as he was called to an emergency but later came back to her. I would like to nominate him for his kindness and understanding of her needs.	Patient relative
Enable	Indra Simon	Staff Nurse Frailty	Indra goes above and beyond to help us in ED - always with a positive attitude and is willing to help despite having her own role to fulfil. She is amazing and caring towards the patients and always puts them first. She is very proactive and comes to assess patients that she deems suitable for her unit and will take the patients round which helps ED especially with the overcrowding we have in ED. This then allows us to keep flow going. When Indra has no patients or her patients are stable and her colleague	Staff

			will stay with them, comes to ED and helps us with assessing our patients and also helps us with transfers, this helps the patients waiting in ED and gives the nurses a boost of positivity and kindness. Indra is an amazing nurse and gives nursing her all at any time of her shift and after sometimes if she needs to stay on for the safety of her patient, she does this and never complains.	
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Executive Management Committee and Transformation Board

Executive Management Committee 30 May to 13 June 2023

Executive Management Committee (EMC) 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

Nitrous oxide guidance
Review of MRSA bacteraemias
ED patient safety report 2022/23
Nursing safe staffing quarterly report
Special Educational Needs and Disabilities (SEND) action plan quarterly report
Update on 'on holds' patients tracking list
Primary care

Money and Estates

Productivity & Efficiency planning weekly update
Monthly capital and finance reports

Community ophthalmology contract

People

CARE value awards
Opportunities to transform our administrative and corporate services

Digital and Governance

Annual Report
Organisational Risk: Corporate Risk Register and Board Assurance Framework
Minutes from EMC sub-committees

Transformation Board 21 June 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 meeting:

QI projects on a page
NHS Elective Care priorities
Electronic Patient Record Outline Business Case
Transformation portfolio:

- Diagnostics
- Estates
- Organisational Development
- Urgent and emergency care
- Healthy communities
- Digital

Productivity and efficiency weekly update
Temporary staffing programme
Change framework
Integrated Performance Report

Place and System Briefing

June 2023

Place

Buckinghamshire Executive Partnership (BEP) meeting 13 June 2023

Item	Summary	Impact
Priorities update	Discussed progress updates under the three priorities for the BEP: transforming SEND; joining up care; and tackling health inequalities. Also focused on metrics and where further work might be needed to identify appropriate measures to be able to provide assurance of progress.	The detail of these priorities was shared in last month's CEO Report Place & System Briefing. Many of the activities align with those which BHT are focused on this year and through to 2025.
Items on Health & Wellbeing Board agenda	Discussed the following reports ahead of being presented to the forthcoming Health & Wellbeing Board on 22 June: <ul style="list-style-type: none"> • ICB Joint Forward Plan • Better Care Fund Plan • Action plans for Mental Health and Maternity & Early Years 	The BEP discussed how the ICB might use commissioning to drive transformation e.g. longer contracts to provide opportunity for delivery at greater scale. BHT receives funding through the Better Care Fund. The plan prioritises discharge, admission avoidance and tackling health inequalities.
Learning Disabilities	Discussed the recently refreshed Learning Disabilities programme plan.	Members agreed the importance of championing learning disabilities and ensuring representation on relevant boards.
Dashboard	Discussed a draft dashboard of key measures to ensure oversight of activities by the BEP.	Members agreed to focus on key metrics for the three priorities, and the importance of ensuring visibility of broad measures such as prevention, reducing waiting lists, and access to primary care.

Buckinghamshire Place Based Growth Board 15 June 2023

The Place Based Growth Board is chaired by Martin Tett, Leader of Buckinghamshire Council. At this meeting the Board discussed principles and investment criteria for a Pooled Investment Fund managed by the Enterprise and Investment Board. It also discussed a draft of the Buckinghamshire Regeneration Framework, and the Buckinghamshire Skills and Employment Strategy.

System

BOB Integrated Care System CEO group 7 June 2023

The System Chief Executives meet informally on a monthly basis, and this month discussed preparedness for industrial action and the system financial position.

BOB Integrated Care Board (ICB) 20 June 2023

The BOB ICB meeting takes place every other month and the Board met in Private on Tuesday 20 June 2023 to discuss its strategic approach to Population Health Management. It was the last meeting of Steve McManus as CEO ahead of his replacement by Nick Broughton, current CEO of Oxford Health, in July. To note that Steve will be returning to his position as Acute Provider representative on the ICB from August 2023.

Meeting: Trust Board Meeting in Public

28 June 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 May 2023
Purpose	Assurance
Previously considered	Transformation Board 21.03.2023 F&BPC 27.06.2023

Executive Summary

This document provides an Integrated Performance Report for review.

The report was discussed at the Trust's Transformation Board on 22 June 2023. Key points made in the discussion included:

- Noting the need for improvements across operational indicators particularly diagnostics and elective care
- Noting the challenging position around complaints which has been raised through Divisional Performance Reviews
- Recognising the improvement in statutory and mandatory training completion.

Unfortunately, revisions to the IPR were not possible for this month due to significant other demands on the B.I. teams time. These changes will be put in place for the July meeting.

A verbal update on the discussions held at the Finance and Business Performance Committee on 27 June will be provided to Board.

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

May 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

- Maternity metrics as a separate section.

Removed

Changed

Integrated Performance & Quality Report

Executive Summary

May was a challenging month for the Trust operationally with three bank holidays and sustained high levels of activity across elective and non-elective pathways. This is represented in the activity and performance of the Trust that saw a deterioration across the majority of elective and non-elective measures with the exception of cancer where performance continues to improve.

With regards non-elective care the work to put in place the processes and pathways and culture change as part of the Urgent and Emergency Care Improvement Plan. This saw an increase in performance over the second half of the month which is masked by the overall monthly performance. Changes made in May include:

- The closure of Olympic Lodge (32 winter therapy beds) and opening of three Care Home Hubs - 20 beds - supported by cross-organisational MDTs that will improve the flow into intermediate beds from the hospital
- The soft-trialling of an expanded Same Day Emergency Care Service over May which went live formally in June to increase the numbers of patients going to SDEC each day and therefore coming out of the Emergency Department
- The successful bid for funding for a new 21-bedded ward for winter.

Delivery of improvements will not be linear and is a continual source of focus for the organisation working with its partners. We are not yet delivering the consistent levels of care that we would want as an organisation and this will be the subject of intense work over the summer to ensure we are 'winter ready'.

Elective care was significantly affected by Industrial Action in April (which this report covers) which contributed to lower activity compared to the previous year and continued 78 week wait breaches, despite the huge progress that has been made over the past year. Cancer performance continued to improve with further work to do in Gynaecology and Urology to provide a sustainable service given staffing gaps in these areas. Diagnostic performance stabilised but needs to see significant improvement. A recovery plan is in place for Non-Obstetric Ultrasound that will see significant improvements from July onwards but further investment is needed in Endoscopy and MRI to reduce backlogs with the financial impact being worked through the Executive at present.

Our quality position has remained relatively stable over May however there has been a decline in complaint response performance which is disappointing given the significant progress that has been made in recent month. Individual action is being taken with divisions to recover the position.

Our overall vacancy rate has increased due to the uplifted budgeted establishment. We continue with our successful nurse recruitment, in particular from overseas. Alongside this we have a focus on the recruitment of temporary staff into our substantive workforce vacancies, as part of our temporary staffing usage reduction programme of work.

Sickness absence is reducing, and support levels remain high from Occupational Health and Wellbeing to maintain this reduction.

In the last 12 months our turnover rate has consistently fallen from 14.9% (May 22) to 11.9% (May 23) Our People Promise exemplar programme is now in its second year and is focused on improving retention at BHT and incorporating national best practice.

The overall compliance with Statutory and Mandatory training has increased, as the annual appraisal process is underway across the organisation during Q1.

Integrated Performance & Quality Report

Overall Performance Summary

May 2023	Assurance		
	Pass 	Hit and Miss 	Fail
Special Cause - Improvement 	★ Open pathway 78 week breaches	★ VTE Assessments Early Warning Score compliance Complaints received Sickness - musculoskeletal Sickness - mental health Sickness - Covid 19 Corporate Induction	★ Turnover rate Statutory & Mandatory training
Common Cause 	★ Theatre utilisation Outpatient appointment disruption Hospital Standardised Mortality Ratio (HSMR)	ED attendances Ambulance arrivals Discharges by 5pm Open pathway 52 week breaches Cancelled operations Elective activity Cancer treatment levels - 31 day treatments Faster diagnostic standard (28 days) Cancer wait times - 2 Week Waits Incidents that are low/no harm Medication incidents Number of Falls Pressure Ulcers - cat 2, 3, 4 & unstageable SIs confirmed Never events MRSA bacteraemia infections C Difficile infections MSSA bacteraemia infections E.Coli bacteraemia infections Klebsiella spp bacteraemia infections Treatment escalation plan compliance Non critical care inpatient cardiac arrests Friends and Family test - response rate Community average Length Of Stay 21 day LOS - Community Community waiting list size Community urgent 2 hour response Health Visitor appointments - 14 days Average time to replace vacancies Referrals into OH and Wellbeing - stress Occupant health - management referrals response time	ED 4 Hour performance 12 Hour waits in ED Ambulance handovers within 15, 30 & 60min Medically optimised for discharge patients Medically optimised for discharge bed days lost 21 day LOS - Acute Open pathway performance Outpatient DNA rate Outpatient letters to GPs within 14 days Cancer Performance - 62 day pathway Cancer screening Diagnostic activity levels Falls per 1,000 bed days Pseudomonas aeruginosa bacteraemia cases Complaints response rate Complaints outstanding at 90 days Friends & Family test - positive responses Sickness Data security awareness training
Special Cause - Concern 		Overall size of the waiting list Medication incidents as SIs Nursing and Midwifery vacancy rate Trust vacancy rate	Seen by senior decision maker within 60 min Outpatient activity delivered remotely Cancer wait times - 104 days Diagnostic compliance Endoscopic patients waiting > 6 weeks Non-endoscopic breaches

Variance

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

Integrated Performance & Quality Report

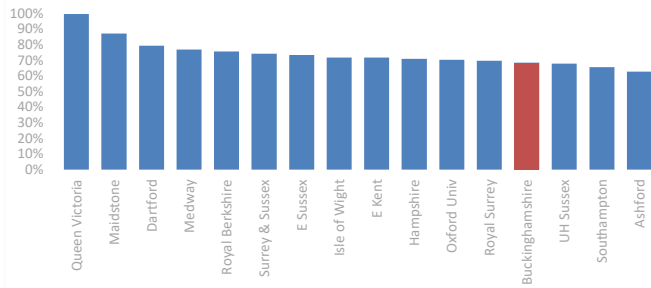
Benchmarking Summary for South-East Region



Buckinghamshire Healthcare
NHS Trust

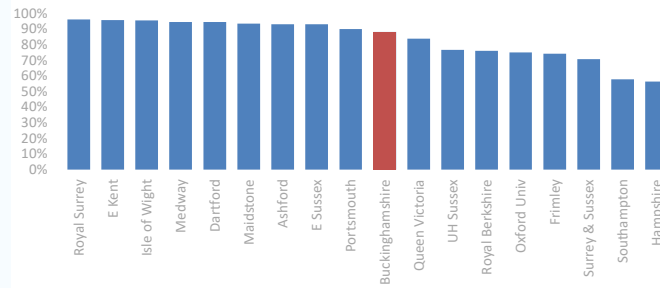
ED 4 hour performance

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



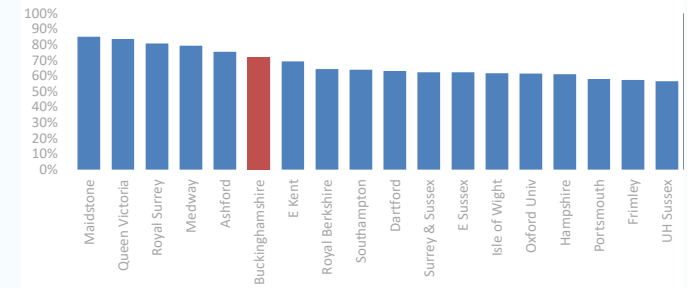
2 week wait cancer

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



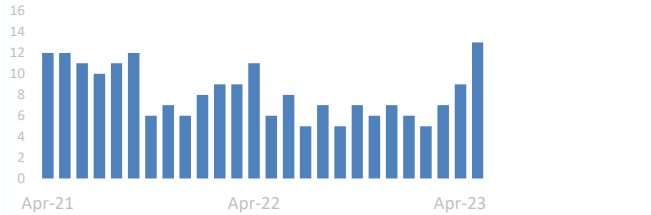
62 day wait cancer

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



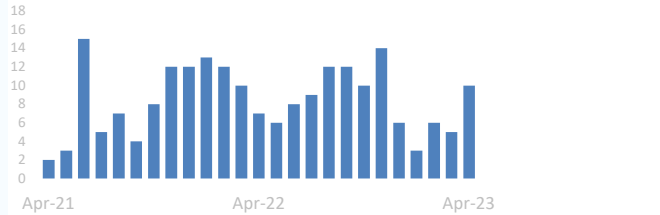
ED 4 hour performance ranking

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



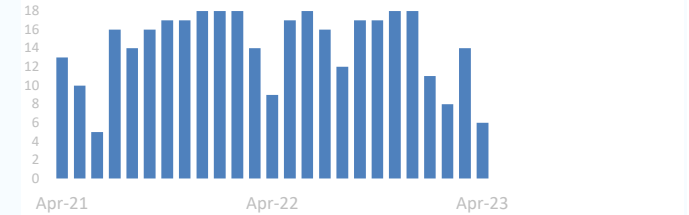
2 week wait cancer ranking

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

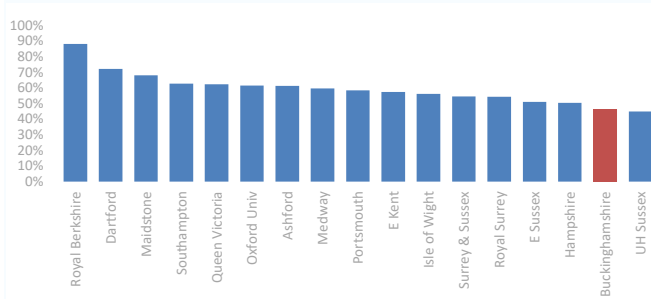
Benchmarking Summary for South-East Region



Buckinghamshire Healthcare
NHS Trust

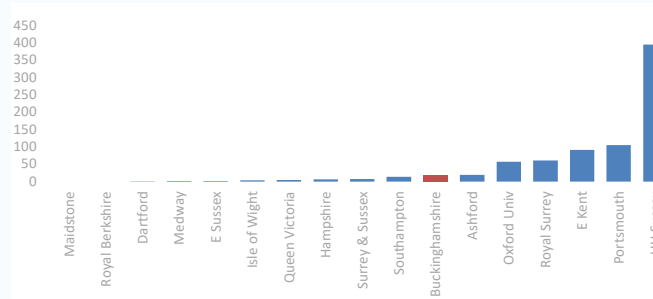
RTT performance

South East RTT performance benchmarking - Apr-23



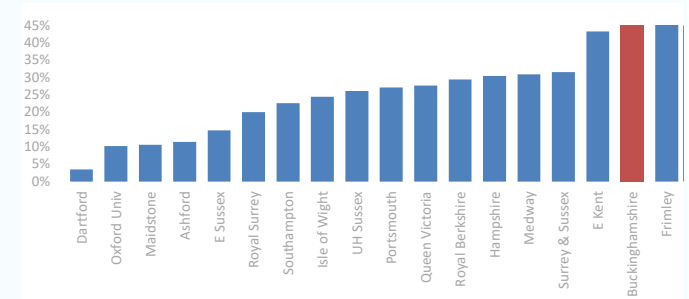
78 week waits

South East over 78 week waits benchmarking - Apr-23



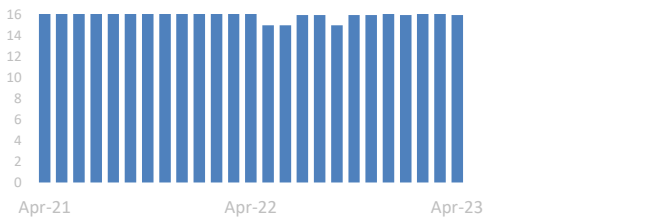
Diagnostic performance

South East diagnostic performance benchmarking - Apr-23



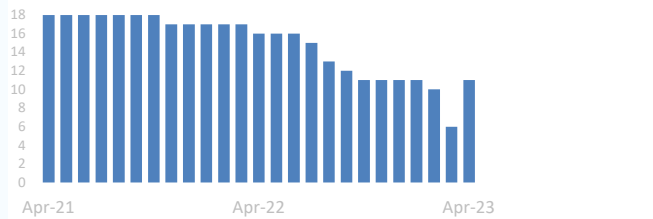
RTT performance ranking

South East RTT performance benchmarking - historic rankings out of 16



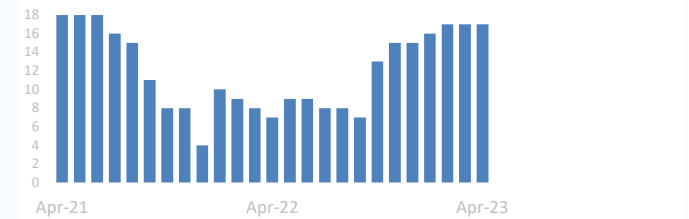
78 week waits ranking

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

ED 4 hour performance

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

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

12 hour waits in ED

Rising numbers of Emergency Admissions is contributing to the number of persons remaining in the Emergency Department >12hrs.

In the last three reporting periods we have seen a gradual increase in the number of 12hr stays in ED from 6.6% to 7.1%.

The contributing factor is limited early flow to specialty wards.

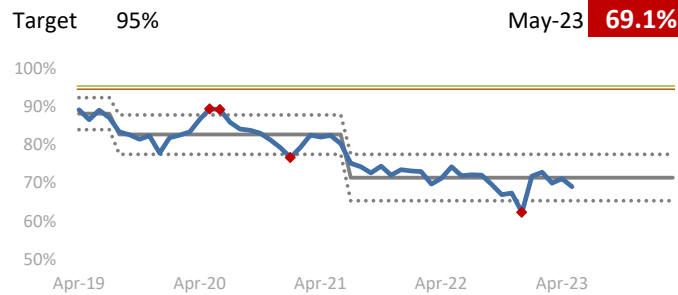
Our ambition is for this to be 2%, which is being supported with our improvement works; improved flows to our assessment areas / SDEC, introduction of the acute medical team attending the ED huddles 3 hourly, introduced specialty in-reach into the Emergency Department, co-located the frailty service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

Seen by a Senior decision maker within 60 mins

We have introduced a Senior Decision Maker in both the Ambulance and Ambulant pathways to support improvement however this is variable due to staffing constraints, but we continue to learn and modify. Looking to increase the number of Senior Decision Makers through job planning between the hours of 8am – midnight. This should improve significantly in the coming months with the successful recruitment of 6 Emergency

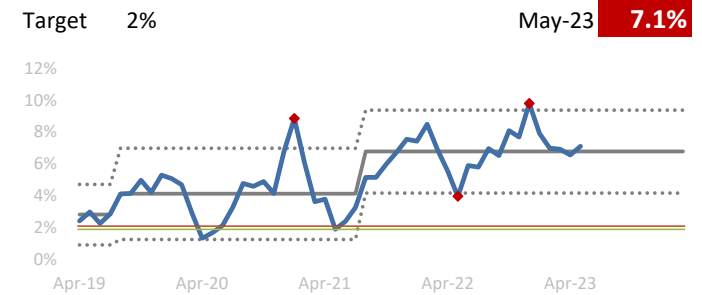
ED 4 hour performance

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



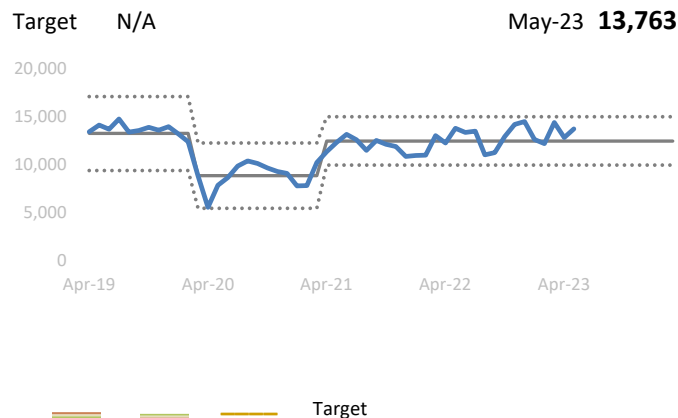
12 hour waits in ED

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



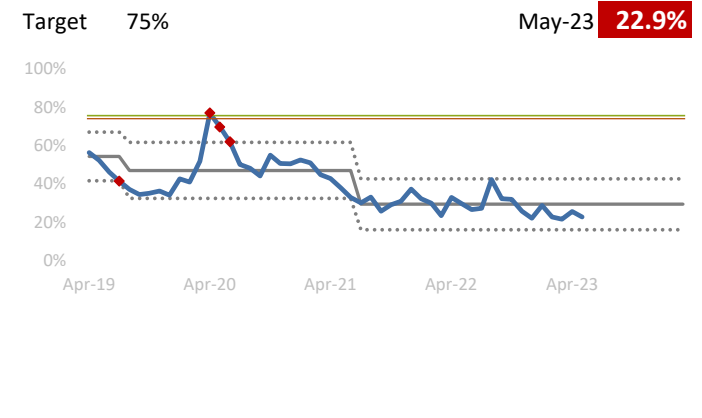
ED attendances

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



Senior decision-maker seen within 60 minutes

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



Outstanding Care

Operational Standards - Urgent & Emergency Care

Ambulance handovers

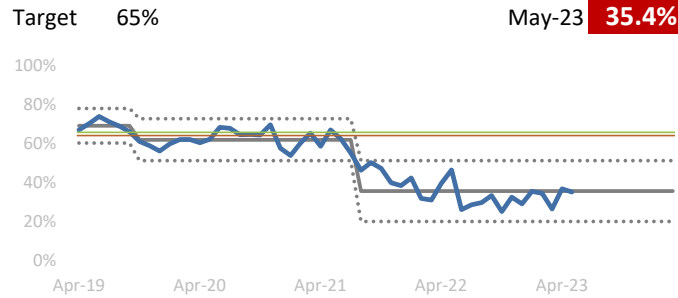
In this reporting period ambulance conveyances to Stoke Mandeville Hospital have remained static.

We have seen a decrease in the within 15mins and 30mins performance and an improvement in those Ambulance Patient Offloaded within 60 minute.

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

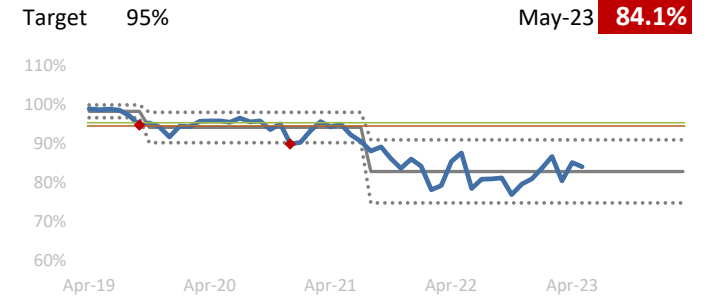
Ambulance handovers within 15 mins

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



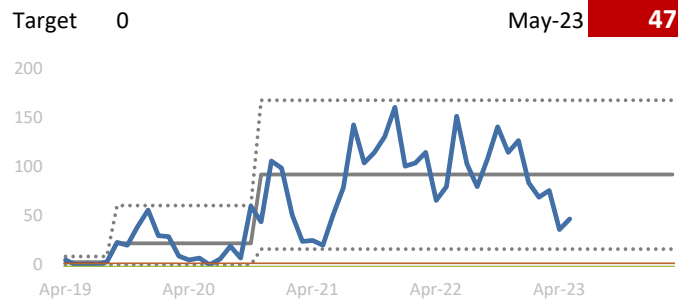
Ambulance handovers within 30 mins

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



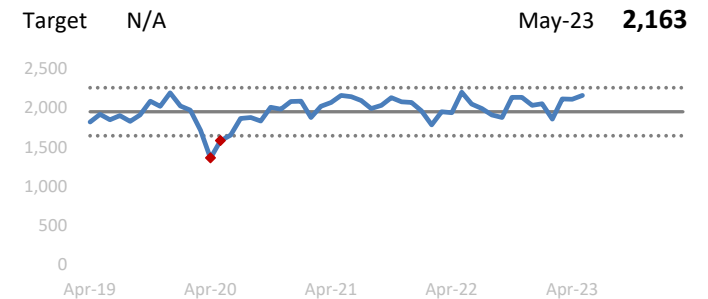
Ambulance handovers over 60 mins

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



Ambulance arrivals

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



— Target

Outstanding Care

Operational Standards - Urgent & Emergency Care

Medically optimised for discharge

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

We undertake daily MDT reviews supported by executive colleagues of all in-patients and known complex discharges and twice weekly we undertake a multiagency review of all patients over 14 days LoS.

Ongoing improvement work across our in-patient areas on board rounds and ward round processes, plan to roll out live bed boards which will support efficient ward updates and give live position on next steps for each patient.

Regular conversations are taking place at executive level with our system partners.

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

21 day LOS – Acute

We have seen a decrease in patients remaining in hospital >21days on the last reporting period. It does continue 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 sustained increase in the number of discharges by 5pm in this reporting period.

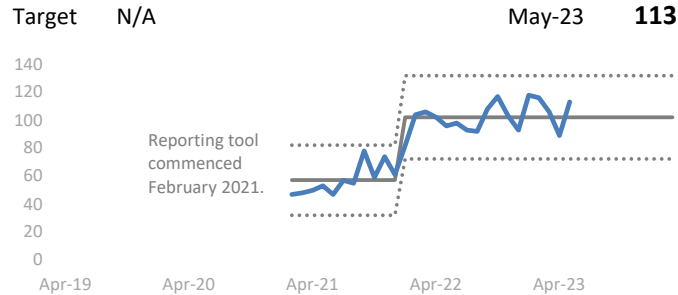
We continue our improvement work across our in-patient areas on board round and ward round processes.

To support improvement, we have recruited discharge coordinators for each clinical area.

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

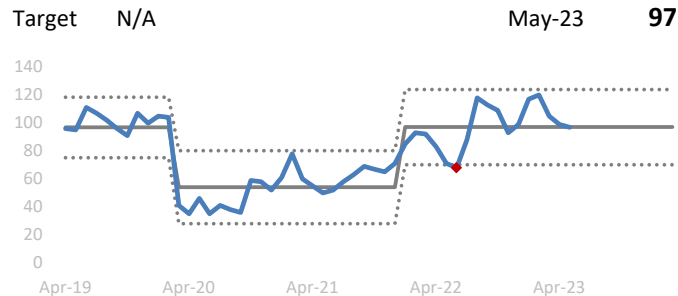
Medically optimised for discharge

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



21 day LOS - Acute

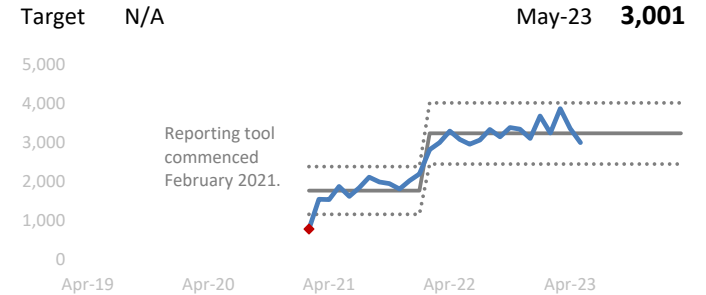
Count of patients in an acute bed at the end of the month who have a total length of stay of more than 21 days.



— Target

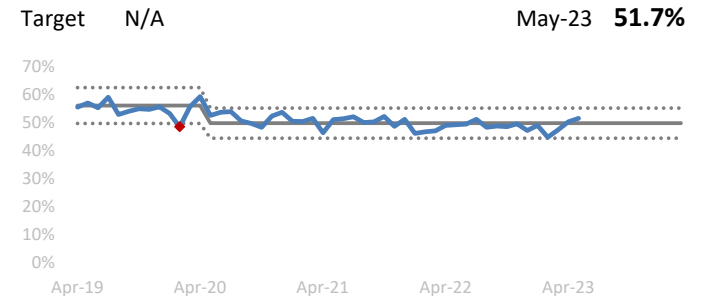
MOFD Bed days lost

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 increase in the waiting list is a result of clearing the backlog of referrals after triage. Referrals are received in the Trust on a stand alone system and are triaged by the appropriate clinician. They can then be added to the waiting list.

This work has been ongoing for several months and has caused an increase in the waiting list size. It does ensure all patients are treated equally and in order of clinical priority and waiting time.

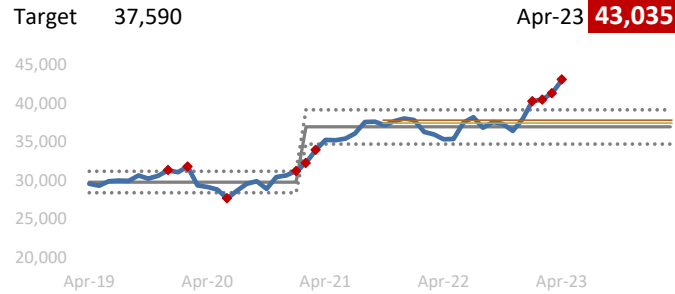
We expect the waiting list to stabilise and then reduce alongside increased activity and treatments.

Open pathways

The % of patients seen under 18 weeks has been stable for some time, but at a low rate. This is not likely to improve while we continue to have longer waiting patients but improvement in productivity will aim to improve 18 week compliance throughout the year.

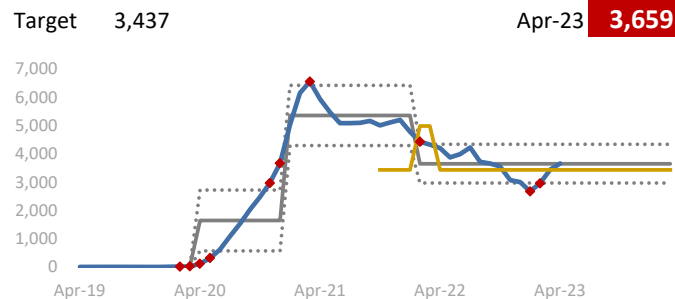
Overall size of the waiting list

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



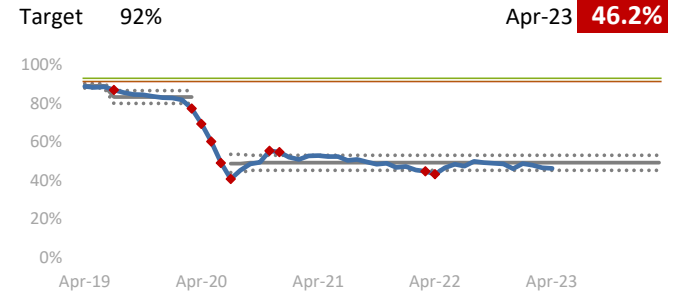
Open pathway 52 week breaches

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



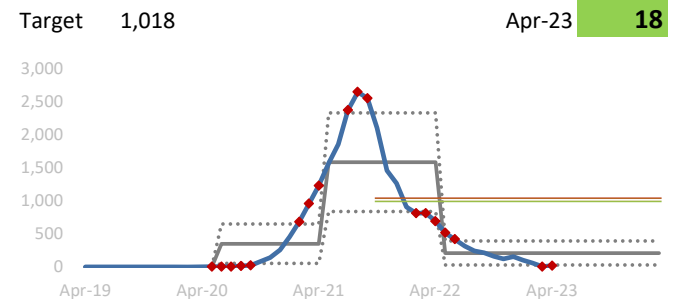
Open pathway performance

Percentage of patients waiting less than 18 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

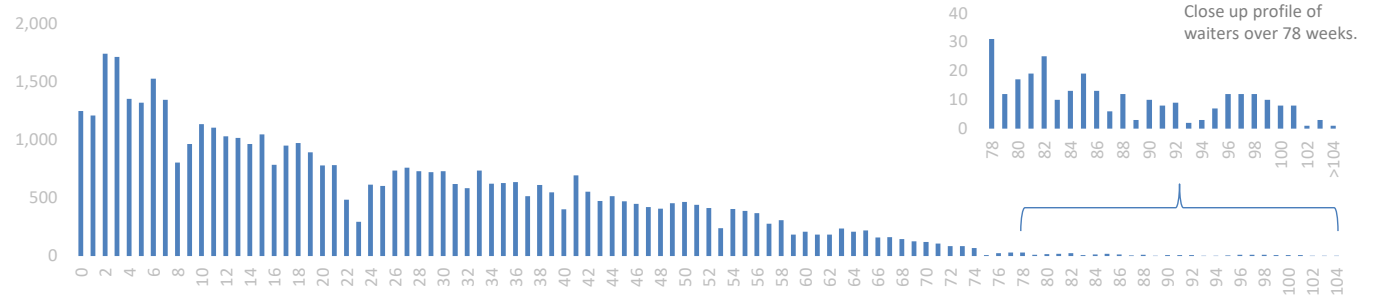
Usually RTT data runs one month in arrears due to RTT submission date being later than IPR production date

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 (May-23) by weeks waited from clock start date.



Outstanding Care

Operational Standards - Elective Recovery

Cancelled elective operations

There were 34 elective operations cancelled in May due to hospital reasons. This is higher than our target of 20 and due to various reasons but mainly operations over running due to increased complexities of patients on the list and issues with the theatres causing cancellations.

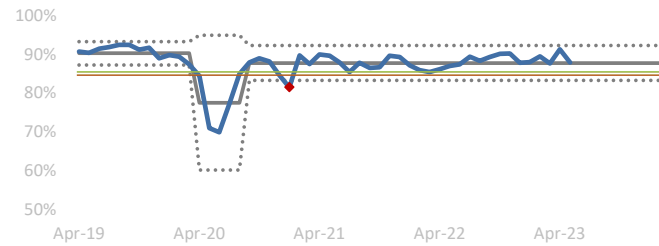
Every effort is made to ensure patients are allocated adequate theatre time for the operation but this is sometimes extended on the day due to unforeseen complexities. This continues to be monitored to learn from each circumstance.

Cancellations due to theatre or equipment issues are regrettable and every attempt is made to avoid them with appropriate preparation. There are occasions however whereby theatre or equipment failure necessitate cancellations.

Theatre utilisation

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

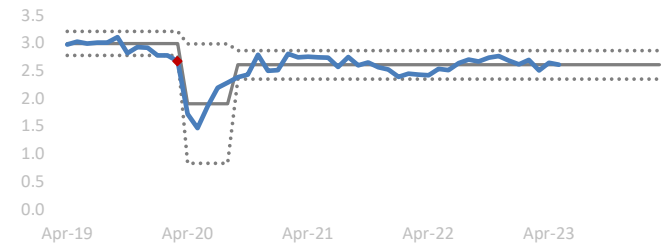
Target 85% May-23 **87.9%**



Theatre cases per 4 hours planned time

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

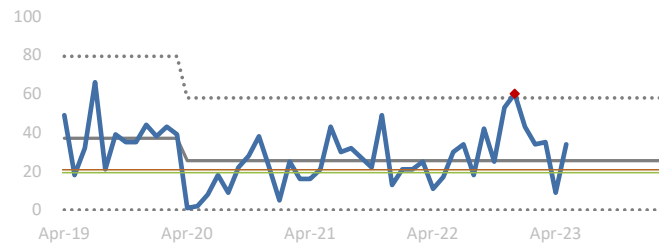
Target N/A May-23 **2.6**



Cancelled elective operations

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

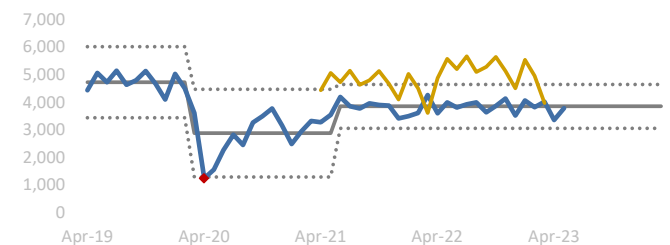
Target 20 May-23 **34**



Elective Activity

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

Target N/A May-23 **3,793**



Target

Outstanding Care

Operational Standards - Elective Recovery



DNA

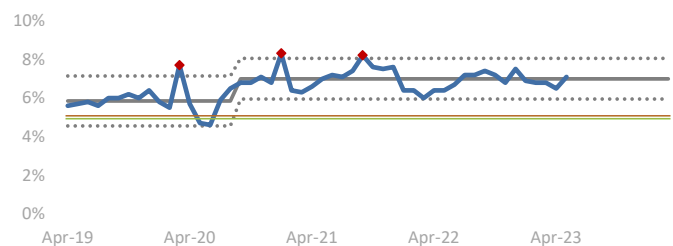
Patient did not attend rates are higher than target and have been so for several months. This is more pronounced around bank holidays or other holiday periods, or when patients have waited a long time for their appointments.

It is important that patients are contacted with appointment dates well in advance and have time to communicate with the hospital if they cannot attend. We are working with our booking teams to ensure the process includes better and earlier communication with the patient to reduce the number of patients not attending.

Outpatient DNA rate

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

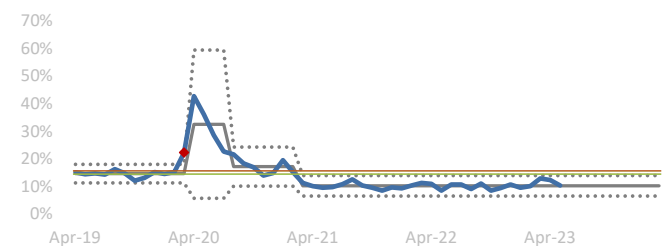
Target 5% May-23 **7.1%**



Outpatient appointment disruption

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

Target 15% May-23 **10.4%**

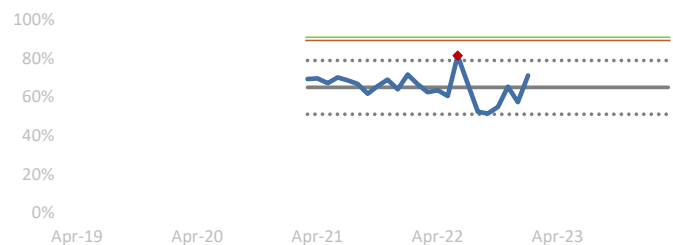


Latest data not available at time of report production

Outpatient letters to GPs within 14 days

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

Target 90% Apr-23

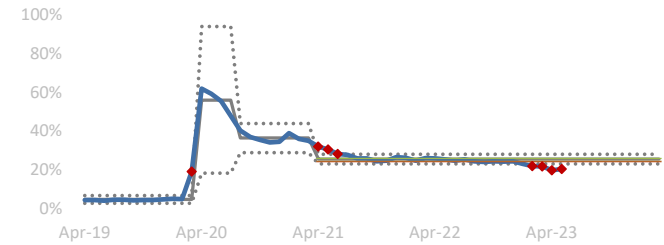


Target

Outpatient activity delivered remotely

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

Target 25% May-23 **20.3%**



Outstanding Care

Operational Standards - Elective Recovery



62 day pathway

Performance of 71.7% has been reported in April (performance reporting month) a significant increase in performance. Issues impacting performance in month remain were access to timely definitive diagnostics for urology and Head and neck, 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 improved its backlog position of 160 at the end of May with continued delivery against trajectory. The Trust backlog position has now decreased to below 7% of the total patient list compared to average of 9.6% 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

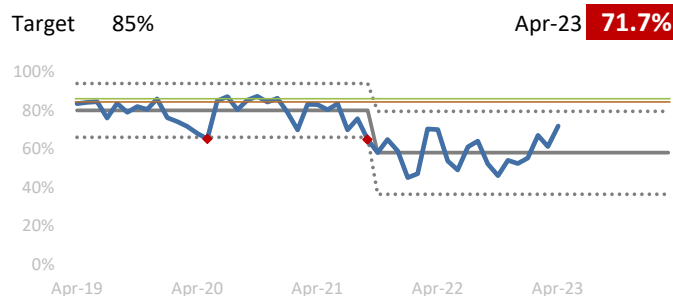
Work continues to ensure that patient have access within 14 days. The Trust performance decreased slightly in month compared to the previous performance. This was due to increases in skins referrals and reduced capacity within gynaecology. Work continues with TVCA to implement national best practice timed pathways which, while seeking to delivery 28 Fast Diagnosis Standard, will also help deliver 2WW performance (see above)..

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

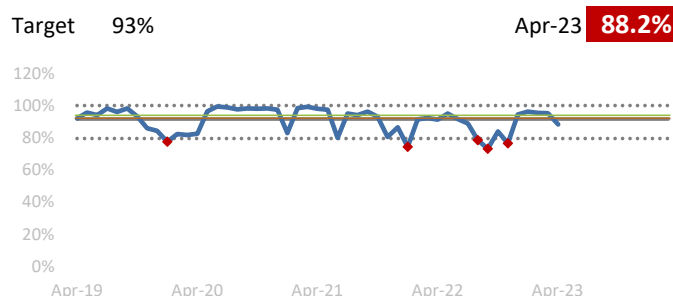
Cancer Performance - 62 day pathway

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



Cancer Wait Times - 2WW

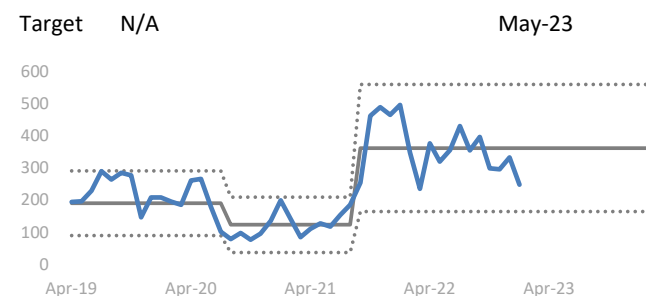
Percentage of urgent referrals for suspected cancer to first outpatient attendances within 2 weeks.



Latest data not available at time of report production

Cancer Wait Times - 62 day waiters

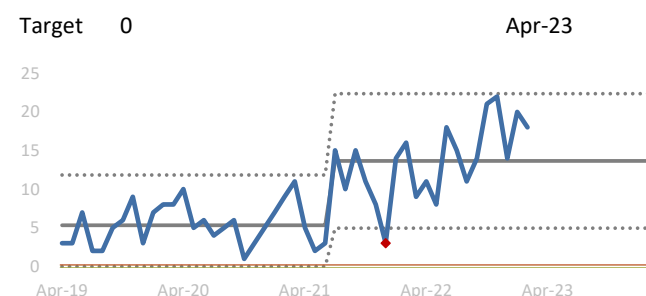
The number of cancer open pathways waiting > 62 days after an urgent suspected cancer referral at month end.



Latest data not available at time of report production

Cancer Wait Times - 104 days

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



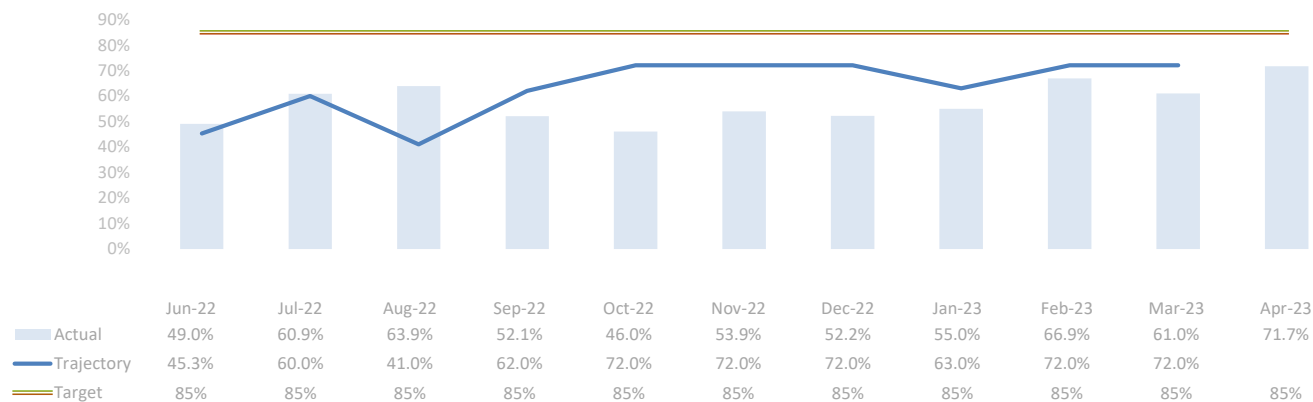
Target

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

Outstanding Care

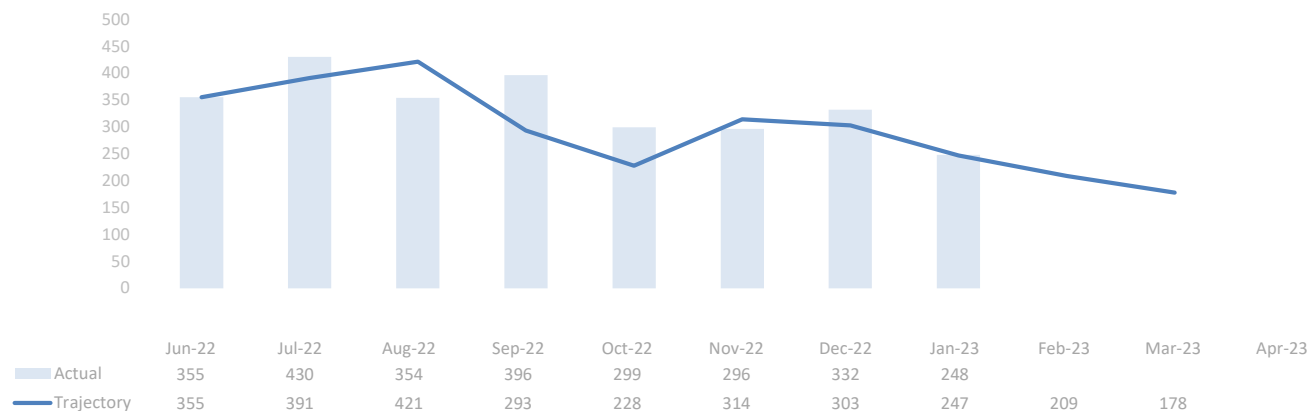
Operational Standards - Elective Recovery

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

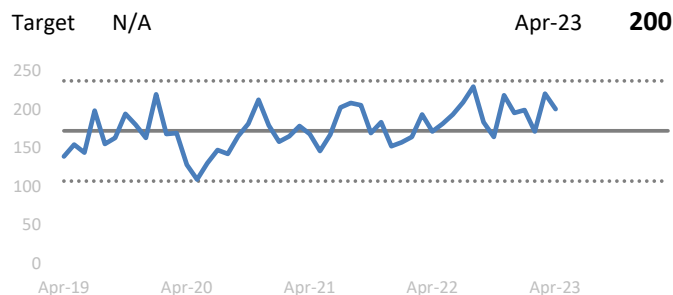
A FD programme has been developed alongside the TVCA focusing on six pathways: Urology, Gynaecology, Skin Lower GI, Upper GI and Breast. Performance in April was 70% against a national standard of 75% and I line with our agreed trajectory

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 86.8% against a target of 90%.

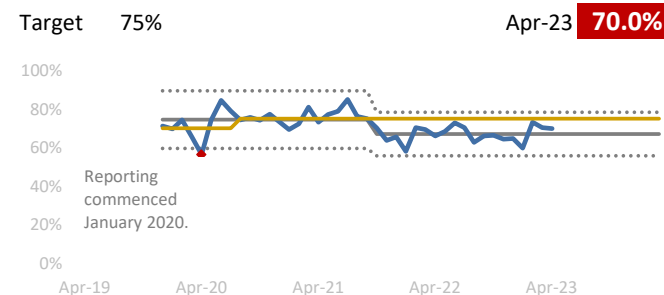
Cancer treatment levels - 31 day treatments

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



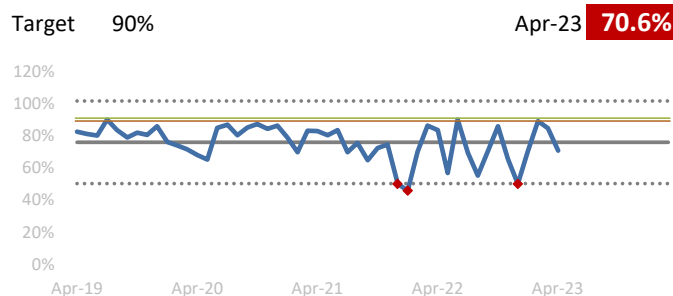
Faster diagnostic standard (28 days)

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

A diagnostic improvement board has been established chaired by the COO. The diagnostic phase of the reasons for non compliance has been completed and the drivers identified as 6% year on year increase in demand across all modalities. Insufficient capacity to meet demand specifically for MRI. Staff shortages to maximise activity.

An improvement plan is in place which focuses on:

- Demand management
- Increasing capacity
- Delivering productivity gains
- Delivering agreed performance improvement trajectories

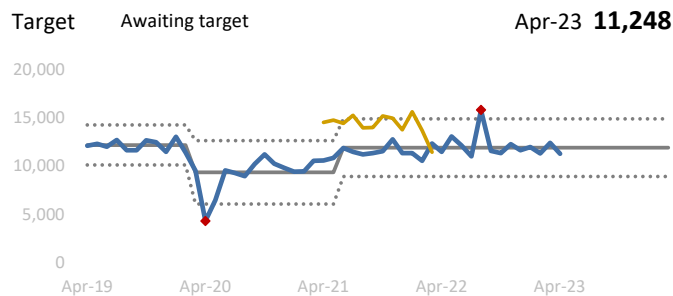
Endoscopic Patients waiting >6 weeks (breaches)

Actions for improvement:

- 7 Day working at Stoke restarted.
- 6 Day working at Wycombe restarted.
- TNE service started but hitting logistical issues with physical space.
- Increase drive to backfill lists.
- New pathway agreed for upper GI to push a higher percent into the TNE service.
- Long waiter meetings to validate breaching patients and improve overall DMO1 position has started with new team leader and showing an improvement on the DM01 booked/unbooked.
- Increased clinical vetting with training of CE's now underway.
- Continuation of GutCare insourcing for weekend
- Focus on reducing DNAs and cancellation through new administrative HICSS booking process. Updating our PB1 letter to match wider trust outline.
- Split scheduling team into outbound and inbound to try and offer fuller confirmation of appointments.

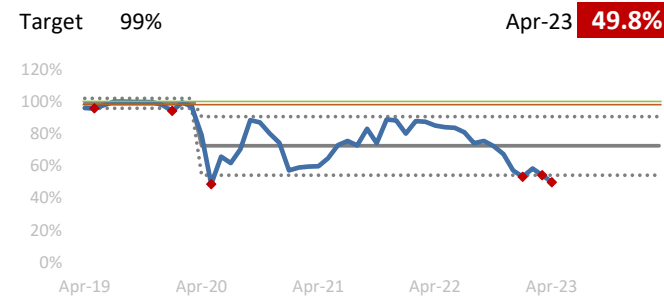
Diagnostic activity levels

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



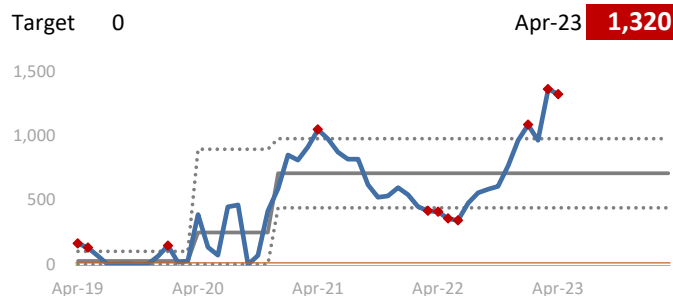
Diagnostic compliance

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



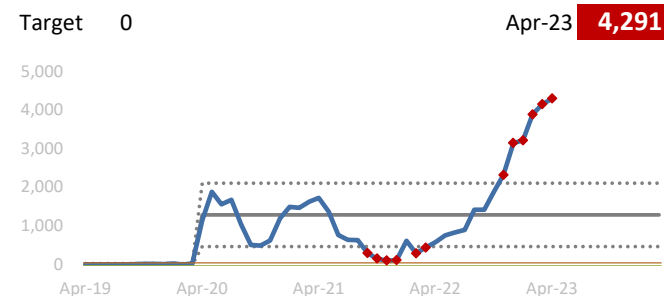
Endoscopic patients waiting > 6 weeks

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.



Target

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

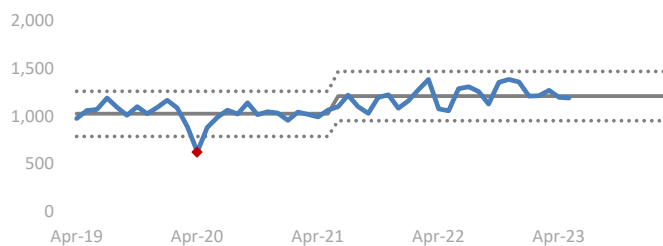
Outstanding Care

Operational Standards - Quality & Safety

Incidents reported

Total number of incidents reported on DATIX during the month.

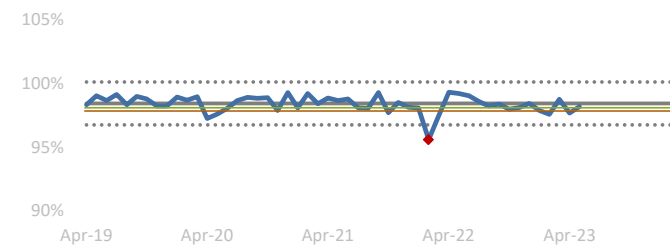
Target N/A May-23 **1193**



Incidents that are low/no harm

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

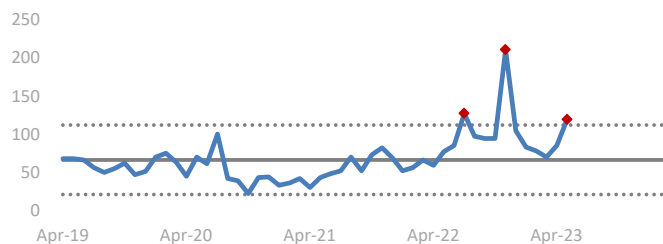
Target 98% May-23 **98.2%**



Excellence reporting

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

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



— Target

Outstanding Care

Operational Standards - Quality & Safety



Medication Incidents

The number of medication incidents was within the usual range. Community locality teams reported 14 incidents occurring in patients' own homes, relating mainly to issues with scheduling of visits to administer medicines and incorrect Prescription Authorisation Records. **Action:** Working with the Community Diabetes Nurses to help address insulin administration issues by district nurses.

Medication Incidents as SIs

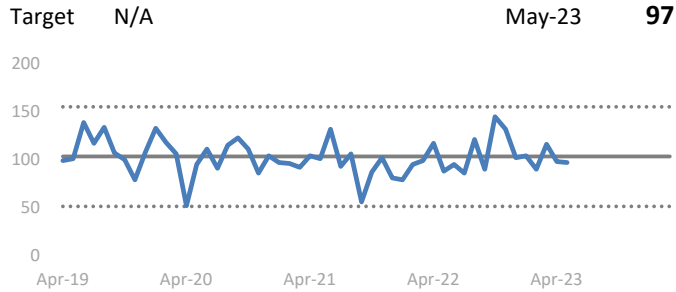
The medication SI involves a patient administered nebuliser via nebuliser machine rather than oxygen as per prescription. SI investigation underway

Falls

The number of falls and rate per 1,000 bed days is slightly lower this month than previous 3 months with common cause variation. Higher number of no harms reported than in previous month – which is positive. The Falls policy was presented at Quality and Patient Safety Group – feedback will be incorporated into the final draft, then to be ratified. Quarterly falls report produced and cascaded via Harm Free Care Group – thematic analysis will be completed for next quarterly report. Falls mandatory training module has been updated

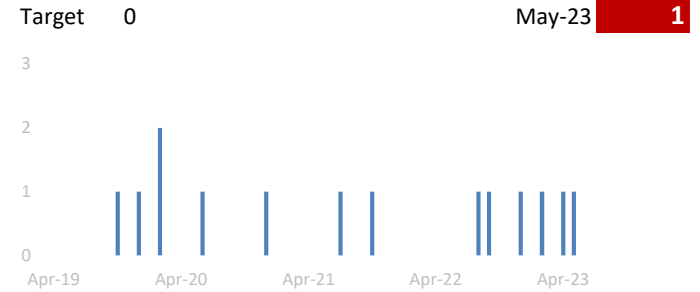
Medication incidents

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



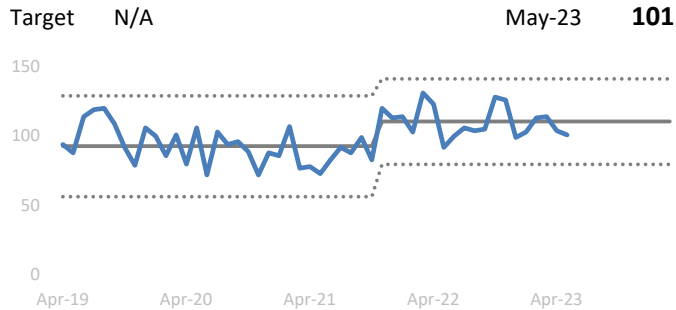
Medication incidents as SIs

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



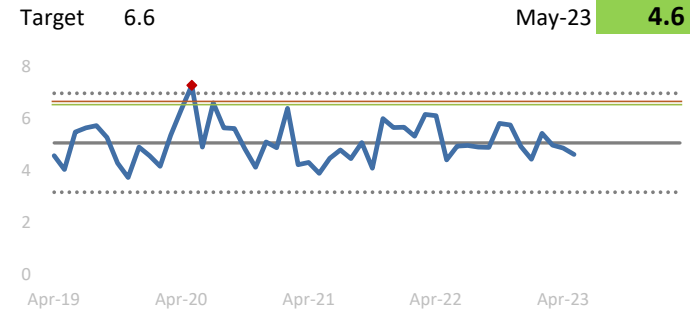
Number of falls

Total number of inpatient falls reported on DATIX.



Falls per 1,000 bed days

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



Target

Outstanding Care

Operational Standards - Quality & Safety

Total of 147 incidents reported, slightly lower than April. (April 166)
 May shows a slight increase for trust acquired incidents against April

33 hospital acquired plus, **36** community acquired = **69** trust acquired total, against 147 incidents in total.

The 6 most severe hospital acquired were in following locations:
 Category 3 PU– Buckingham ACHT (community)

Unstageable pressure ulcers
 1 x Buckingham ACHT (community)
 1 x Thame ACHT (community)
 2 X St Andrew (SMH) &
 1 Ward 2 (Surgery)

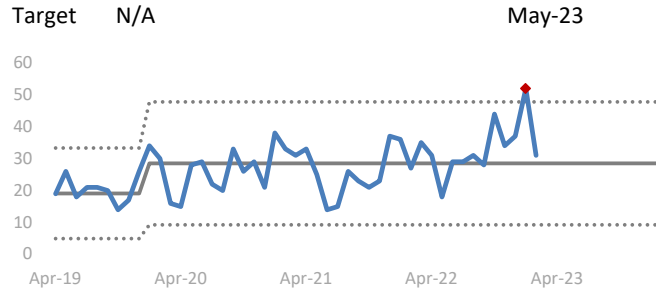
78 were present when patient was admitted



Latest data not available at time of report production

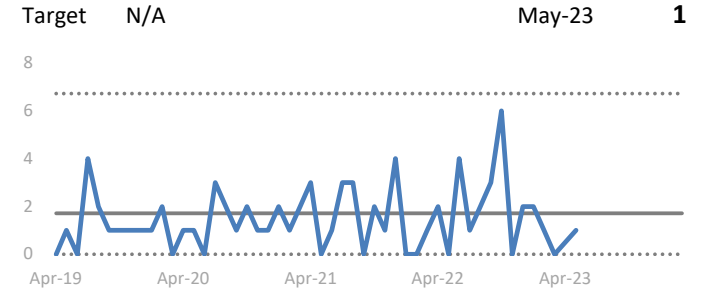
Pressure ulcers - category 2

Number of acquired category 2 pressure ulcers.



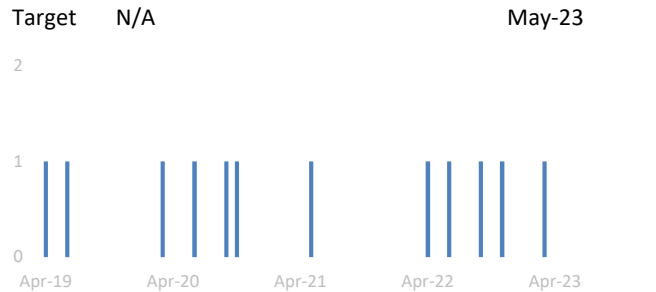
Pressure ulcers - category 3

Number of acquired category 3 pressure ulcers.



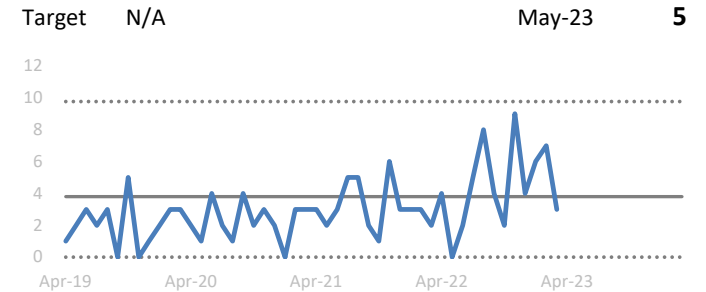
Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.



Pressure ulcers - unstageable

Number of acquired unstageable pressure ulcers.



Target

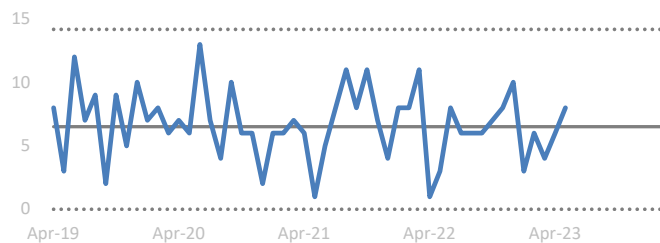
Outstanding Care

Operational Standards - Quality & Safety

SI's confirmed

The total number of Serious Incidents confirmed during the month.

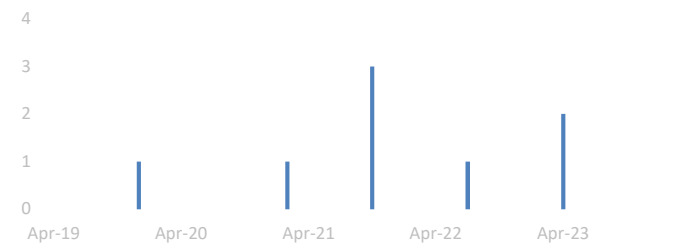
Target N/A May-23 **8**



SI's declared as never events

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

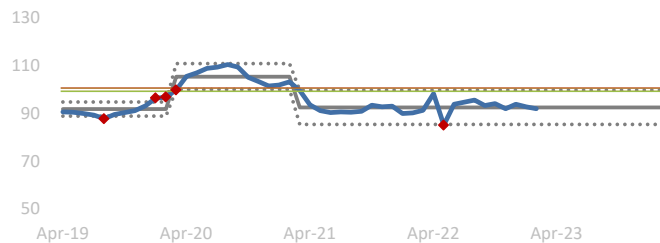
Target 0 May-23 **0**



HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).

Target 100 Feb-23 **92.1**



Target

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

Outstanding Care

Operational Standards - Quality & Safety

Infection Control

MRSA outbreak ICU

May 2023 – confirmed outbreak of MRSA infection in Intensive Care Unit at Stoke Mandeville Hospital following identification of three patients with healthcare acquired non-bacteraemia MRSA. Of the three patients, 1 also acquired a MRSA bloodstream infection in April 2023 which was deemed avoidable by the Post Infection Review panel due to lapses in care. In addition, whole genome sequencing (WGS) identified a single staphylococcus lineage (MLST22, EMRSA-15), suggesting a transmission event had occurred in ICU. Deep dive of MRSA at BHT presented to the Board in May.

MSSA

In May, 3 x Staphylococcus aureus Bacteraemia (SAB) have been identified. All cases were MSSA. YTD there has been 6 SAB identified (1X MRSA, 5X MSSA). One MSSA in April has been deemed contaminant and others are being reviewed by Infection Prevention and Control Multidisciplinary Team and clinical colleagues.

Clostridioides difficile

In May 2023, 2 Clostridium difficile infection (CDI) cases were reported. YTD 4 cases have been identified, BHT threshold for this year is 49. One of the four cases is deemed as avoidable due to inappropriate antibiotics, the other three cases are pending post infection review to determine if there were lapses in care.

E coli bacteraemia

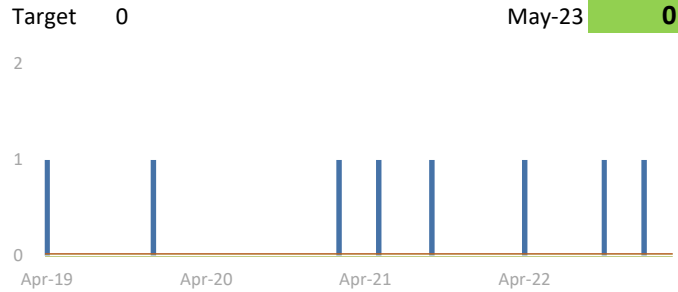
In May 2023, 8 Gram-negative bloodstream infection (GNBSI) cases were reported: of those in May, an increase in E.coli GNBSI was identified, there was also a case of Pseudomonas aeruginosa. All GNBSI cases undergo a multidisciplinary Post Infection Review, all patients are reviewed by the IPCT.

Key improvement actions:

- Hand hygiene campaign ran in May with the focus of appropriate glove use, this continues with divisions
- Collaboration with Matrons, Ward Managers and Cleaning supervisors to conduct the established audit of clinical areas together
- Urinary catheters included in IPC audit plan
- IPC reinvigorating divisional working

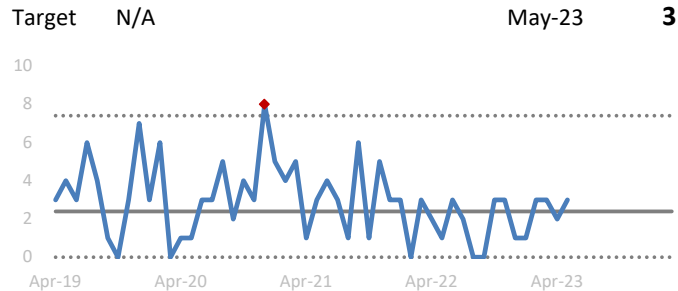
MRSA bacteraemia

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



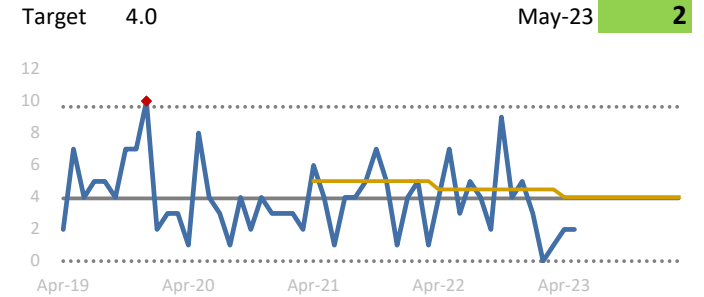
MSSA bacteraemia

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



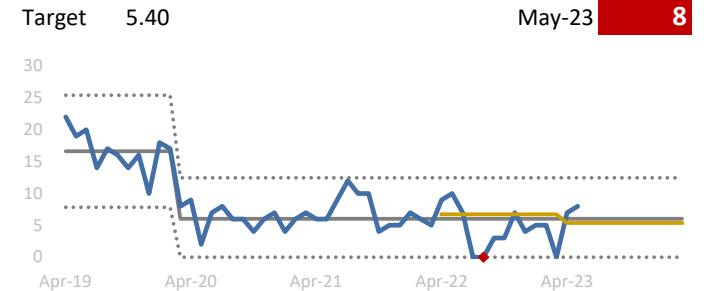
Clostridioides difficile

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



E Coli bacteraemia

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



Legend: Target (Yellow line)

Outstanding Care

Operational Standards - Quality & Safety

1x Pseudomonas aeruginosa cases, YTD 3 against 9 of the national thresholds given to BHT. This is above target and further review of these cases will be undertaken with IPC and ward teams.

There was a case of Klebsiella, YTD 4 against 32 of the BHT national threshold.

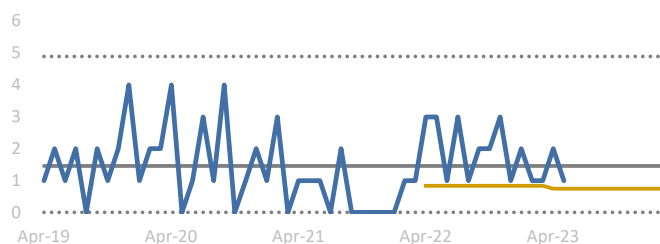
All GNBSI are reviewed, and learning identified and actioned at the divisional level.



Pseudomonas aeruginosa bacteraemia

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

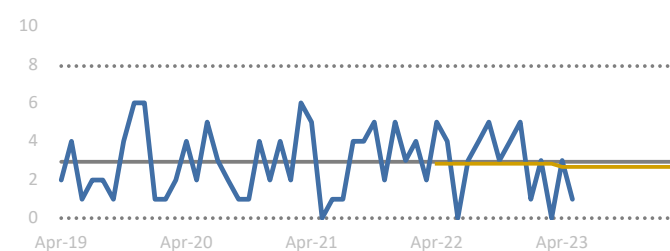
Target 0.8 May-23 **1**



Klebsiella spp bacteraemia

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

Target 2.7 May-23 **1**



— Target

Outstanding Care

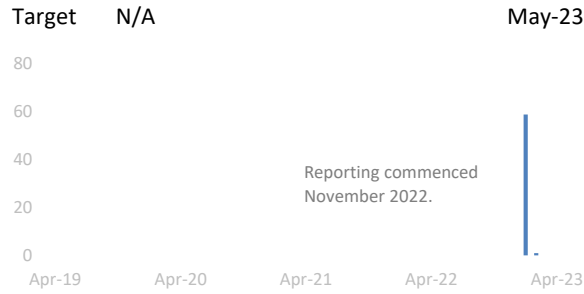
Operational Standards - Quality & Safety



Latest data not available at time of report production

Influenza cases

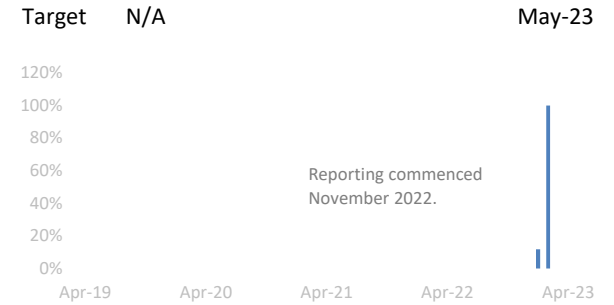
Total number of Flu cases.



Latest data not available at time of report production

Influenza cases - hospital acquired

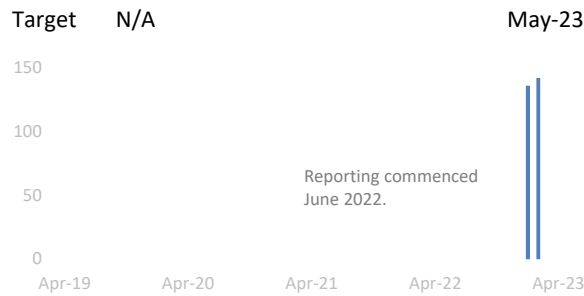
Proportion of influenza cases that were hospital acquired (probable and definite) as a total of influenza cases in month.



Latest data not available at time of report production

Covid cases

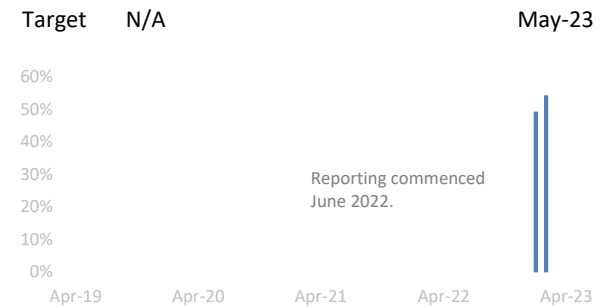
Total number of Covid cases.



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

Treatment escalation plan %

Rolling compliance over last 12 months is 90%, which is trust target.

Actions for improvement

- Target areas with reduced compliance- actioned
- For circulation to SDU leads and reporting into respective clinical governance meetings- actioned
- TEP documentation integrated into admission proforma(s)- requested
- Where ICU opinion has been sought with outcome not to admit to ICU it is the responsibility of the referring team to update the TEP
- TEP completion to form part of daily consultant led ward rounds- requested

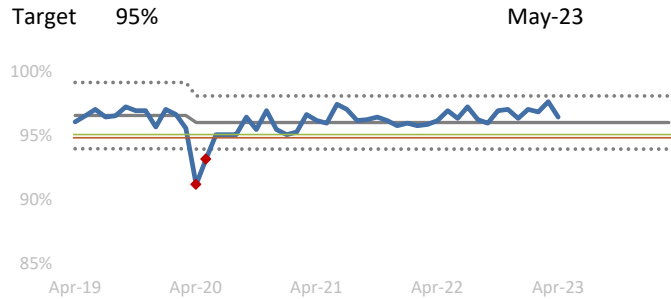
Non-critical care inpatient cardiac arrests

- 72 hr reviews for both have been undertaken.
- 28/5 Patient transferred from ED to a ward. Patient died, sadly. Further investigation underway.
- 29/5 Patient with co-morbidities was then transferred to specialist hospital for planned intervention.

Latest data not available at time of report production

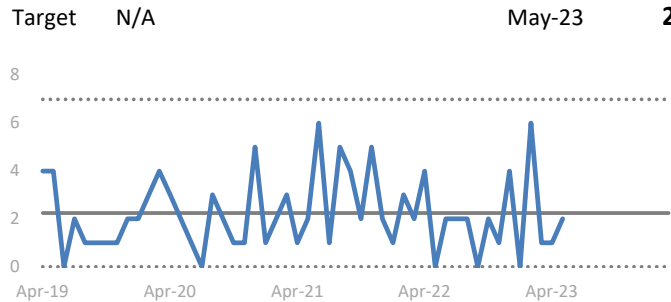
VTE assessment

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



Non-critical care inpatient cardiac arrests

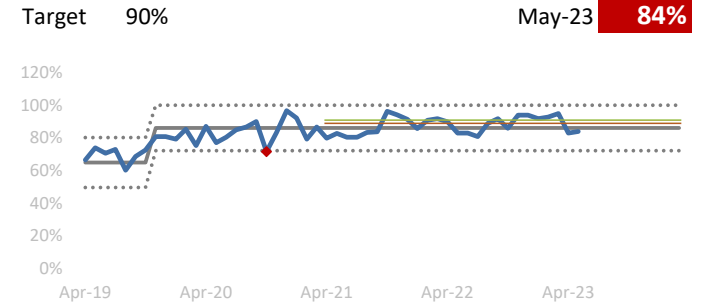
Total number of 2222 cardiac arrest calls in month. For inpatients in non-critical care areas.



Target

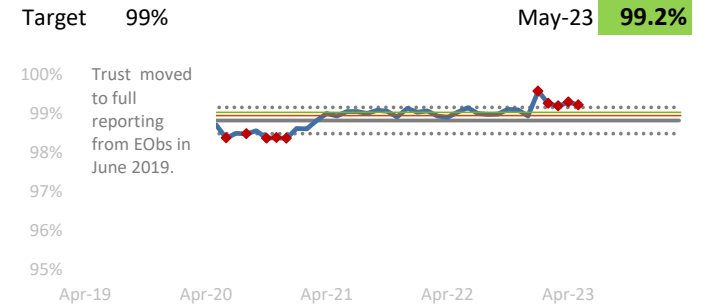
Treatment escalation plan compliance

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



Early warning score

Percentage compliance with early warning score (EWS) completion.



Outstanding Care

Operational Standards - Quality & Safety

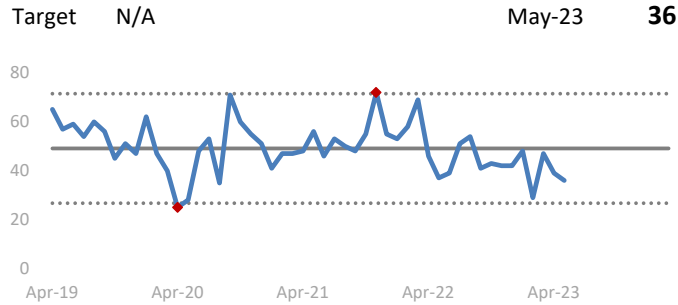
Complaints

Meeting arranged with the Division of Integrated Medicine in June 2023 with focused discussion and plan to mitigate increase in breaches seen in their areas.

Complaints Officers are closely tracking breaches on a weekly basis effective 5 June 2023 and reporting to Deputy Chief Nurse.

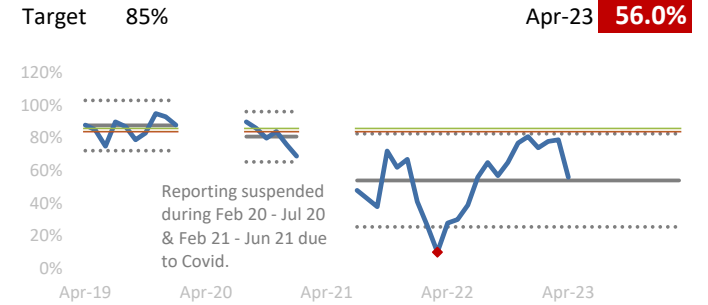
Complaints received

Number of complaints received during the month.



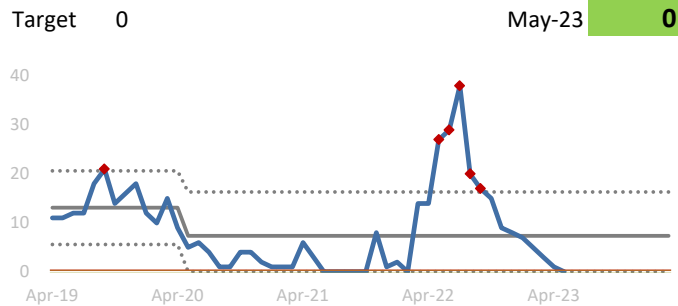
Complaint response rate

Percentage of complaints responded to within 25 days of receipt.



Complaints outstanding at 90 days

Number of complaints still open after 90 days.



Target

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

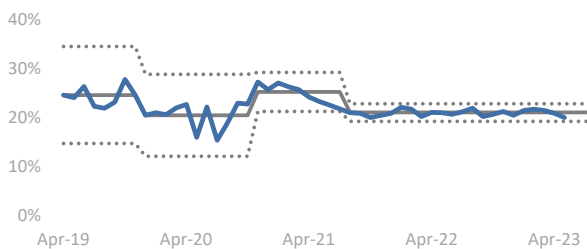
Outstanding Care

Operational Standards - Quality & Safety

Friends and family test - response rate

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

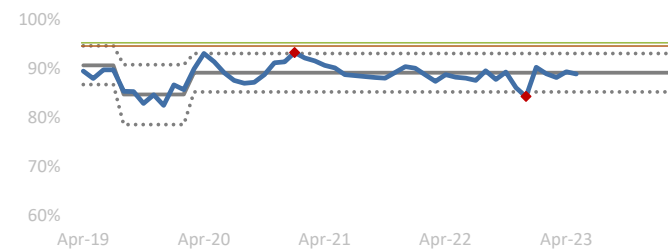
Target Awaiting target May-23 **20.0%**



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% May-23 **88.9%**



— — — Target

Outstanding Care

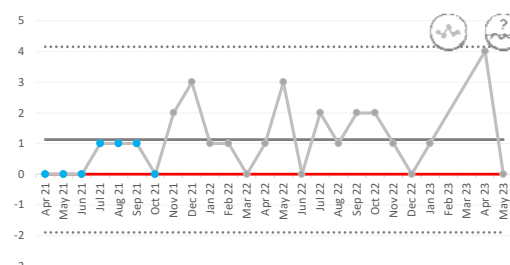
Operational Standards - Maternity

Births less than the 10th centile shows consistently good performance and a stable process with no special cause variation for the past 12 months. Recent audit shows that performance around the detection of intrauterine growth restriction has improved following the introduction of universal uterine artery dopplers at the 20 week anomaly scan.

Term admission data has remained below target since November 2022, with a small spike in February which did not meet special cause variation rules. The action plan for 2023 is being developed and will be a dynamic process to more accurately reflect the changing demand. Data collection is being improved for cases that are admitted under the transitional care framework to ensure we are appropriately utilising this pathway.

Stillbirths - total cases

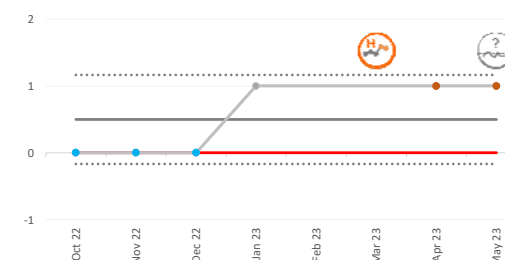
Number of cases of stillbirths at 24 weeks or later in month.



May-23	0
Variance Type	Common cause variation
Target	0
Achievement	The system may achieve or fail the target subject to random variation

Neonatal deaths

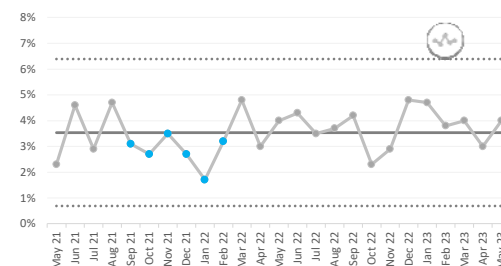
Actual number of neonatal deaths in month. Reporting commenced October 2022.



May-23	1
Variance Type	Common cause variation
Target	0
Achievement	The system may achieve or fail the target subject to random variation

Term birth <10th centile

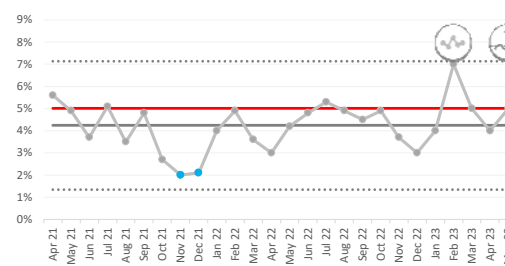
The number of babies born after 37 week gestation with a weight below the 10th centile over all births in month.



May-23	4%
Variance Type	Common cause variation
Target	-
Achievement	N/A

Term admissions to neonatal unit

The number of babies born after 37 week gestation who were admitted to the neonatal unit over all births in month.



May-23	5%
Variance Type	Common cause variation
Target	5%
Achievement	The system may achieve or fail the target subject to random variation

Outstanding Care

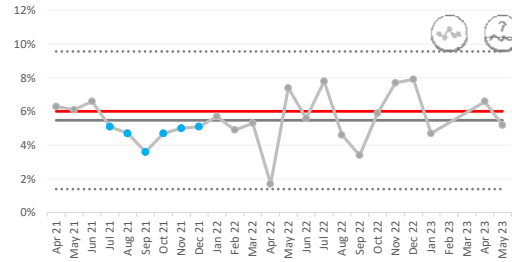
Operational Standards - Elective Recovery

Data remains in control with no concerning variation.

Risk assessment at booking remains consistent at 100%, Saving Babies' Lives care bundle version three launched on 31st May, gap analysis underway.

Preterm birth

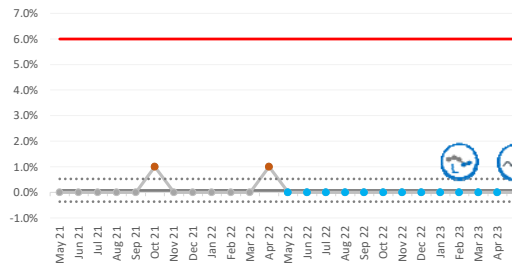
The number of babies born before 37 weeks gestation over all births in the month.



May-23
5.2%
Variance Type
Common cause variation
Target
6%
Achievement
N/A

Preterm birth < 24 weeks

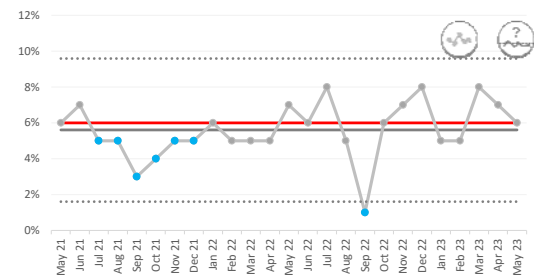
The number of babies born before 24 weeks gestation over all births in the month.



May-23
0%
Variance Type
Special cause variation - improvement
Target
6%
Achievement
The system is expected to consistently achieve the target

Preterm birth > 24 weeks

The number of babies born between 24 and 37 weeks gestation over all births in the month.



May-23
6%
Variance Type
Common cause variation
Target
6%
Achievement
The system may achieve or fail the target subject to random variation

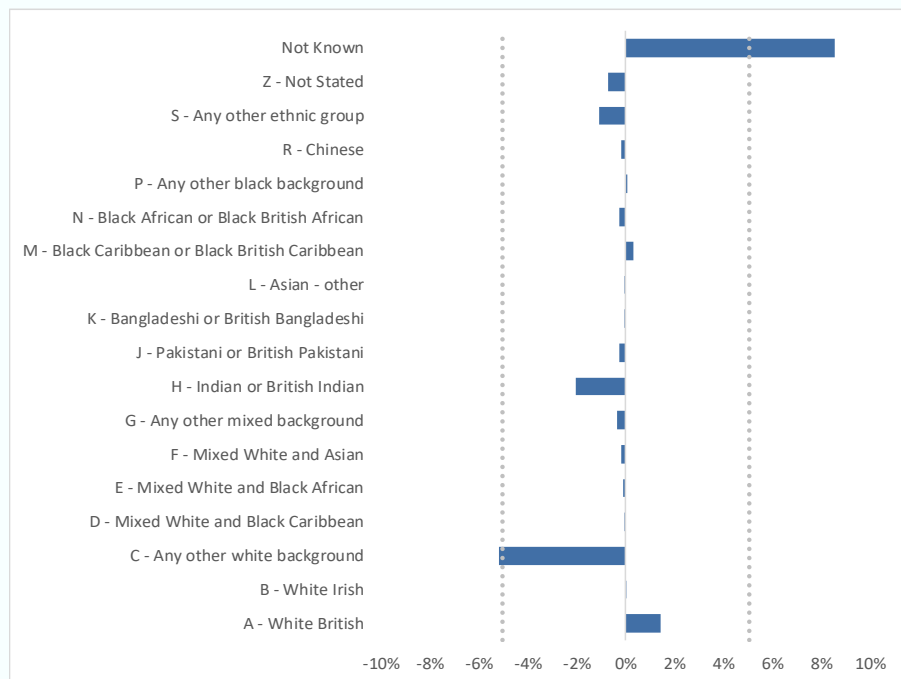
Preterm birth optimisation

To follow

Ethnicity and deprivation

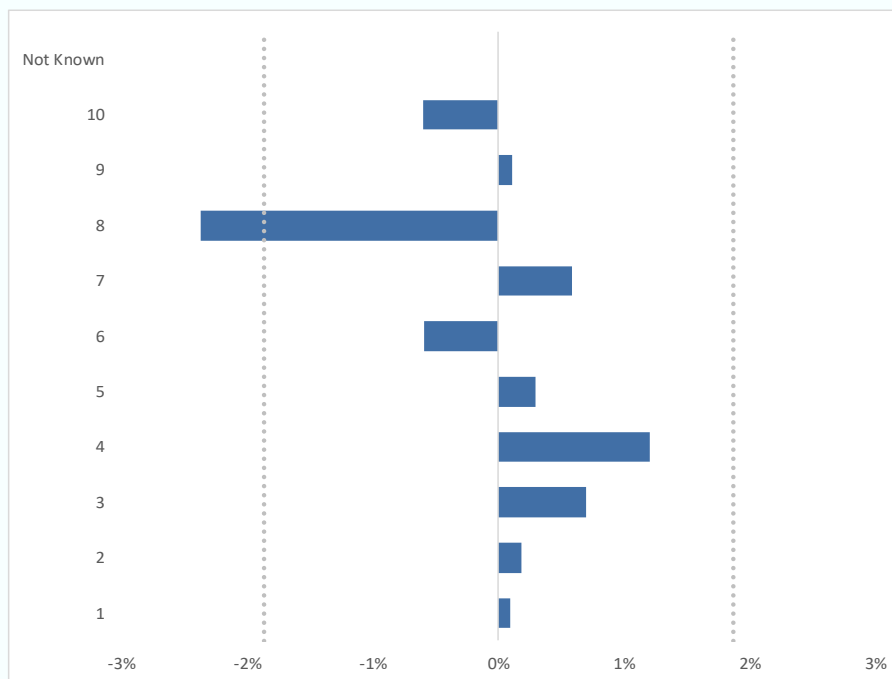
Ethnicity comparison compared to Buckinghamshire Population by waiting list

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

The District Nursing (DN) caseload is showing a positive downward trend which is expected to continue as the team validate and cleanse their activity data. This enables increased access to the DN service and reduces unnecessary waiting times for the patients. DN waiting time is around one to three days.

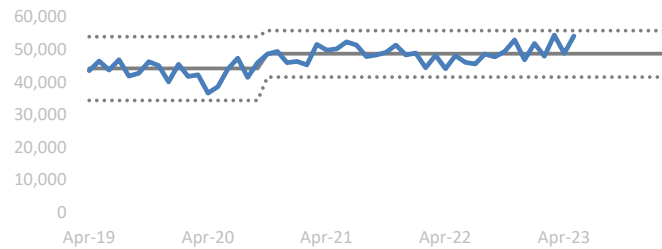
Rapid Response & Intermediate Care (RRIC) caseload is within range.



Community contacts

Total number of attended community contacts in the month.

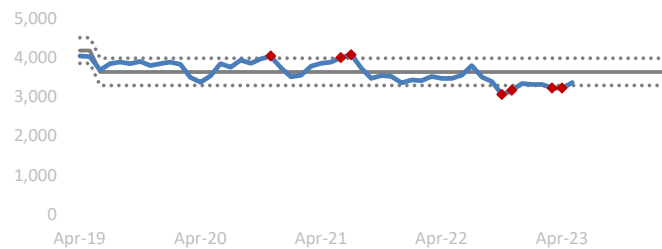
Target N/A May-23 **54,131**



Community District Nursing caseload

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

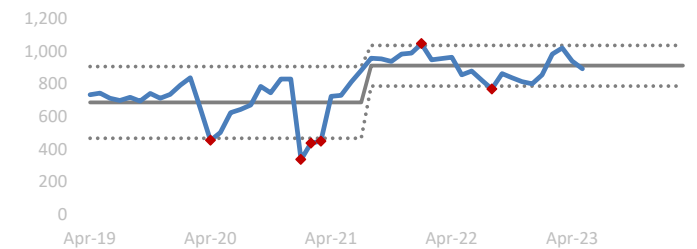
Target N/A May-23 **3,374**



Community RRIC caseload

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

Target N/A May-23 **894**



Target

Healthy Communities

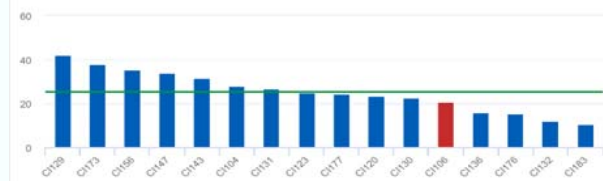
Community Hospitals



Buckinghamshire Healthcare
NHS Trust

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

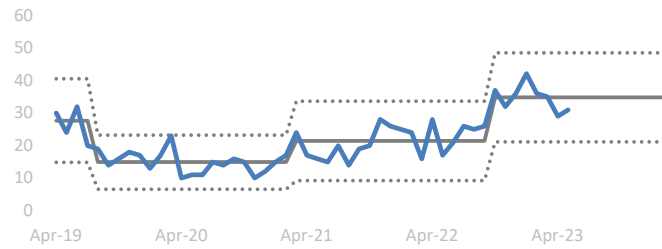
P5 - Average length of stay - (excl day cases)



21 day LOS - community hospitals

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

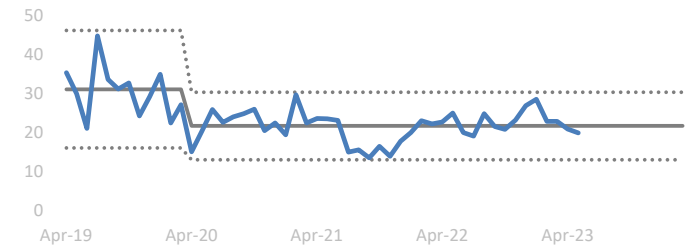
Target N/A May-23 **31**



Average LOS - community hospitals

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

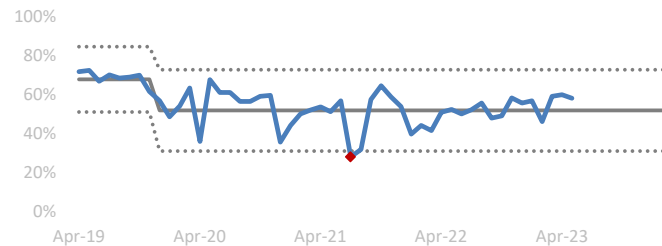
Target N/A May-23 **19.9**



Discharges home

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

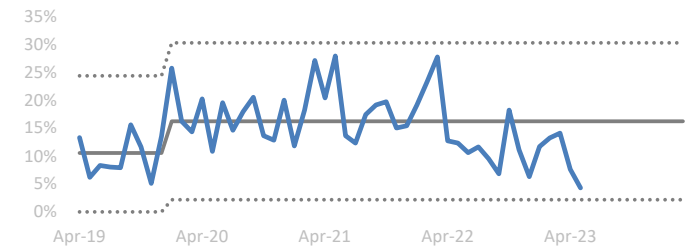
Target N/A May-23 **58.0%**



Discharges to residential/care home

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

Target N/A May-23 **4.3%**



Target

Healthy Communities

Community Productivity

Urgent 2 hour response

The 2-hour UCR response rate continues to be well above the national expectation.

Health Visitor appointments - 14 days

Assurance is provided to the Commissioners against the 14 day target for vulnerable families.

Recruited three Student Health Visitors starting in Sept 2023, two of these were community staff nurses in the HV team. Additionally, three student HV are on target to qualify in September.

Community waiting list size

Overall community waiting list is at 15,709 this month. There is small, noted reduction in backlogs over 52 weeks.

Health visitors backlog of open referrals has reduced by 234 Podiatry backlog of over 52wks + have slightly increased by 5%. But they have seen more urgent referrals which have been prioritised. They are contacting patients on the longest list those that are unable to attend the appointment given are discharged with a note to contact the service if they need to be seen.

Nutrition and Dietetic paediatrics – working through the backlog on the 104-117 waits. This month they have risk assessed and removed 51 open referrals waiting above 52wks.

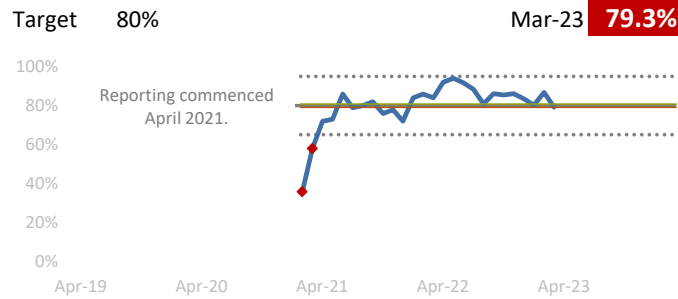
Success:

Health Visitors: The service is now able to identify the exact age of clients (previously not visible) on the witing list, enabling the team to filter and target specific age groups and determine if the referral is appropriate or can be discharged from the service.

Automation robotics to complete admin processes continue, which will help to clear backlogs, redirect resources, and improve the efficiency of the workforce.

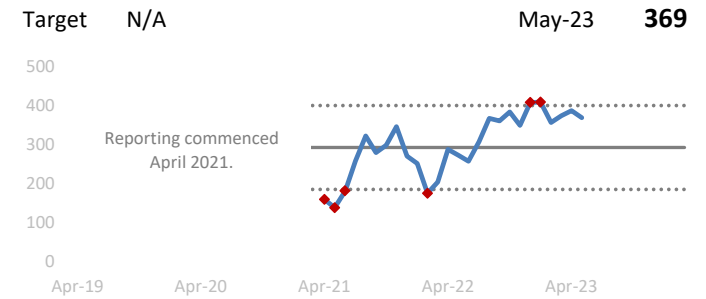
Urgent 2 hour response

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



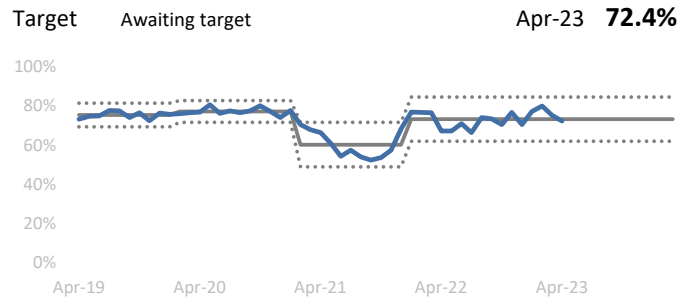
Urgent community response referrals

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



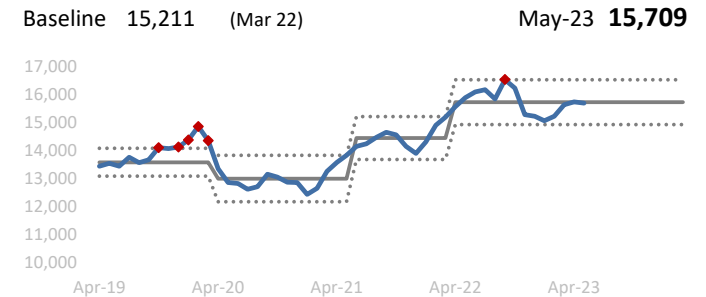
Health Visitor appointments - 14 days

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



Community waiting list size

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



Target

Healthy Communities

Hospital at Home

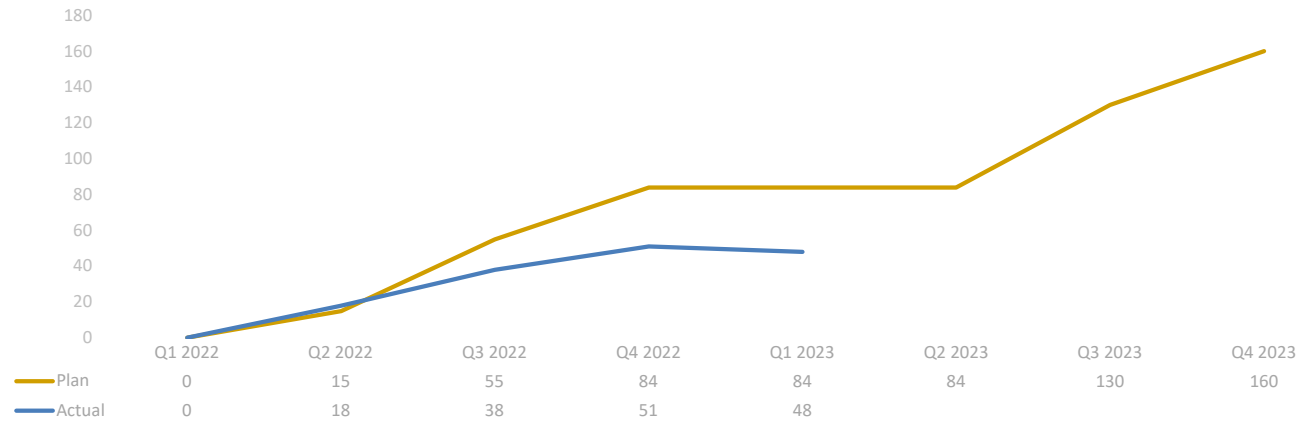
The aim is to provide patients with a safe alternative to hospital care through community-based acute health care using remote monitoring and tele-health where appropriate. Two pathways (Respiratory - BIRS Team) and IV treatment (OPAT) have been operational since June 2022.

The Virtual Hospital programme continues to slowly expand. Four streams are live, providing admission avoidance and early supported discharge, with the following bed numbers:
BIRS H@H – 28
OPAT – H@H – 10
Specialist Palliative care @Home – 10
Frailty H@H – 5

May bed capacity utilisation has been consistently >70%.

Expected bed capacity for the end of Q1 is to have 84 beds open. This is going to be challenging but plans are in place to do this which focuses on how Frailty and the UCR team, work together. The specialist neuro end of life pathway – a subset of the palliative care @home pathway - will go live in June.

Bucks Hospital at Home current open beds against plan



A Great Place to Work

Ensuring our people are listened to, safe and supported

Nursing & Midwifery Vacancy rate

There was a reduction of 0.3%.

The number of registered nurses in post increased in month by 11.1fte.

Recruitment plans include international recruitment and UK recruitment (including graduate students)

We have a focus on recruitment of existing temporary staff into our substantive workforce.

Overall vacancy rate

The overall vacancy rate now reflects the increase in budgeted establishment, hence the rise to 11.1%.

Turnover

Turnover fell in May by 0.6% and therefore now below our Trust target of 12%.

In May, a total of 43 colleagues left BHT (excluding end of fixed term contracts). Of these 10 were Nursing and Midwifery, 9 Admin & Clerical, 6 HCA's and 5 Support Staff.

The leading cause of resignation was relocation (8 colleagues moving to an organisation that is not commutable)

Work life balance was the second highest reason for leaving (7 colleagues)

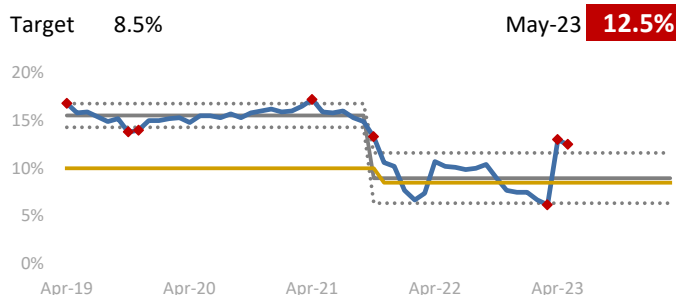
Our People Promise programme is now in its second year and is focused on improving retention at BHT and incorporating national best practice.

Recruitment

The average time to recruit saw a reduction of 0.8 days since April, reflecting the improvements to processes that have been put in place. In response to this the recruitment team continue to receive positive feedback from applicants/employees and appointing managers.

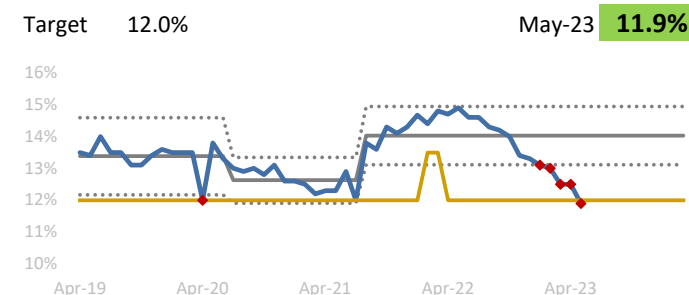
Nursing and midwifery vacancy rate

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



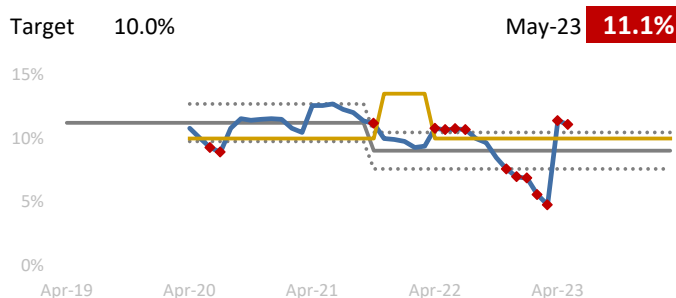
Turnover rate

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



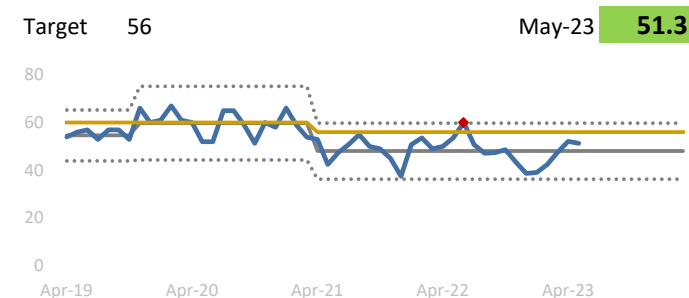
Trust overall vacancy rate

% 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.



Legend: Target (Yellow line)

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Sickness

Sickness absence., decreased to 3.1% and is within the 3.5% Trust threshold.

Sickness due to Musculoskeletal issues has shown a continued improvement at 0.35%. OH physiotherapy team promoting initiatives and cases management to support the organisation.

Although overall sickness has dropped, the request for support from OH remains at a similar level, with 111 management referrals during May.

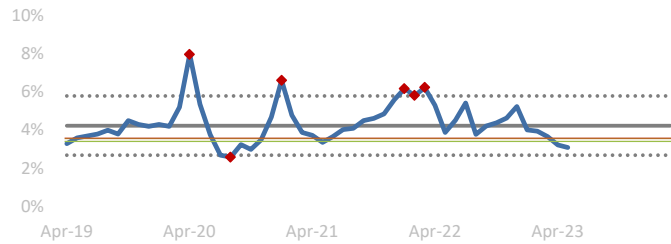
Mental Health sickness absence continues to reduce, at 0.42% for May.

The total number of stress referrals has reduced slightly to 106 representing close to the monthly average for last year 22/23 which was 109. Whilst this high level of referrals continues, this reflects a proactive trend in seeking support.

Sickness

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

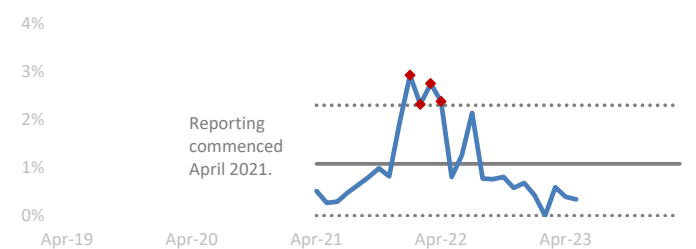
Target 3.5% May-23 **3.1%**



Sickness - Covid 19

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

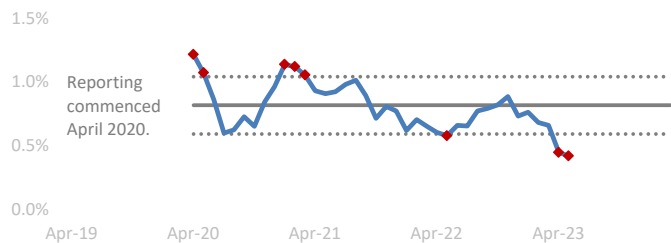
Target N/A May-23 **0.3%**



Sickness - mental health

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

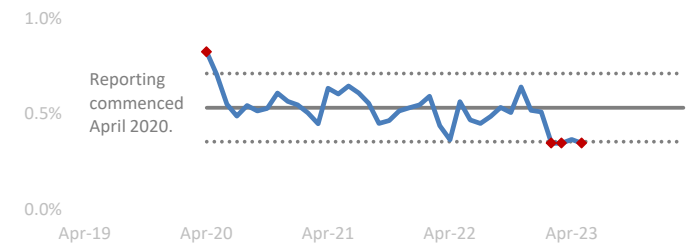
Target N/A May-23 **0.4%**



Sickness - musculoskeletal

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

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



Legend: Target

A Great Place to Work

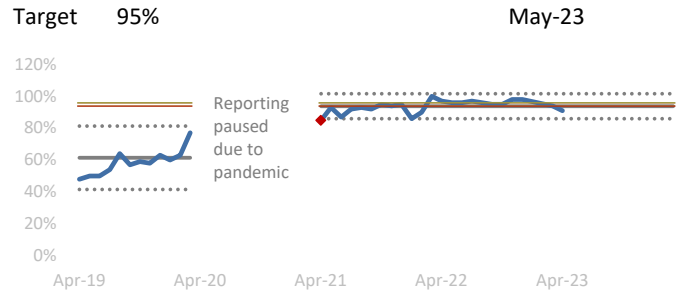
Ensuring our people are listened to, safe and supported

Wellbeing and stress referrals

Latest data not available at time of report production

Occupational Health Management referrals

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

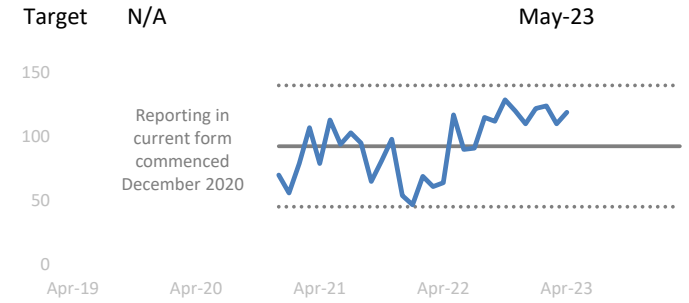


Target

Latest data not available at time of report production

Referrals into OH and Wellbeing - stress

Referrals into Occupational Health and Wellbeing for stress per month.



A Great Place to Work

Ensuring our people are listened to, safe and supported

Data Security awareness training

At the end of May, Trust-wide compliance has improved slightly, to 89%. The Information Governance Team continue to follow-up non-compliance and send comms bulletins and newsletter reminders.

Statutory & Mandatory training

During May MaST compliance has met the Trusts 90% compliance target, reaching 90.5%

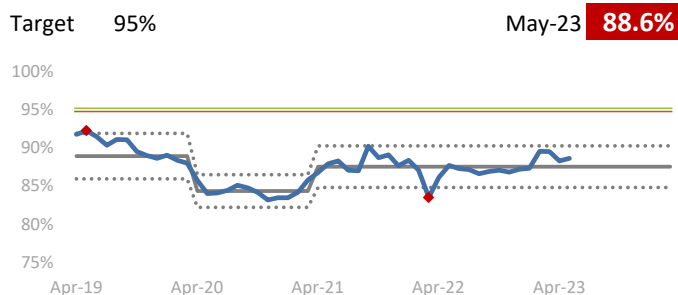
Most staff groups are achieving 90% however we have identified 3 key areas with lower levels, that are being supported as a priority to improve.

Corporate induction

A 98% attendance record has been achieved at the BHT Welcome & Induction event. Managers and Divisional leadership teams are contacted and followed up for the 2% who have not attended. The next face to face quarterly connections event is scheduled for 27th June.

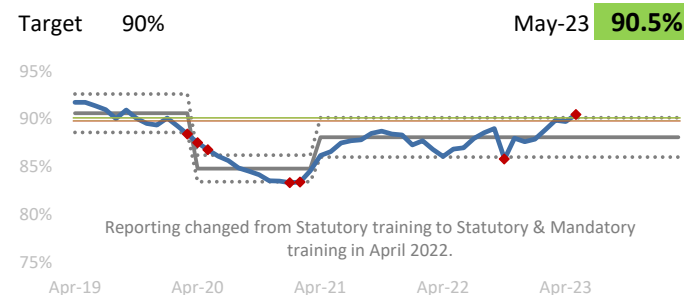
Data security awareness training

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



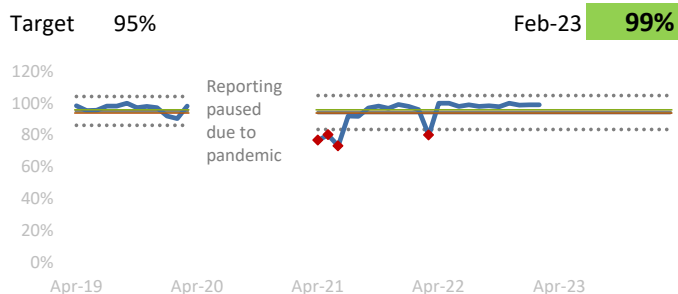
Statutory & Mandatory training

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.

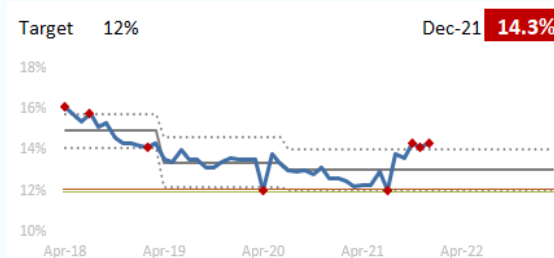
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart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

28 June 2023

Agenda item	Month 2 2023/24 Finance Report
Board Lead	Chief Finance Officer
Type name of Author	Kishamer Sidhu
Attachments	Month 2 2023/24 Finance Report
Purpose	Assurance
Previously considered	F&BPC 27.06.2023

Executive Summary

As at Month 2 2023/24, the Trust is reporting a Month 2 YTD deficit of £(6.1)m, £0.3m better than the Month 2 YTD Planned Deficit of £(6.4)m. As at Month 2 there are no adjustments to funding in relation to level of Elective Recovery Activity undertaken. In addition income patient income is at planned levels.

As at Month 2 2023/24 the Trust has delivered Efficiencies of £1.63m, £0.05m better than the Month 2 YTD Plan of £1.58m. There is a need to align the delivery against PMO paperwork.

As at Month 2 2023/24 the Trust has spent £1.0m of the £29.47m 2023/24 Capital Plan.

The closing Cash Balance at the end of Month 2 2023/24 was £14.94m, with the forecast cash Balance at the end of 2023/24 being £1.92m.

A verbal update will be provided to Board following consideration by the Finance & Business Performance Committee.

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
Financial	Achieving our financial targets for 2023/24
Compliance	Achieving the NHSE/I approved 2023/24 financial plan
Partnership: consultation / communication	Achieving our part of the BOB ICB 2023/24 Financial Plan
Equality	N/A
Quality Impact Assessment [QIA] completion required?	N/A

1 Summary financial position

- 1.1 The Trust Reports a 2023/24 Month 2 deficit of £(6.1)m, this is £0.3m better than the Month 2 2023/24 YTD Plan of £(6.4)m deficit.

- 1.2 Income is £0.5m favourable to plan YTD Month 2. Other income is £0.5m favourable to plan (at £6.6m year-to-date), relating to income for MRI activity, Private Patients and Overseas Visitors Income. Contract Income is in line with Month 2 YTD Plan at £90.3m, with BOB ICB income and NHSE Specialised Commissioning Activity Income reflected in line with 2023/24 agreements and offers.
- 1.3 Pay expenditure is £(0.6)m overspent YTD Month 2, at £(62.2)m against YTD Month 2 Plan of £(61.6)m. This reflects the YTD cost of the 2023/24 Agenda for Change Pay Award. Substantive vacancies resulting in a £8.4m underspend YTD Month 2 are offset by a £(9.1)m pressure on bank, locum, agency and overtime staff costs. Agency costs of £(2.2)m YTD Month 2 are 3.5% of total staff costs YTD Month 2, which is below the 4.7% 2023/24 Cap.
- 1.4 Non Pay expenditure is £(0.2)m adverse to plan YTD Month 2, primarily due to outsourcing costs in Radiology and Pathology supporting Trust activity and Property Services Wycombe Tower costs.
- 1.5 As at Month 2 YTD, the Trust has delivered Efficiencies of £1.63m against the YTD Plan of £1.58m.

2 Capital

- 2.1 The Trust has reported £1.0m Capital expenditure YTD Month 2, of its £29.47m Capital Plan. The Trust is forecasting to deliver its full year 2023/24 Capital Plan of £29.47m.

3 2023/24 Year End Forecast

- 3.1 As at Month 2 2023/24 the Trust is forecasting to achieve its £(12.15)m Deficit Plan, in line with the 2023/24 Annual Plan submitted to NHSE/I.
- 3.2 As at Month 2 2023/24 the Trust is forecasting to deliver the CIP Plan for 2023/24. There is a need for divisions to match financial forecasts against assurances which the PMO paperwork can provide.
- 3.3 As at Month 2 the Trust is forecasting to deliver its £29.47m Capital Plan.
- 3.4 Forecast deficits in individual Divisions are offset by a £1.0m forecast surplus in Central Trust budget. The deficits have not been accepted and work between publication and month end continues to plan resolution.

4 Balance Sheet

- 4.1 The value of the Trust's balance sheet is £2.7m better than plan at Month 2 2023/24, due to the cash position being £5.4m better than plan, partially offset by Current Liabilities being £(4.5)m worse than plan. Non-current borrowing is £0.9m better than plan at Month 2.
- 4.2 The Trust continues to closely monitor its cash position forecasts to ensure liquidity.

5 Action required from the Trust Board

- a) The Board is requested to note the report

APPENDICES

Appendix 1: Month 2 2023/24 Finance Report



Finance Report Month 2 - 31st May, 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	2023/24 Efficiencies
Page 8	Divisional Positions
Page 9	Balance Sheet
Page 10	Balance Sheet
Page 11	Cash Position
Page 12	Capital Position
Page 13	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	46.1	46.0	(0.1)	90.3	90.3	0.0	542.1
Other income	3.4	3.6	0.2	6.1	6.6	0.5	38.3
Total income	49.5	49.6	0.1	96.4	96.9	0.5	580.4
Pay	(31.0)	(31.7)	(0.7)	(61.6)	(62.2)	(0.6)	(355.5)
Non-pay	(17.0)	(16.7)	0.3	(34.1)	(34.3)	(0.2)	(195.6)
Total operating expenditure	(48.0)	(48.4)	(0.4)	(95.7)	(96.5)	(0.8)	(551.1)
EBITDA	1.5	1.2	(0.3)	0.7	0.4	(0.3)	29.3
Non Operating Expenditure	(3.7)	(3.3)	0.4	(7.1)	(6.8)	0.3	(41.4)
Retained Surplus / (Deficit)	(2.2)	(2.1)	0.1	(6.4)	(6.4)	0.0	(12.1)
Adjusted financial performance excluding profit on disposal of assets and excluding impairment	(2.2)	(1.9)	0.3	(6.4)	(6.1)	0.3	(12.1)

Executive Summary

- The Trust reports a year-to-date (YTD) £0.3m favourable variance at May 2023/24 at £(6.1)m YTD deficit, against the £(6.4)m YTD deficit Plan and revised £(12.1)m deficit annual plan as submitted to NHSE/I.

- The month 2 YTD capital spend is £1m. Total CRL Funding of £29.4m includes BOB/ICS £21m, PFI Lifecycle £1.7m, and PDC allocations of £6.2m (£5.7m for ERF and £0.6m for Digital Diagnostic Capability programme). As at M2, a breakeven position is forecast against the CRL.

- Contract Income includes BHT agreements for 2023/24 funding with BOB ICB as part of the 2023/24 annual plans submitted to NHSE/I and the NHSE Specialised Commissioning 2023/24 offer. 2023/24 income from Associate Commissioners is reflected at expected levels, where agreement is yet to be reached.

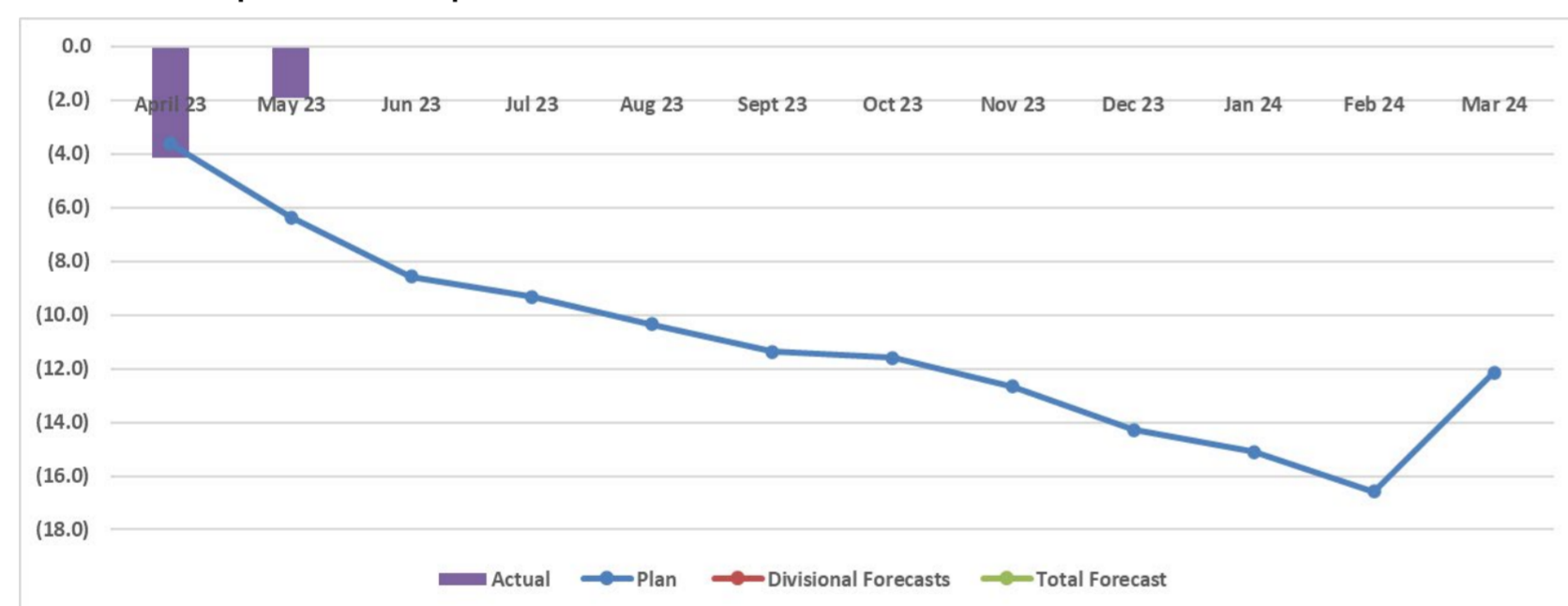
- Other income totals £6.6m YTD Month 2 2023/24, £0.5m favourable to plan, primarily driven by Income released to cover additional MRI costs; and Private Patient and Overseas Visitor income above plan.

- Pay costs for Month 2 YTD 2023/24 total £(62.2)m, including reflection of the cost of the 2023/24 Agenda for Change Pay Award YTD Month 2, resulting in a £(0.6)m deficit to plan Month 2 YTD. Within this overall position clinical areas continue to experience unplanned temporary staff spend, Trust total Agency, Bank & Locum spend is £9.08m YTD Month 2, These overspends are offset by vacancies and central provisions for 2023/24.

- Non-pay operating expenditure totalled £(16.7)m in Month 2 2023/24, a reduction from £(17.6)m in Month 1, Non Pay expenditure is £(0.2)m adverse to Plan Month 2 YTD. Drugs costs are on Plan Month 2 YTD, a £(0.3)m overspend on PbR Excluded drugs is offset by a £0.3m underspend on PbR Drugs. Clinical Supplies is £(0.1)m overspent Month 2 YTD with more working days in Month 2 than Month 1 and Month 2 not being impacted by industrial action as was the case in Month 1. Other Non Pay is £(0.1)m overspent at Month 2 YTD.

- Non operating expenditure reports a £0.3m favourable variance to plan in YTD Month 2 2023/24.

Graph 1 - Income & Expenditure YTD position & Forecast



Key Highlights: Income

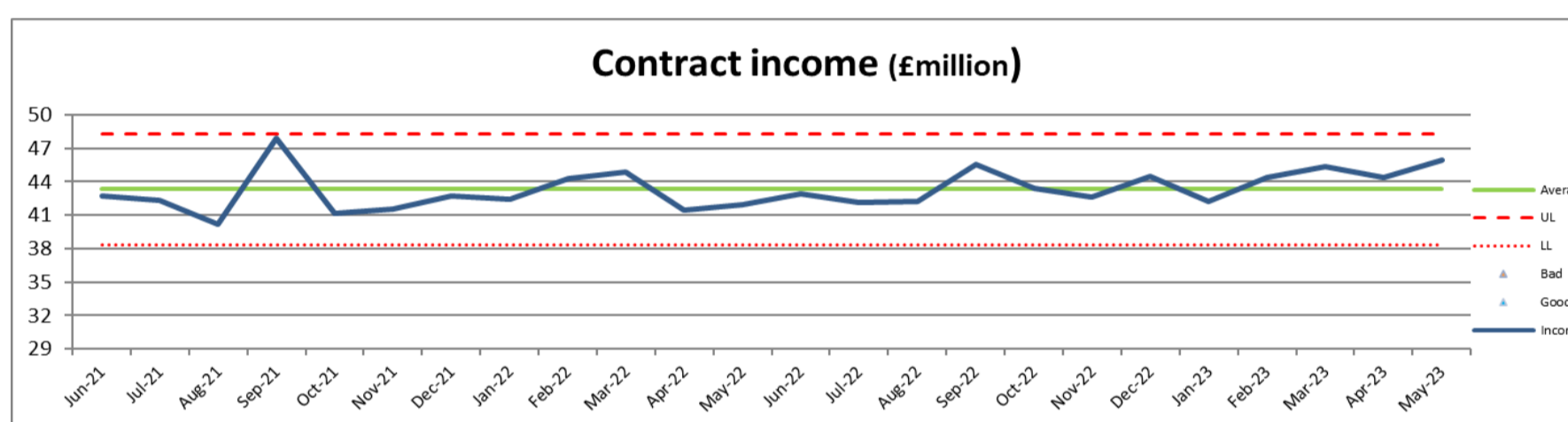
NHS Income and Activity

- The Contract Income position totalled £90.3m for Month 2 YTD 2023/24 which is in line with Month 2 YTD plan, with the 2023/24 plan being based upon contract offers where available and expected contract values where not yet agreed.
- Other Income is £0.5m favourable to plan Month 2 YTD, primarily due to Private Patients and Overseas Visitors Income being above plan Month 2 YTD and Income for MRI Activity.
- As at Month 2 no adjustments have been made for actual levels of activity undertaken for the Elective Recovery Funding (ERF) received by the Trust as part of our contract baseline values for 2023/24.
- The Statistical Process Control Chart (Graph 2) for Contract Income shows income is close to the mean with a few exceptions. 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 increase in income in September 2022 reflects the pay award funding for the previous 6 months. The increase in December 2022 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)	404.2	67.4	67.4	0.0
BOB ICS (Additional Inc)	0.0	0.0	0.0	0.0
Bob Block Sub Total	404.2	67.4	67.4	0.0
Associates	37.1	6.2	6.2	0.0
Specialist Commissioners	76.7	12.8	12.8	0.0
Regional Specialist	4.7	0.8	0.8	0.0
Other NHS	3.4	0.6	0.6	0.0
Bucks Council	14.9	2.4	2.4	0.0
Other Income	0.9	0.2	0.2	0.0
Total	542.1	90.3	90.3	0.0

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



Other Income

Table 3 - Breakdown of other income

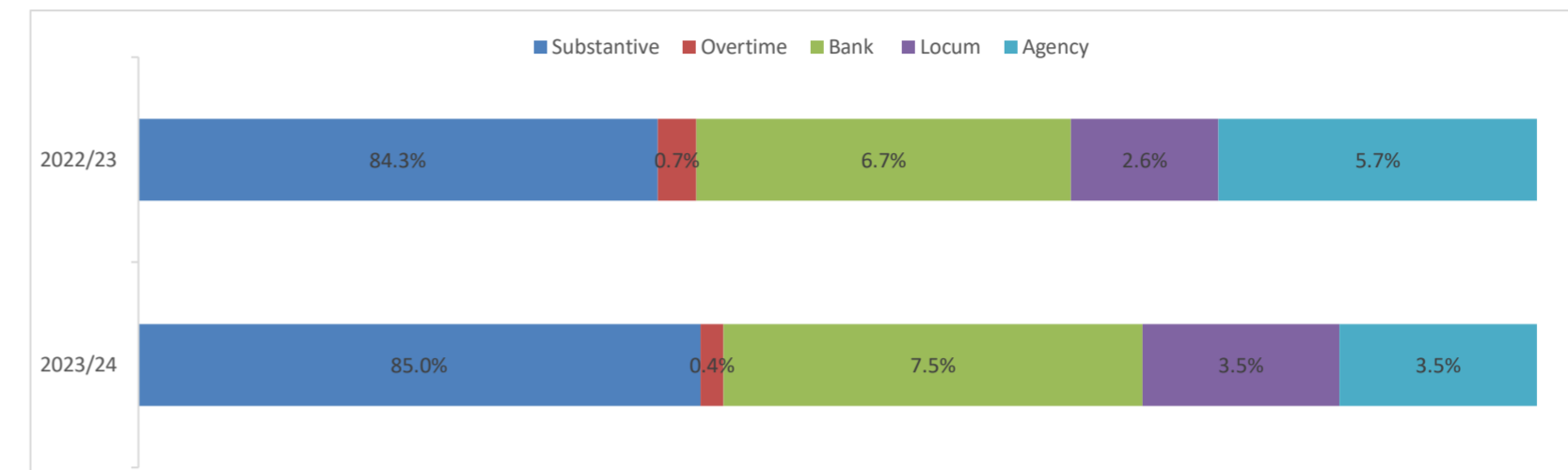
Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.6	0.3	0.3	0.0
Education And Training	12.0	2.0	2.1	0.1
Non-NHS PPS & Overseas Visitors	3.5	0.6	0.8	0.3
Injury cost recovery scheme	1.2	0.2	0.2	0.0
Donated Asset Income	1.7	0.3	0.1	(0.2)
Other Income	18.3	2.7	3.1	0.3
Total	38.3	6.1	6.6	0.5

- Other Income (Table 3) is £0.5m favourable to plan for M2 YTD 2023/24 which is mainly related to income for Private Patients and Overseas Visitors and Income for MRI activity.

Key Highlights: Expenditure (Pay & Workforce)

Table 4 - YTD pay position

Pay category (£m)	YTD Budget	YTD Spend *	YTD Variance	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	61.28	52.90	8.38	85.0%	48.3	84.3%
Overtime	0.00	0.26	(0.26)	0.4%	0.4	0.7%
Bank	0.14	4.69	(4.55)	7.5%	3.8	6.7%
Locum	0.07	2.19	(2.12)	3.5%	1.5	2.6%
Agency	0.07	2.20	(2.13)	3.5%	3.3	5.7%
Total	61.56	62.23	(0.67)	100.0%	57.3	100.0%

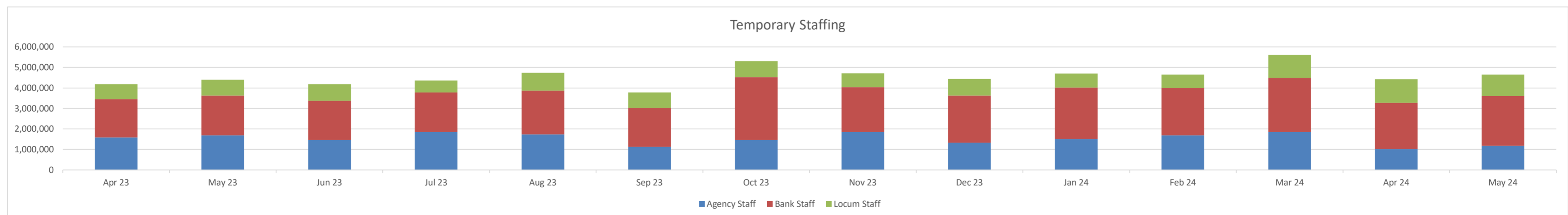
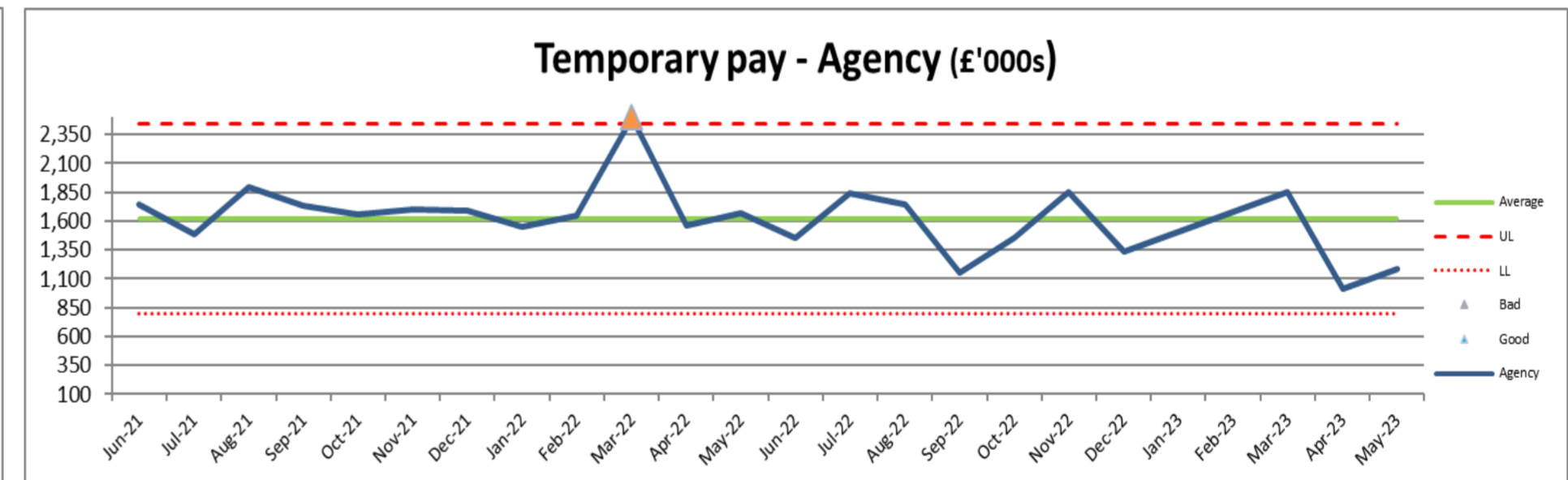
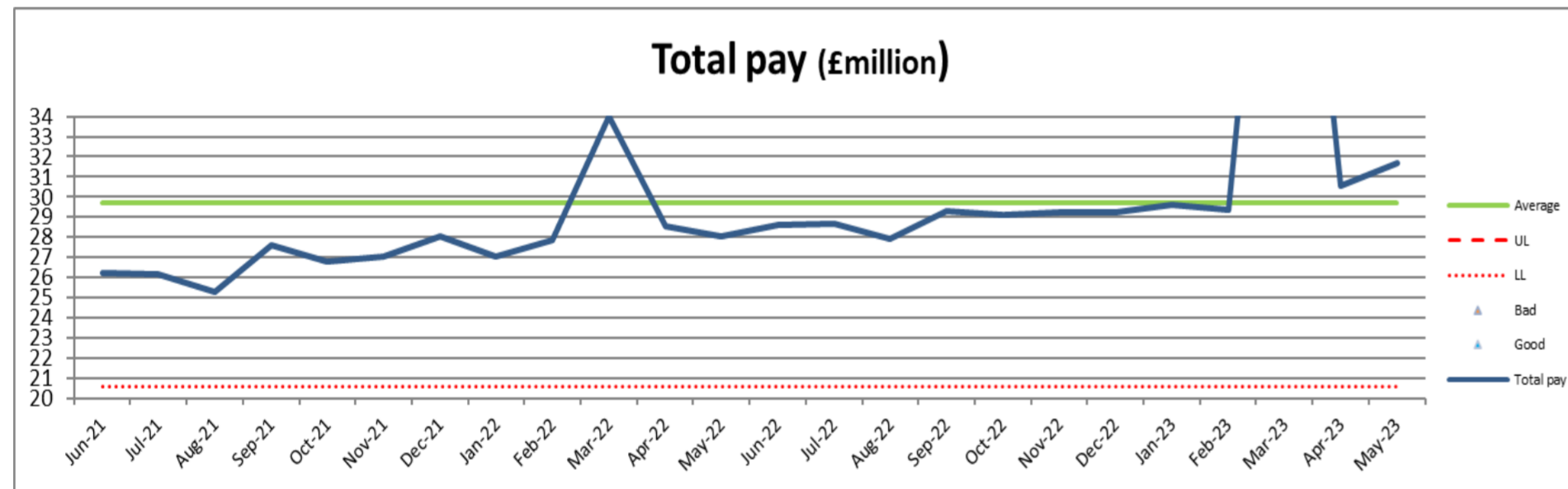


• Pay expenditure totals £(62.23)m for Month 2 YTD 2023/24 which is £(0.67)m adverse to plan. The expenditure includes the 2023/24 Pay Award Month 2 YTD and CEA awards. Key pressure areas in pay include Integrated Elderly and Community Care Division, £(0.39)m adverse to budget mainly related to temporary medical staffing costs and ward nursing and therapy cost pressures. Surgery & Critical Care Division reports a £(0.48)m adverse to budget relating to temporary medical staff costs, partially due to the impact of the industrial action in Month 1. Integrated Medicine Pay position is £(0.38)m adverse to budget Month 2 YTD, Nursing £(0.17)m overspent Month 2 YTD driven by temporary nursing staff costs in ED, Acute Medicine and Respiratory, Admin & Clerical £(0.13)m overspent due to established staff levels and Medical Staffing £(0.12)m overspent due to temporary staffing pressures in Cardiology & Neurology. These overspends are partially offset by central provisions for 2023/24.

• Temporary staffing expenditure (Bank, Agency & Locum) totals £(9.08)m Month 2 YTD. A large proportion of these temporary costs are offset by vacancy related underspends within substantive budgets. Agency expenditure totals £(2.20)m Month 2 YTD, equating to 3.5% of total Pay costs YTD, this is below the 4.7% cap for 2023/24.

• The Pay Statistical Process Control Charts are detailed below (Graph 3 & 4). Key highlights include the increase in total pay costs in March 2022 and 2023 includes year end pay related adjustments as detailed last month, which included a £(13.52)m employers pension top up in March 2023. This is reflected in the subsequent drop in April 2022 and April 2023. 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.

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



Key Highlights: Expenditure (Non Pay)

Table 5 - YTD non-pay position

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	51.3	8.6	8.6	(0.0)
Clinical supplies	35.6	6.9	7.0	(0.1)
Other non-pay	108.7	18.6	18.7	(0.1)
Total Expenditure	195.6	34.1	34.3	(0.2)

Non pay expenditure totals £(34.3)m for Month 2 2023/24 YTD, an overspend of £(0.2)m against the Month 2 YTD plan.

Key drivers of the non pay position include:

- Drugs expenditure is in line with plan, however PbR Excluded Drugs are £(0.3)m overspent Month 2 YTD offset by an underspend in PbR included Drugs.

- Non Pay expenditure in Integrated Elderly is overspent by £(0.22)m Month 2 YTD, this is driven by Non Pay pressures in Speech and Language therapy (OWL) that are not expected to continue and Resident Medical Officer (RMO) costs that are being reviewed.

- Non Pay expenditure in Specialist Services is overspent by £(0.87)m Month 2 YTD, this is primarily driven by outsourcing costs in Radiology and Pathology, supporting Trust activity levels.

Table 6 - YTD drugs position

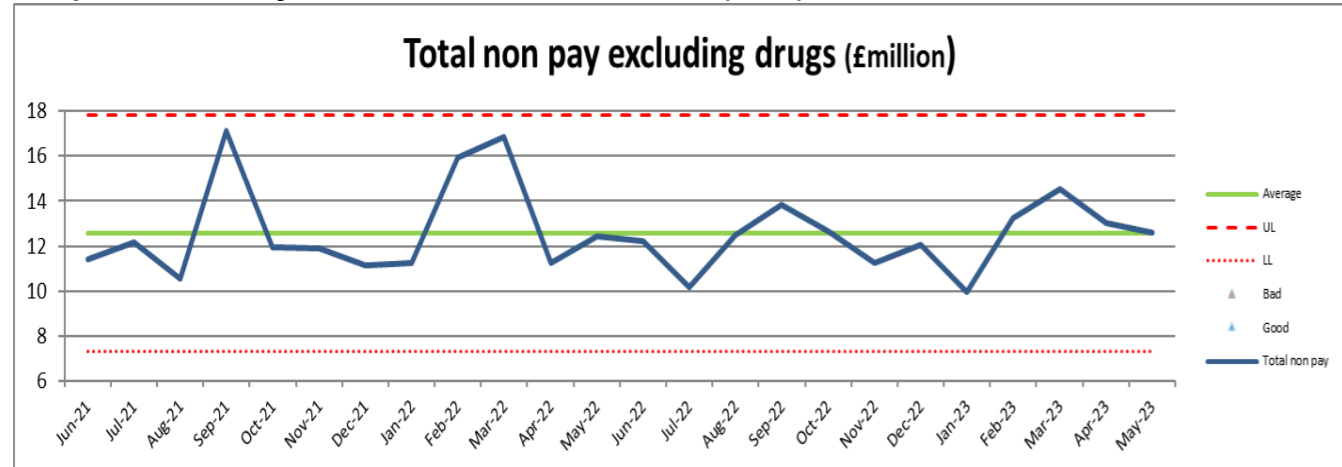
Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	12.4	2.1	1.8	0.3
PBR excluded Drugs	37.0	6.2	6.5	(0.3)
Other Drug Items	1.9	0.3	0.3	0.0
Total expenditure	51.3	8.6	8.6	(0.0)

- Statistical Process Control charts (SPC) for non pay and PBR Excluded drugs expenditure are detailed below (Graphs 5 & 6). Key highlights show:

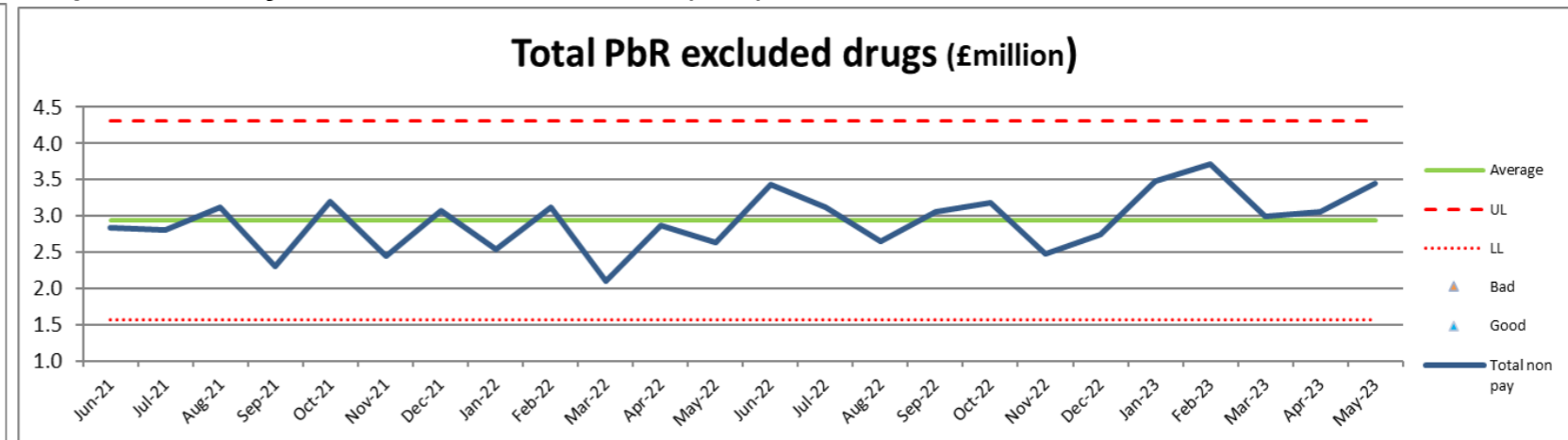
- The increase in non pay expenditure in February & March 2022 related to expenditure incurred for IT cyber and Windows 10 licences and site works including roof repairs and demolition works, along with there assessment of capital / revenue expenditure hitting the non pay expenditure position. The decrease in July 2022 relates to ROE PFI credits received. The increase in Sept 22 relates to a number of areas with relatively small increases including independent sector use, training & consultancy.

- March 2022 and March 2023 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



2023/24 Efficiency Plan Paperwork

Division	Exec Lead	Total Plan Target (£'000)	M02 In Month Plan (£'000)	M02 In Month Actual (£'000)	In Month Variance from Plan (£'000)	YTD Plan (£'000)	YTD Actual (£'000)	YTD Variance from Plan (£'000)	YTD RAG	Forecast RAG	YTD Recurrent Value (actual)	Total Plan (£'000)	Total Forecast (£'000)	Total Forecast Variance (£'000)
Integrated Medicine	HB	3,875	-	2	2	-	2	2	G	R	2	3,875	376	(3,499)
Integrated Elderly and Community Care	JR	1,998	167	152	(15)	333	283	(50)	A	A	-	1,998	1,613	(385)
Specialist Services	TA	3,618	-	572	572	-	682	682	G	G	8	3,618	5,043	1,425
Surgery & Critical Care	JB	4,626	-	132	132	-	191	191	G	R	83	4,626	1,145	(3,481)
Women's and Children's	Emc	2,600	217	(77)	(293)	433	-	(433)	R	R	83	2,600	-	(2,600)
Clinical Total		16,717	383	782	398	766	1,158	392	G	R	177	16,717	8,176	(8,541)
Chief Executive	NM	156	13	6	(7)	26	12	(14)	R	G	12	156	180	24
Chief Operating Off-Management	RB	199	17	5	(11)	33	10	(23)	R	G	10	199	198	(1)
Information Technology	DD	1,009	84	61	(23)	168	87	(81)	R	A	35	1,009	948	(62)
Finance Dept	KS	306	26	28	3	51	61	10	G	G	61	306	395	88
Property Services	AW	2,450	204	129	(76)	408	160	(249)	R	A	143	2,450	2,261	(189)
People Directorate	BoK	418	35	34	(0)	70	48	(22)	A	A	46	418	371	(46)
Medical Director	AM	14	1	-	(1)	2	-	(2)	R	R	-	14	-	(14)
Nursing Director	KB	779	27	23	(5)	55	31	(23)	R	A	26	779	592	(187)
Corporate	KS	1,183	-	-	-	-	-	-	G	G	-	1,183	1,183	(0)
Total Corporate		6,515	407	286	(121)	814	410	(404)	R	G	333	6,515	6,128	(387)
Commercial	AW	738	-	9	9	-	71	71	G	R	71	738	456	(282)
Trustwide		-	-	-	-	-	-	-				-	-	-
Unallocated		1,553	-	-	-	-	-	-				1,553	-	(1,553)
Total (excl. NR £9.9m)		25,523	790	1,077	287	1,580	1,639	59	G	R	581	25,523	14,760	(10,763)
Finance Controls (Non-Rec)	KS	10,700	-	(146)	(146)	-	-	-	G	G	-	10,700	10,700	-
Grand Total		36,223	790	931	141	1,580	1,639	59	G	A	581	36,223	25,460	(10,763)

Divisional Positions

Breakdown of financial position by division

Table 7 - Divisional income and expenditure

Division / (£m)	YTD Budget	YTD Actuals	YTD Variance against Plan	Forecast Annual Plan	Forecast Outturn	Variance Plan to Forecast	Position Signed Off by Divisions	Current Month Run Rate	
								M01	M02
Integrated Medicine	(16.9)	(17.0)	(0.2)	(97.0)	(97.0)	0.0	Yes	(8.4)	(8.6)
Integrated Elderly Care	(9.4)	(9.7)	(0.3)	(54.4)	(54.4)	0.0	Yes	(4.9)	(4.7)
Surgery And Critical Care	(19.3)	(19.4)	(0.1)	(111.4)	(111.4)	0.0	Yes	(9.5)	(10.0)
Women and Children	(8.7)	(8.6)	0.1	(49.4)	(49.3)	0.1	Yes	(4.2)	(4.4)
Specialist Services	(14.6)	(15.0)	(0.4)	(86.6)	(86.6)	0.0	Yes	(7.7)	(7.4)
Total Clinical Divisions	(68.8)	(69.8)	(1.0)	(398.8)	(398.8)	0.1		(34.7)	(35.1)
Chief Executive	(0.6)	(0.5)	0.1	(3.8)	(3.8)	0.0	Yes	(0.3)	(0.2)
Chief Operating Officer	(0.6)	(0.7)	(0.1)	(3.3)	(3.4)	(0.1)	Yes	(0.3)	(0.3)
Commercial Director Mgmt	(0.0)	0.0	0.0	(0.0)	(0.0)	0.0	Yes	0.1	(0.0)
Finance Dept.	(1.0)	(1.0)	0.0	(5.9)	(5.9)	0.0	Yes	(0.5)	(0.5)
Information Technology	(3.0)	(3.0)	0.0	(17.2)	(17.2)	0.0	Yes	(1.6)	(1.3)
Property Services	(11.3)	(11.7)	(0.4)	(61.2)	(61.2)	0.0	Yes	(5.1)	(6.6)
Human Resources	(0.4)	(0.3)	0.1	(2.2)	(2.2)	0.0	Yes	(0.2)	(0.1)
Medical Director	(0.1)	(0.1)	0.0	(0.6)	(0.6)	0.0	Yes	(0.0)	(0.0)
Nursing Director	(3.3)	(3.3)	(0.0)	(19.3)	(19.4)	(0.2)	Yes	(1.6)	(1.7)
PDC And Depreciation	(4.9)	(4.9)	0.0	(28.3)	(28.3)	0.0	Yes	(2.6)	(2.3)
Total Corporate	(25.1)	(25.3)	(0.2)	(141.8)	(142.0)	(0.2)		(12.2)	(13.1)
Contract Income	90.3	90.3	0.0	542.1	542.1	0.0		44.3	46.0
Corporate Services / Provisions	(2.7)	(1.6)	1.1	(13.6)	(13.5)	0.2		(1.8)	0.2
Retained Surplus / (Deficit)	(6.4)	(6.4)	(0.0)	(12.1)	(12.1)	(0.0)		(4.3)	(2.1)
Adjusted Financial Performance excl. Profit on disposal of Assets	(6.4)	(6.1)	0.3	(12.1)	(12.1)	0.0		(4.2)	(1.9)

Key reasons for the Month 2 YTD 2023/24 divisional variances are:

Integrated Medicine £(0.2)m overspend

The Month 2 YTD overspend is driven by Nursing £(0.17)m overspend due to temporary staffing costs in ED, Acute Medicine & Respiratory. Admin & Management costs £(0.13)m overspent due to established staff levels and Medical Staffing costs £(0.12)m overspent due to temporary staffing pressures in Cardiology & Neurology. Drugs is £(0.18)m overspent due to PbR excluded Drugs pressures, offset by Clinical Supplies underspend of £0.28m.

Integrated Elderly Care £(0.3)m overspend

The overspend is mainly on temporary medical staffing costs and ward nursing cost pressures. Non pay pressures in OWL are not expected to continue and RMO costs are being reviewed.

Surgery & Critical Care £(0.1)m overspend

Pay £(0.48)m overspent due to locum and agency use covering vacancies and leave and £(0.13)m Waiting List Initiative costs supporting elective recovery activity. The non pay £0.26m underspend in Month 2 YTD is due to low theatre clinical supplies spend at Wycombe Theatres. Income is ahead of budget by £0.1m Month 2 YTD primarily due to high levels of Ophthalmology Private Patient activity.

Women & Children £0.1m underspend

The Month 2 YTD underspend is due to £46k over-achievement of income and a nursing underspend of £175k Month 2 YTD due to vacancies, partially offset by pay pressures across other staff groups.

Specialist Services £(0.4)m overspend

This overspend relates to outsourced radiology diagnostic costs and outsourced pathology diagnostic costs supporting elective recovery activity in Month 1 2023/24. Staff are being recruited to, to provide this in-house in line with the agreed 2023/24 budget.

Property Services £(0.4)m overspend

Driving factors in the Property Services YTD overspend are the Wycombe Tower scaffolding cost pressure of £(0.12)m, Clinical Engineering costs of £(0.08)m, North Bucks Domestic PFI costs of £(0.04)m and unidentified non-pay savings target of £0.25m YTD.

Chief Operating Officer £(0.1)m overspend

This overspend mainly relates to pay costs across admin & clerical and nursing in site management and COO Management 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	363.4	358.6	(4.8)	(1.6)
Cash and cash equivalents	9.6	15.0	5.4	(4.6)
Trade and other current assets	46.3	52.1	5.8	8.8
Total Assets	419.3	425.7	6.3	2.6
Current Borrowing	(4.9)	(4.8)	0.1	0.4
Other Current liabilities	(81.8)	(86.4)	(4.6)	(5.1)
Non Current Borrowing	(39.4)	(38.5)	0.9	0.0
Other Non-current liabilities	(1.4)	(1.4)	(0.0)	0.0
Total Liabilities	(127.5)	(131.1)	(3.6)	(4.7)
TOTAL NET ASSETS	291.8	294.5	2.7	(2.1)
PDC and Revaluation reserve	423.5	424.4	0.9	0.0
Income and Expenditure Reserve	(131.7)	(129.9)	1.8	(2.1)
TOTAL EQUITY	291.8	294.5	2.7	(2.1)

- Non Current assets have decreased by £1.6m from the prior month. This is due to in month capital expenditure of £0.3m being more than offset by in month depreciation of £1.9m. Non current assets are £4.8m behind plan due to capital spend being behind projections.
- The closing cash balance has decreased by £4.6m in month and is £5.4m higher than plan. The planned PFI lifecycle payment of £1.7m was paid in early May instead of April.
- Trade and other current assets are higher by £8.8m compared to prior month. This is due to a few factors as following. The recoverable VAT increased by £1.8m mainly due to the PFI payment slipping into M2. The unallocated receipts have dropped in M2 by £2.1 increasing the overall balance. Also the prepayments and accrued income have increased by £6.3m in M2. All these have been offset by the reduction in debtors of £2.3 as detailed below in table 10.
- Other current liabilities are higher than plan by £4.6m which is due to increases in accrued expenditure.
- The PDC and revaluation reserve is £0.9m higher than plan as the Trust has not yet accessed PDC draws but is also assuming that the revaluation reserve will be corrected for the £2.7m stranded reserve identified through audit.
- The change in Income and Expenditure reserve of £2.1m from the prior month is consistent with the planned position for M2.

Accounts Receivable

Table 10 - Accounts Receivable

Month 2

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	0.4	0.1	0.9	0.2	0.2	0.2	2.0
Non-NHS	0.7	0.3	1.5	0.3	0.3	0.8	3.9
Total	1.1	0.4	2.4	0.5	0.5	1.0	5.9
% of total	19%	7%	41%	9%	9%	16%	100%

Month 1

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	0.2	0.8	1.5	0.3	0.1	0.1	3.0
Non-NHS	1.6	1.0	1.2	0.3	0.3	0.8	5.2
Total	1.9	1.8	2.7	0.6	0.4	0.9	8.2
% of total	23%	22%	33%	7%	5%	10%	100%

- Debtors have decreased by £2.3m from £8.2m in month 1 to £5.9m in month 2.
- The majority of this decrease is due to collections during May from Buckinghamshire Council £1.0m, Oxford university Hospitlas NHS FT £0.7m and University of Buckingham £0.3m.
- Overdue has decreased by £1.5m from £6.3m in month 1 to £4.8m in month 2.
- Top 5 overdue debts at month 2 are:
 - 1 - Buckinghamshire Council £0.9m
 - 2 - Oxford University Hospitals NHS FT £0.6m
 - 3 - The Shelburne Hospital £0.3m
 - 4 - Florence Nightingale Hospice Charity £0.2m
 - 5 - Imperial College Hospital NHS Trust £0.2m
- There is one £0.8m invoice from Buckinghamshire Council now overdue from M11 / 2023. This is due to outstanding contractual agreement. The table has been revised to extend the the age bandings. This is to provide more visibility of the age of debt over 180 days.

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

Balance Sheet

Accounts Payable

Table 11 - Accounts Payable

Creditors

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.00	-0.01	-0.03	0.02	0.00	-0.01
Non-NHS	2.23	0.76	0.37	0.42	-0.10	3.69

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

Invoice Register

	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
NHS	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 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		
Month 1	2.2	471	0.4	96	0.8	81	0.4	110	0.3	84	0.2	64	0.1	36		
Month 2	3.3	480	1.8	78	0.2	72	0.9	133	0.3	95	0.1	64	0.1	38		

Non NHS	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 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		
Month 1	11.3	2,910	4.3	799	3.7	422	1.9	630	0.7	510	0.5	333	0.2	216		
Month 2	13.1	2,953	5.1	790	4.1	482	2.4	629	0.8	463	0.6	370	0.2	219		

Total M2	16.5	3,433	6.9	868	4.2	554	3.2	762	1.1	558	0.7	434	0.3	257
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Non NHS - 29 invoices(>£100K each) account for £7m of the total £13m value. The top six (6) are Fedbucks (£1.6m), Practice Plus Group (£0.8m), Abbott Labs (£0.8m), Western Building Systems Ltd (£0.7m), Next Generation Scaffolding Ltd (£0.7m), and Buckinghamshire CC (£0.6m) totalling £5.2m. We are working to get PO's in place but due to the invoice value involved, most are having to be authorised at Board level before being raised. AP/Supplies and the Systems teams are running courses around the P2P process to reaffirm the need to receipt and AP are working with those teams lagging to see what improvements can be made in the time taken to receipt. Progress will be reviewed between May - Jun23.

NHS - £1.6m of the total value of £3.3m in M2 have now been authorised in M3 and should reduce the list on the register. The reported lateness of NHS Supply Chain statements in M1 has now been resolved reducing the list further. Overall there is still more work to be done to improve the speed in raising PO's for NHS suppliers and AP will continue to work with departments to achieve compliance targets.

Better Payment Practice Code

Table 12 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	339	253	75%	11.0	10.0	91%
Non-NHS	7,346	6,493	88%	46.6	44.4	95%
Total	7,685	6,746	88%	57.6	54.4	94%

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.

There has been little movement in the overall M2 BPPC target in count for both NHS and non-NHS.

Cash Position

Cash
Table 13 - Cash summary position

£'000	Actual	Actual	forecast	forecast	forecast	forecast	forecast	forecast	forecast	forecast	forecast	forecast	forecast	
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	23/24
INCOME														
Clinical Income	44,424	43,508	44,038	47,589	45,000	45,000	45,000	45,000	45,000	45,000	46,400	46,400	46,400	544,334
Clinical Income top up / Covid / Growth	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Education and Training	0	3,719	0	0	3,719	0	0	3,719	0	0	3,719	0	0	14,876
Other Income	3,330	2,387	1,830	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	14,217
HMRC vat reclaim	0	4,006	546	3,200	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	21,253
Payroll Support	552	0	0	1,611	11,737	537	537	537	537	537	537	537	537	17,644
PDC capital	4,200	0	0	0	0	0	0	0	0	0	5,714	0	580	6,294
Revenue PDC	5,302	0	0	0	0	0	0	0	0	0	0	0	0	0
External Cash Support ICB	0	0	0	0	0	0	1,758	370	4,088	4,089	0	0	6,403	16,708
Other Receipts	2,099	607	521	600	600	600	600	600	600	600	600	600	600	7,128
TOTAL RECEIPTS	59,907	54,227	46,935	54,000	63,556	48,637	50,395	52,726	52,725	52,726	59,470	50,037	57,020	642,455
PAYMENTS														
Pay Costs - Substantive	(26,217)	(25,682)	(26,297)	(27,233)	(27,103)	(26,463)	(26,463)	(26,463)	(26,463)	(26,463)	(26,463)	(26,463)	(26,463)	(318,023)
Back dated Payroll	0	0	0	(8,129)	(5,199)	0	0	0	0	0	0	0	0	(13,328)
Pay Costs - Temporary Staffing	(7,012)	(4,202)	(3,884)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)	(47,086)
Creditors	(17,762)	(12,969)	(12,825)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(14,500)	(170,794)
Creditors - Capital Spend	(3,632)	(4,043)	(496)	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)	(4,000)	(4,000)	(4,000)	(27,039)
NHSLA	280	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	-	-	-	(15,620)
PDC Dividends	(3,728)	0	0	0	-	-	(3,966)	-	-	-	-	-	(3,975)	(7,941)
PFI CHARGE	(1,858)	(3,099)	(6,511)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(4,800)	(57,610)
TOTAL PAYMENTS	(59,930)	(51,557)	(51,574)	(61,624)	(58,564)	(52,725)	(56,691)	(52,725)	(52,725)	(52,725)	(55,225)	(53,663)	(57,638)	(657,441)
NET CASH FLOW IN PERIOD	(23)	2,670	(4,639)	(7,624)	4,992	(4,088)	(6,296)	1	(0)	1	4,245	(3,626)	(618)	(14,986)
OPENING CASH BALANCE	16,930	16,907	19,577	14,938	7,314	12,305	8,217	1,921	1,921	1,921	1,921	6,166	2,539	16,907
CLOSING CASH BALANCE	16,907	19,577	14,938	7,314	12,305	8,217	1,921	1,921	1,921	1,921	6,166	2,539	1,921	1,921

- Clinical Income receipts forecast has been aligned to the Income and expenditure assumptions as per the operating plan.
- Total receipts - M2 saw a further decrease in income by £7.3m compared to M1. We reported £0 income from Educ & Training due to quarterly receipts, £500K less income from "Income Other", and VAT was £3.5m less compared to M1. The "Other Income" receipt of £1.83m is made up of £1m from Oxford Health, other NHS org £400k. "Other Receipts" for £521k is made up of miscellaneous receipts including RTA/ICR, car park, childcare/nursery, etc.
- We received VAT reclaim in May 23 for £546k relating to Apr 23's VAT recoveries submitted in May 23
- No material movements in substantive pay costs between Apr 23 and May 23.
- Cash forecast assumes a shortfall of £16.7m by the end of the Financial Year which will require support from the ICB in order to maintain minimum cash balance of £1,921m.

Capital Position

Table 14: Capital Overview - M2 2023-24 YTD

Capital Expenditure (£M)	YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Medical Equipment	-	-	-
Property Services	0.3	0.2	0.10
Information Technology	0.6	0.3	0.30
General	0.1	0.1	-
Flow	-	-	-
Total Capital Expenditure	1.0	0.6	0.4

Table 15: Capital Overview - M2 2023-24 Full Year

Capital (£m)	Full Year
Funding Streams	
Funded By Trust	21.3
Funded By PDC	6.3
PFI	1.7
ERF	0.0
Funded by Donations / Grants	0.0
Total Capital Funding	29.4
Expenditure	
Medical Equipment	4.8
Property Services	7.4
Information Technology	12.3
General	2.9
Flow	2.0
Total Capital Expenditure	29.4
Total	(0.0)

Table 16: Capital Detail

Capital Expenditure Plan	£000's					£000's	
	BOB/ICS	Lifecycle	PDC Plan	Donated	2023/24 Total	YTD Expend	Full Year Variance
Medical Equipment	4,811				4,811	(4)	(52)
Property Services	7,358				7,358	263	6,004
Information Technology	6,131		6,294		12,425	550	(686)
General	1,148	1,728			2,876	123	0
Flow	2,000				2,000	0	0
Total	21,448	1,728	6,294	0	29,470	932	5,266

The month 2 capital spend is £0.3m. IT spent £0.2m on patient records back scanning in M2. General includes spend on PFI lifecycle of £0.05m.

As at month 2 the Trust is not forecasting an overspend against its capital resource limit.

Total CRL Funding of £29.4m includes BOB/ICS £21m, PFI Lifecycle £1.7m, and PDC allocations of £6.2m (£5.7m for ERF and £0.6m for Digital Diagnostic Capability programme)

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
CIP	

Meeting: Trust Board Meeting in Public

Date: 28 June 2023

Agenda item	Trust Quality Account 2022/2023
Board Lead	Karen Bonner, Chief Nurse
Author	Mitchell Fernandez, Deputy Chief Nurse
Appendices	Draft BHT Quality Account 2022/2023
Purpose	Approval
Previously considered	EMC 09.05.2023, 27.06.2023 Q&CGC 17.05.2023

Executive summary

NHS healthcare providers are required to publish a Quality Account (QA) each year. These are based on the quality accounts regulations published by the Department of Health and Social Care.

The Quality Account is an annual account to the public about the quality of services that we provide and deliver, and our plans for improvement. The QA is designed to assure our local population, our patients and our commissioners that we provide high quality clinical care to our patients.

The publication of this document is one of the ways in which we can share our evidence on the quality of care we provide to our patients. It also allows us to focus on the plan we make to support continuous quality improvement throughout 2023/24. The Quality Account includes an assessment of our performance in 2022/23 and our quality account priorities for 2023/24.

As the same with previous year, the Quality Account for this year reflects the incredible hard work and resilience of our people in helping us to achieve this goal. Improving staff experiences and wellbeing will continue to be one of the Trust quality account priorities for 2023/24.

In 2023/24, we will focus our quality priorities on the following three themes:

1. Patient safety
2. Improving the experience of our patients and colleagues
3. Improving clinical effectiveness

In order to measure Trust achievements on quality priorities for 2023/24, a set of indicators are included in this year's Quality Account to measure our success. The indicators proposed are aligned with the Trust objectives for 2023/24 and Quality Strategy 2022-25 themes of focus. Delivery of the quality priorities will be monitored quarterly by the Quality and Patient Safety Group and reported to the Quality and Clinical Governance Committee (Q&CGC).

Following review by the EMC and Q&CGC, the initial draft of the Trust Quality Account 2022/23 has been sent to the following stakeholders for comments:

- Chairman, Health & Adult Social Care Select Committee, Buckinghamshire Council
- Deputy Chief Executive Directorate Buckinghamshire Council
- Chief Executive, Healthwatch
- Deputy Director of Quality, BOB ICB

Amendments has been made to the final draft of the Trust QA 2022/23 after receiving comments from the stakeholders and members of the EMC The stakeholders' comments are now attached to the Trust Quality Account 2022/23 final draft.

The content of the Quality Account report follows the NHSE guidance <https://www.nhs.uk/using-the-nhs/about-the-nhs/quality-accounts/about-quality-accounts/>.

As with the previous year's Quality Account publication, there is no national requirement for NHS trusts to obtain external auditor assurance on the quality account.

The Trust Quality Account 2022/23 will be published by 30 June 2023 in line with national requirements.

Decision		The Board is requested to approve the Quality Account.	
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"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters <input type="checkbox"/> Upskill operational and clinical managers	
<input checked="" type="checkbox"/> Improve safety			
<input checked="" type="checkbox"/> Improve productivity			
Implications / Impact			
Patient Safety		The Quality Account includes summary of patient safety incidents and actions to increase patient safety	
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register		Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards The paper outlines the quality of patient care delivered.	
Financial		No impact	
Compliance		The paper includes aspects of quality of care and our response to patient feedback to improve our services.	
Partnership: consultation / communication		The paper will be shared with our Clinical Commissioning Group, Healthwatch Bucks and Social Care colleagues who will provide a statement in the appendix before publication.	
Equality		The quality of the care which we deliver requires us to deliver models of care which addresses Health Inequalities in our community. The work Quality Account celebrates the way we deliver care.	
Quality Impact Assessment [QIA] completion required?		No	

1 Introduction/Position

- 1.1 NHS Healthcare providers are required to publish a quality account each year. These are based on the quality accounts regulations published by the Department of Health and Social Care.

- 1.2 The Quality Account (QA) is an annual account to the public about the quality of services that we provide and deliver, and our plans for improvement. The QA includes an assessment of our performance last year and our priorities for coming year.
- 1.3 The Quality Account is an important way for the Trust to report on quality and show improvements in the services we deliver to our local communities and stakeholders.
- 1.4 As the same with previous year, the Quality Account for this year reflects the incredible hard work and resilience of our people in helping us to achieve this goal. It will include feedback from our stakeholders on how well they think we performed.
- 1.5 The publication of this document is one of the ways in which we can share our evidence on the quality of care we provide to our patients. It also allows us to focus on the plan we make to support continuous quality improvement throughout 2023/24.
- 1.6 As with previous year Quality Account publication, there is no national requirement for NHS trusts to obtain external auditor assurance on the quality account.

2 Problem

- 2.1 During the height of the pandemic, our primary objective was to keep our patients and our colleagues safe, ensuring that we could continue to provide care to those that needed it most. The emotional and physical toll the pandemic has taken on our colleagues should not be underestimated. Improving patients and colleagues' experiences and wellbeing will continue to be one of the Trust quality priorities for 2023/24.

3 Possibilities

- 3.1 In order to measure Trust achievements on quality priorities we have proposed for 2023/24, a set of indicators are included in this year's Quality Account to measure our success.
- 3.2 The indicators proposed are aligned with the Trust objectives for 2023/24 and Quality Strategy 2022-25 themes of focus.

Priority 1: Patient safety

- A. Reduction in the number of Category 3, 4 and unstageable pressure ulcers
- B. 80% of staff has completed the Level 1 training module – Essentials of Patient Safety in line with PSIRF implementation
- C. Roll out of the electronic observation for Maternity Early Warning Score (eMEWS) and Paediatric Early Warning Score (ePEWS) across inpatient area.
- D. Less than 4% of patients waiting more than 12 hours in the Emergency Department (ED)
- E. Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery

Priority 2: Improving the experience of our patients and colleagues

- A. Roll out of the Carer's Passport in inpatient area across the organisation
- B. Reduction in the total number of agency nurse usage for enhanced care supervision and one to one specialising.

- C. Memory Box Scheme roll out across the Trust's inpatient areas
- D. Improvement in the early identification of frailty with more than 30% of patients in ED having a documented frailty score
- E. Reduction in the number of reported incidents where patients are waiting for bed availability in the ward and ED corridor
- F. Improvement in the experience of new starters with the number of people who leave in the first year less than 12%.

Priority 3: Improving clinical effectiveness

- A. Development and implementation of a bespoke swallow screening tool for people admitted with Parkinson's Disease in order to improve administration of time critical medication and nutrition/hydration management.
- B. 80% of acute and community services have clinical accreditation by April 2024
- C. 40% of the acute and community services accreditation at silver status
- D. Reduce waiting times for community paediatrics

4 Proposal, conclusions recommendations and next steps.

- 4.1 The Trust Quality Account 2022/23 will be published on the Trust external website by the 30 June 2023.
- 4.2 In 2023/24, we will focus our quality priorities on the following three themes:
 - A. Patient safety
 - B. Improving the experience of our patients and colleagues
 - C. Improving clinical effectiveness
- 4.3 Delivery of the quality priorities will be monitored quarterly by the Quality and Patient Safety Group and reported to the Quality and Clinical Governance Committee.

5 Action required from the Board/Committee

- 5.1 The Board is requested to:
 - a) Note the Trust Quality Account 2022/23 achievements and priorities for 2023-24
 - b) Approve publication of the Trust Quality Account 2022-23 by the 30 June 2023

APPENDICES

Appendix 1: Trust Quality Account 2022/23

Quality Account 2022/23



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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Part 1: Quality Summary

Introduction

The Quality Account is an annual account to the public about the quality of services that we provide and deliver, and our plans for improvement. This report is designed to assure our local population, our patients, and our commissioners that we provide high quality clinical care to our patients. The Quality Account includes an assessment of our performance last year and our priorities for the coming year. This document includes indicators to measure our performance against the priorities we had set for 2022/23.

This year's Quality Account reflects the continued hard work and resilience of our people in helping us to achieve this goal.

The publication of this document is one of the ways in which we can share how we measure the quality of care we are providing to our patients. It includes feedback from our stakeholders on how well they think we have performed.

The Quality Account has been approved for publication by the Quality and Clinical Governance Committee and the Trust Board.

Your Feedback

If you have any comments or suggestions on this Quality Account, we welcome your feedback. Please contact Ms Karen Bonner, Chief Nurse, by email at: bht.pals@nhs.net.

Statement on Quality from the Chief Executive

2022/23 is a year when we have much to be proud of, despite the continued challenges facing the health service. It has been a year when we have continued to see healthcare being transformed through innovation and research. We have also maintained a high quality of care for most of our patients and in July 2022, we received the results of our unannounced Care Quality Commission (CQC) inspection which showed that we have maintained our overall rating of 'Good'. We are particularly proud to have maintained our rating as 'Outstanding for Caring' which is testament to the outstanding and dedicated team of people who work for this Trust.

We are working hard to reduce waiting times for urgent and emergency care. Our community teams have a huge part to play in this by either helping people to stay in their own homes and avoid an unnecessary hospital admission or helping them to return home as soon as it is safe to do so. We are also very proud to have opened a new, state of the art, Children's Emergency Department at the Stoke Mandeville site.

We have continued to prioritise our waiting lists based on clinical need and those that have been waiting the longest, and colleagues have been working extremely hard to see patients as quickly and safely as possible. Our teams have been working tirelessly to reduce this number and thanks to their efforts over 10,000 people were seen within 10 months. As a result, by March 2023 there were only two patients waiting 78 weeks for treatment and in both cases this was because of patient's choice.

Our clinical teams continue to innovate and offer our patients best-in-class care. For example, we are now able to perform robotic surgery for urology, upper gastrointestinal, colorectal and gynaecology which delivers better outcomes and a shorter recovery time. Our breast unit has also become one of the first in the UK to use an innovative 'MagTotal' approach to improve the surgical process for treating some breast cancers. Our school nursing team has introduced new digital resources to extend their reach to all young people across Buckinghamshire who need health support and the 'Hospital at Home' programme is delivering hospital-level care in a patient's own home.

The current cost of living crisis is widening the gap in health inequalities in the most deprived areas of our county. Buckinghamshire's response to the 'Levelling Up' agenda, Opportunity Bucks, officially launched in 2022 and the Trust is proud to be part of this extremely important programme which brings together the expertise and resources of multiple organisations in the county, including local authority, health, and the voluntary sector, to focus on improving the lives and living conditions of the most vulnerable in our communities.

This year has shown yet again the resilience of our colleagues and we would like to take this opportunity to extend our gratitude to them, our volunteers, and our partner organisations, for their continued dedication to delivering healthcare services for our patients and service users.

One of our main priorities is to continue to look after the health and wellbeing of our colleagues so that they can provide the best possible care to our patients and service users. We are pleased that this focus was recognised in our most recent national staff survey results, which showed an improvement in the proportion of colleagues feeling '*my organisation takes positive action on health and wellbeing*'.

In this year's Annual Quality Account, we set out in more detail how we have been working towards achieving our vision of delivering outstanding care from our hospitals to people's homes, playing our part to create healthy communities across Buckinghamshire, and ensuring this Trust is a great place to work.

To the best of my knowledge the information contained in this document is an accurate and true account of the quality of the health services we provide. I would like once again to thank our staff for continuing to deliver compassionate and outstanding care for our patients during another challenging year.

Signature:

Date: 29 June 2023

Neil Macdonald
Chief Executive

Buckinghamshire Healthcare NHS Trust

Trust Profile

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties. Our 6,000 colleagues provide care to over half a million patients every year. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients across England and internationally.

Our aim is to provide personal and compassionate care, every time, for our patients. Our highly trained doctors, nurses, midwives, health visitors, allied health professionals, healthcare scientists, healthcare support workers and other support colleagues deliver our services from a network of facilities including a range of community settings:

- health centres
- schools
- patients' own homes
- community hospitals
- community hubs

Our main hospital sites are:

Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL

Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT

Our main community facilities are:

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Thame Community Hub, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Community Neurorehabilitation Service, Rayners Hedge, Croft Road, Aylesbury, HP21 7RD
- Brookside Clinic, Station Way, Aylesbury, HP20 2SR
- Olympic Lodge, HP21 9PP

Our Trust Headquarters is based at:

Stoke Mandeville Hospital.

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

Part 2: Review of Our Achievements

The aim of the Quality Account is to review performance against our priorities and to outline focus areas for 2023/24. This section of the document will outline the Trust's achievements against our priorities during 2022/23 and demonstrate the improvements we have delivered.

The priorities we set in 2022/23 were focused on the following three themes:

- Patient safety
- Better patient experience and outcomes
- Improving the experience and wellbeing of our colleagues

Our Approach to Quality Improvement

The Trust has a three-year Quality Improvement (QI) Strategy to embed quality improvement across the organisation. Our improvement methodology is underpinned by the national '*Model for Improvement*' and *quality, service improvement and redesign (QSIR)* programmes. We also use other methodologies including *Lean* and *Appreciative Inquiry* and we have a targeted programme to build QI capabilities across the Trust at all levels.

The QI Team has a primary objective to embed a quality improvement strategy within the organisation. This is primarily achieved through the development of an improvement system with QI Huddles, training and staff and team coaching. Taking this structured approach to improvement facilitates our ability to support change at both an individual, team and organisational level and enables us to gain a deeper understanding of what our problems are from multiple perspectives.

A central QI and Transformation team is in place to lead the implementation of the QI strategy and support colleagues to deliver a safe and efficient healthcare service. Using its combined QI and programme management capabilities, the QI and Transformation team supports the Trust to improve the quality of patient care, eliminate waste and reduce variation to realise value and efficiency gains.

QI and programme management activity aligns to organisational priorities, for example the Urgent Emergency Care Transformation programme has the support of a Senior Programme Manager from within the QI Team, providing support with optimising Board Rounds and end to end ward discharge processes.

Utilising a business partner model for the team's programme managers has strengthened engagement with the Divisions.

Frailty Rapid Improvement Event; bringing together experts from community, therapies, Same Day Emergency Care (SDEC), Care of the Elderly and the Integrated Care Board.



The Trust has also applied the QI approach to improve the top three safety issues within the Trust. This has been overseen by the Harm Free Care Group bringing together subject matter experts in falls, pressure ulcers (PU) and venous thromboembolism (VTE) alongside clinical representatives from each division to present and analyse Trust-wide data, leading to Trust-wide improvement plans.

As a key part of the QI Strategy, the rollout of QI Huddles has continued across the Trust providing colleagues with a voice to enable those closest to everyday problems to make changes and improvements to their service by improving quality of care, the wellbeing of colleagues, efficiency, and safety. A sustainability plan to support our early adopter QI Huddles is in place to ensure continued success. To date there are 45 active Huddles with a running total of 1,475 improvements generated up to February 2023.



We have supported the Senior Leadership Team with GEMBA coaching. GEMBA walks entail visiting frontline colleagues to listen and understand the organisation's challenges from the perspective of those closest to the issue and promotes visible leadership.

200 colleagues were trained to Essentials Level and 40 to Fundamentals Level during the year. Two cohorts of QSIR Practitioners were delivered with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) QSIR Faculty.

During 2022/23, 60 'Projects on a Page' were completed showcasing QI projects, Appreciative Inquiry reflections and improvement work following audit. Close collaboration with the Clinical Effectiveness Team has been developed and the teams deliver joint monthly drop-in sessions for the doctors in training with the number of trainee doctor registered QI projects increasing from 7 to 43. By January 2023 there were 147 registered users on LifeQI (a platform to support and share improvement projects) and 64 registered improvement projects. A successful QI and Audit Conference was organised in May 2022.



Our Achievements in 2022/23

Outstanding care

Overview of patient safety incidents and safety alerts

This section sets out the Trust's work and progress during the period 1 April 2022 to 31 March 2023, in relation to the reporting, management and learning from safety alerts, and patient safety incidents. These include Serious Incidents and Never Events. Details are given on trends across types of incidents, categories, and severity of harm.

We have countless examples of the high standards delivered across the Trust every day and night of the year, and our excellence reports are testament to that care. Excellence reporting is an online reporting tool for colleagues to share and acknowledge outstanding care and services they have observed. The Trust has utilised incident reporting as a way to learn from what has gone wrong as well as learning from best practice.

When we don't deliver the outstanding care we aspire to, we are committed to working with patients and next of kin/families to ensure we understand and learn from the experience, putting in place improvements where required. This approach is compliant with the Care Quality Commission fundamental standard for the Duty for Candour.

Patient safety reporting data includes incidents, and the much smaller number of incidents which meet the NHS England criteria of Serious Incidents - those which require a more extensive investigation as they have the potential to lead to severe harm or death.

A strong reporting culture is encouraged across the organisation to support continuous improvement through review and learning, thus enhancing patient safety and patient experience.

Duty of Candour

Application of the Duty of Candour is a legal, regulatory, and contractual requirement and is integral to providing high quality healthcare through the adoption of the principles of being open, transparent and candid with a patient and/or next of kin, and in acknowledging that an incident or event has not gone well. It is the start of a restorative journey to rebuild trust through listening to the patient voice and for learning from the event or incident.

Of the 181 reported incidents within the Trust in 2022/23 which met the criteria for Duty of Candour, 100% compliance with application of the process was achieved.

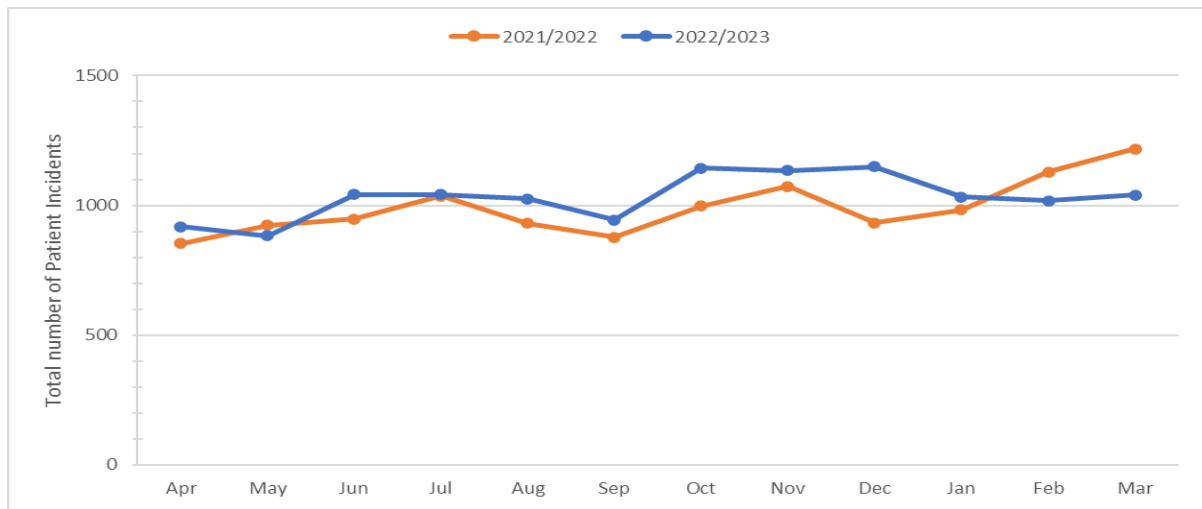
Incident reporting

Trends in reporting patient safety incidents

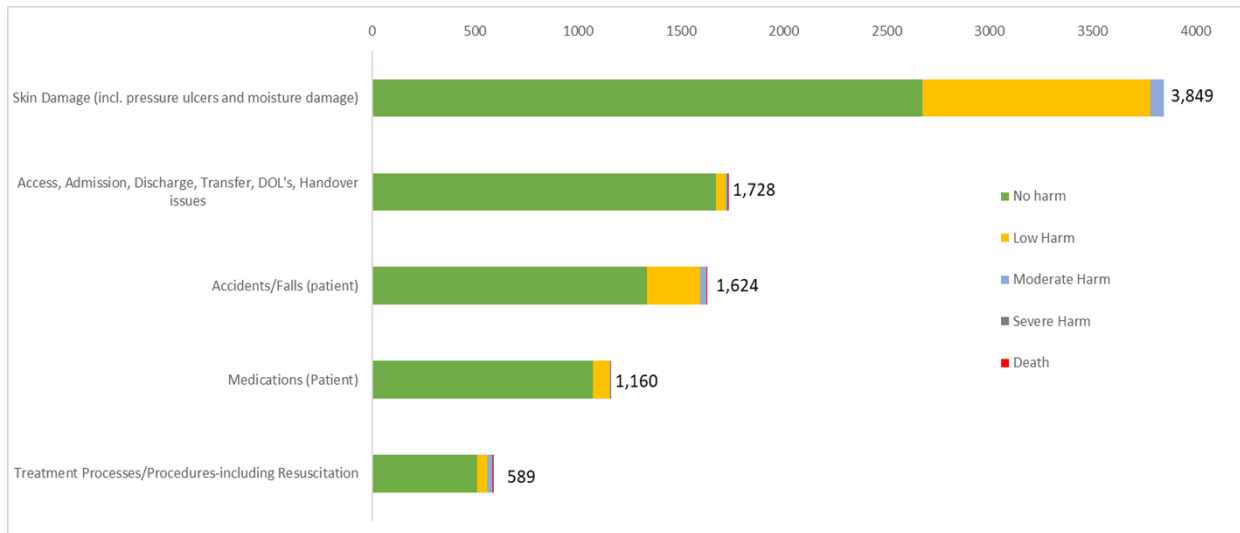
The Trust's electronic reporting system, (Datix®), was upgraded during the year. The chart below shows that 12,368 incidents were reported - an increase on the previous year's total of 11,898. High reporting of incidents, with the majority of no and low harm, is one indicator of a good patient safety culture, and incident reporting is valued within the Trust as a way of identifying risks.

The top five incident types listed below also typically feature as high-volume incidents in other NHS trusts. The high number of skin damage incidents, such as pressure ulcers, is reflective of the services provided to our patient groups including frail and elderly patients, patients with diabetes, and those with restricted mobility or with other co-morbidities affecting their skin or tissue.

Monthly incident reporting data 2022/23, compared to 2021/22



Top five categories for reported patient safety related incidents 2022/23



Source: Datix

All incidents are reviewed and investigated within the divisions and those of moderate and greater harm are reviewed and considered for closer scrutiny as potential serious incidents.

Serious Incidents

In 2022/23, the Trust confirmed 72 incidents met the NHS England Serious Incident criteria compared to 88 in 2021/22. A new Serious Incident Executive and Divisional Management (SIEDM) panel was established in 2022, comprised of senior clinicians. The SIEDM panel is held weekly to review the initial fact-finding phase of a significant Incident, through 72-hour reports, and with the remit to review serious incident investigation reports and give feedback to ensure the reports are sufficiently robust for closure.

Patient Safety Incidents Reporting Framework (PSIRF)

PSIRF is a new approach to responding to patient safety incidents which will replace the current Serious Incident Framework (2015).

The new framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

An implementation team has been set up, with members having attended training and orientation workshops organised by the Patient Safety Team at the Oxford Academic Health Science Network so that the Trust can learn from early adopter sites.

Explanatory YouTube video and QR code: [Introducing the Patient Safety Incident Response Framework \(PSIRF\): A framework for learning - YouTube](#)



Learning from Never Events

Serious Incident Investigation reports and action plans are always undertaken for all Never Events, with the important features being a robust investigation, rigorous analysis and an action plan with sustainable recommendations, approved by an Executive Director. The Trust standard for Never Events per year is zero.

During 2022/23 the Trust reported one Never Event compared to three reported in 2021/22. The Never Event incident reported in June 2022 occurred in the Division of Surgery and Critical Care and met the criteria of 'a retained foreign object post procedure' which has been thoroughly investigated.

Dissemination of learning from incidents and Serious Incidents


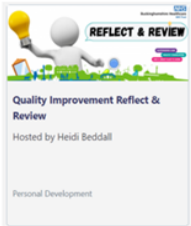
There are a range of forums – formal and informal - through which learning from incidents is shared, including bite size training sessions, newsletters, simulation sessions, online training, experiential learning, Academic Half Days, and the Chief Nurse and Chief Medical

Officer Safety briefings. The Chief Nurse issues a 'Big 4' newsletter each month which highlights safety issues identified through incidents and quality audit results.

Reflect and Review is a monthly reframing of the Lessons Learned sessions and was redesigned following a review of engagement with the sessions. The new approach was launched with 'Remember Ben' in April 2022. This shared learning of a young man, who sadly died whilst in our care. Ben's story was told using a poignant film which was deeply impactful for those who joined the session, and in addition to describing clinical aspects of care, it also reflected on the incident through the lens of the family, and Ben's mum, Lynn who kindly and courageously gave her time to share their experience.

Build a QI culture and capability at all levels where QI is everyone's business and can be seen and heard throughout the organisation

- [Reflect & Review April 2022: Read about the launch event 'Remember Ben' and watch the recording](#)
- [Reflect & Review May 2022: Frailty is everyone's business](#)
- [Reflect & Review June 2022: Debriefing together after trauma](#)
- Reflect & Review July 2022: Maya's story – how a teenage girl transformed patient experience
 - [Watch the full 25 minute video of Maya's Story.](#)
 - [Watch the recording of Reflect & Review](#) which includes a 5 minute version plus discussion around the topic



Care of the Deteriorating Patient and Sepsis

Care of the deteriorating patient is a Trust priority. The Trust now has a cross site Critical Care Outreach Service (CCOS) covering both Stoke Mandeville and Wycombe Hospitals. Expansion of the CCOS was integral to a hospital wide standardised approach to early recognition and treatment of acutely unwell patients.

Digital systems support our recognition and response to acuity linking to national early warning score (NEWS) for vital signs monitoring. As part of a QI project, three acute medical wards have been piloting NEWS trigger alerts which are sent to the mobile phone of the nurse in charge. Initial feedback is positive in terms of improving communication in ward areas. The Trust also has a live feed of all vital signs monitoring via a digital system called CareFlow Vitals which is used to provide surveillance of acutely unwell patients. Data reporting from these systems assists in monitoring performance and driving service improvements.

Sepsis remains a priority in the care of acutely ill patients. CCOS respond to deteriorating patients in our Emergency Department following NEWS escalation. All patients admitted to the Emergency Department should undergo a sepsis screen – quarterly compliance is >80%. The Trust has achieved its target of 75% of patients that are suspected of having

sepsis receiving intravenous antibiotics within an hour.

Service improvements have included a pilot of Call 4 Concern across our surgical floor at Stoke Mandeville Hospital. This is an additional safety net to support our response to deteriorating patients where a patient or relative can contact the team directly if they have a clinical concern. We have launched a communication pathway between CCOS and palliative medicine for those patients nearing end of life to provide dignity and symptom control to dying patients. A new model of oxygen therapy has been introduced to our hyper acute stroke ward at Wycombe with CCOS support and education.

Pressure Ulcers

During 2022/23, the Trust reported 75 category 3, 4 and unstageable pressure ulcers (PU) as being attributable to our care which is an increase from 56 cases reported in 2021/22. Across the Trust, we rarely see category 4 pressure ulcers and our most common moderate harm is unstageable. Unstageable pressure ulcers have full thickness tissue loss in which the actual depth of the ulcer is completely obscured by slough or necrotic tissue. NHS Improvement introduced this category as part of its guidance in 2018 but it is expected this will be removed in the updated guidance when published in 2023 as incidents should be reclassified once tissue depth is visible.

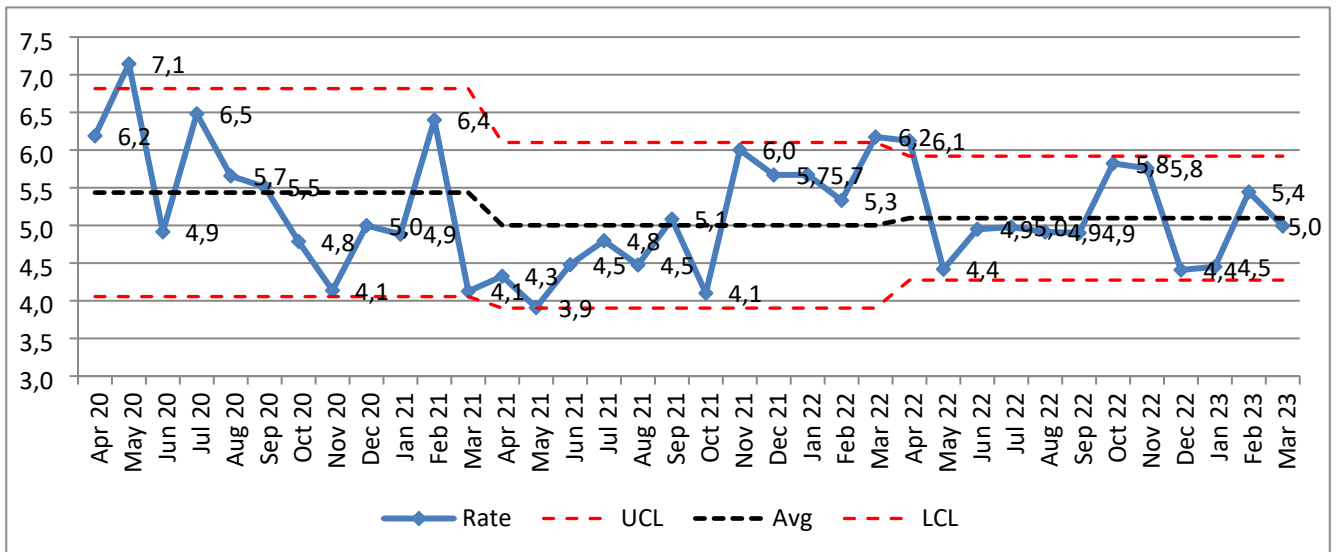
Category 2 pressure ulcer incidents are the most reported category of pressure ulcer incidents in the Trust with 426 cases in 2022/23 compared to 315 in 2021/22. This rise is being reflected nationally and is being attributed to shielding and self-care in the community setting, limited access to healthcare provision during the Covid-19 outbreak, increase in people dying at home and Covid-19 affecting skin integrity. A PU reduction QI project was carried across the Trust. The main themes highlighted have been incorrect completion of the Waterlow risk assessment tool and incorrect use of terminology. To improve these areas, new categorisation posters and lanyard cards have been issued to staff, the national pressure ulcer module has now been added to the Trust's training platform, iAspire, and the Trust is in the process of changing the risk assessment tool from Waterlow to PURPOSE T (which later this year will be recommended as the tool of choice for all NHS trusts in England). Reduction in the number of pressure ulcer incidents has been set as one of the Trust's quality priorities for 2023/24.

Falls

Inpatient falls are one of the indicators of the quality and experience of patient care. Despite progress in identifying causal factors, falls remain a significant healthcare problem nationally, with an average of 250,000 in-patient falls per year (NHSI, 2017), a rate of 6.6 per 1,000 occupied bed days in an acute setting (Royal College of Physicians)

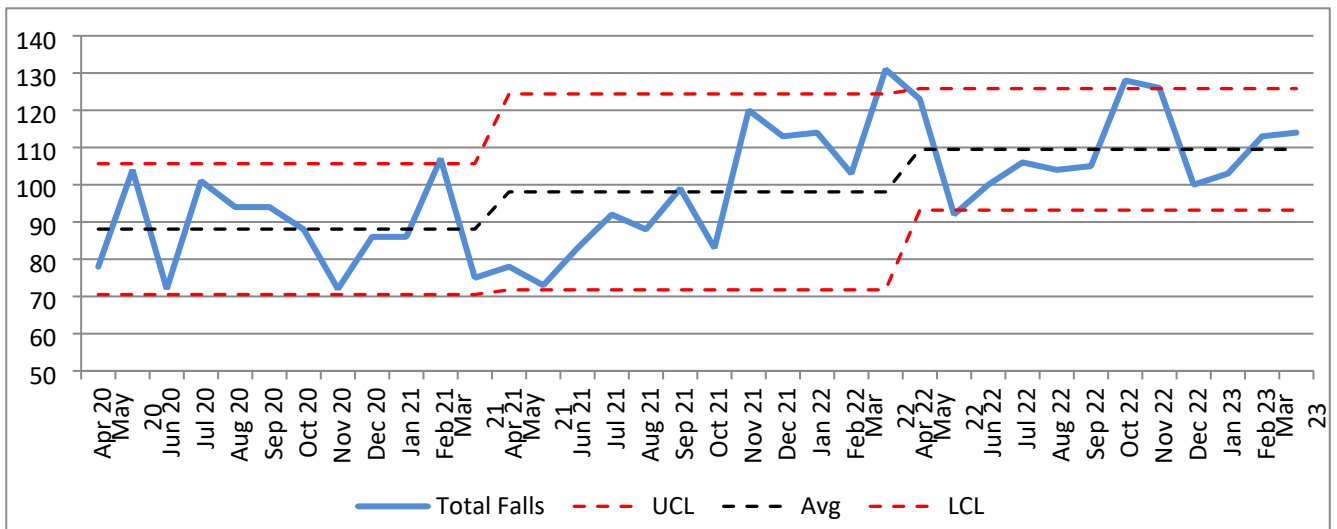
The Trust's inpatient average falls rate of 5.0 per 1,000 occupied bed days in 2022/23 remains below the national average and the same as 2021/22.

Inpatient falls per 1,000 occupied bed days 2020/23



Time series graph above shows performance over time with three reference lines; average (Avg), Upper Control Limit (UCL) and Lower Control Limit (LCL). The two limit lines (red dotted lines) around the central average (grey dotted line) show the range of expected variation in reported results based on what has been observed before.

Inpatient falls 2020/23



There was an increase in the total number of inpatient falls incidents reported in 2022/23 at 1,314 compared to 1,177 in 2021/22. The majority (98%) of these resulted in no harm or low harm and there were 5 incidents declared as Serious Incidents. A number of actions have been taken to reduce the number of falls and to mitigate the risks following a fall. These include the addition of the Royal College of Physicians post fall management flow chart to the Trust’s Falls policy and the post falls checklist has been updated to include neuro-observation following head injury.

Patient falls declared as Serious Incidents (SIs) 2022/23:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	1	1	1	0	3	0	0	0	0	2	1	0	9
2018/19	2	1	0	1	0	0	0	3	1	1	2	1	12
2019/20	2	0	2	2	2	1	1	0	2	0	0	2	14
2020/21	3	2	5	0	1	2	0	0	0	0	0	0	13
2021/22	0	1	0	0	0	0	0	0	0	0	1	0	2
2022/23	0	0	1	0	0	1	0	2	1	0	0	0	5

Dementia and Delirium

It's important that our colleagues, both in the community and in our hospitals, have the skills to identify and support patients experiencing dementia and delirium - especially when the person is disorientated and afraid. This includes supporting their family and friends. Dementia training is now mandatory for all clinical colleagues.

Dementia and delirium care is a priority for the Trust. In 2023/24 we look forward to appointing two Admiral Nurses - specialist dementia nurses supported by Dementia UK - as part of our aim to make dementia and delirium care a priority for the Trust. We are also looking at what improvements we can make to ensure that our care environments are calm and reassuring.

Emergency Department

Waiting times in our Emergency Department (ED) have at times been far longer than they should have been. By the end of 2022/23, 70.2% of patients were seen within four hours compared to 75.2% in 2021/22. During the year 6.9% of patients spent more than 12 hours in our ED against a target of 2%.

During the year we saw increased demand for our emergency services with 156,149 attendances in 2022/23 compared to 146,022 in 2021/22 and equal to the pre-pandemic numbers from 2019/20. In addition, we have seen increased acuity i.e., there has been an increase in patients coming to our Emergency Department who are very unwell and have required admitting to hospital.

There has also been an unacceptable number of patients waiting in the corridors surrounding ED for a bed to become available and this is unacceptable. It is a result of us trying to get patients quickly from the ambulances into our care so we can get them back onto the road, and of us trying to keep as much space in ED as possible to allow people to be seen in a timely fashion. Sadly, it has not been unique to this organisation over the winter, and it often means a loss of dignity for patients while they wait or are being cared for.

We have also been experiencing significant challenges with the flow of patients through the hospital due to the very high numbers of patients who are ready to leave our hospitals

and require further care at home or in another setting, but who are unable to do so due to lack of capacity in social care. At its peak in January 2023, we had 119 patients ready to go home that we couldn't discharge, which represents 3,576 bed days lost within the month throughout our hospitals.

To deliver the change needed to improve our performance, the Trust has developed an urgent and emergency care programme of work, working closely with our partners in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and Buckinghamshire Council. The five key areas the programme is focusing on are:

1. Reducing attendances by ensuring that patients are seen in the most appropriate setting to their needs
2. Improving the quality of care, including shorter waiting times, in our Emergency Department
3. Avoidable Admissions – helping patients to stay at home rather than being admitted to hospital if it is safe to do so
4. Improving Same Day Emergency Care and the utilisation of assessment areas so that people who come to our ED can be seen, treated and sent home on the same day to continue their recovery
5. Improving patient flow and discharges – helping people to return home as soon as it safe to do so when they no longer need to be in hospital

By the end of 2023/24 fewer than 4% of people who come to our ED should be waiting more than 12 hours to be seen. Our aim is also to eliminate 'corridor' care.

We have already put in place a clinical assessment service at Stoke Mandeville, led by GPs, to ensure that patients are redirected to the most appropriate place to receive care. For those that need urgent but not emergency treatment, the Urgent Treatment Centre at Stoke Mandeville will be open 24 hours a day by July 2023.

We have appointed a Hospital Ambulance Liaison Officer at Stoke Mandeville to enable patients to be admitted to hospital as quickly as possible to free up ambulances to help other people in need. 95% of ambulance arrivals should not be delayed by over 30 minutes and in 2022/23, the Trust achieved 80.5% compliance.

We are reducing the number of people coming to ED that would be better treated elsewhere by setting up 'Consultant Connect' which is a single telephone number for GPs and the ambulance service so that they can discuss the most appropriate care for patients with our team of specialists.

In April 2023, we opened our new state of the art Children's Emergency Department which has increased capacity as well as providing a much more welcoming environment for children, young people and their families.

Facelift for Emergency Department

A revamp of the Emergency Department at Stoke Mandeville Hospital was completed in November 2022. Working with our partners Sodexo, the Trust's Emergency Department at Stoke Mandeville Hospital underwent a £500,000 facelift earlier this year in just 21 days improving the environment for patients, relatives and colleagues.

As a result, there is new lighting, flooring, desks, radiator covers, doors and cubicle curtains. It also delivered a new nurse call system and a nurses' station plus a brand-new changing room for colleagues with lockers and extra storage space. Another much needed and welcomed improvement is a relatives' room which now provides a quiet, peaceful space where difficult conversations can take place in private.



Cancer

During 2022/23, we saw an 11% increase in the number of patients being referred compared to 2021/22 and 42% higher than pre-pandemic levels – this was anticipated as there was a big reduction in referrals during the pandemic.

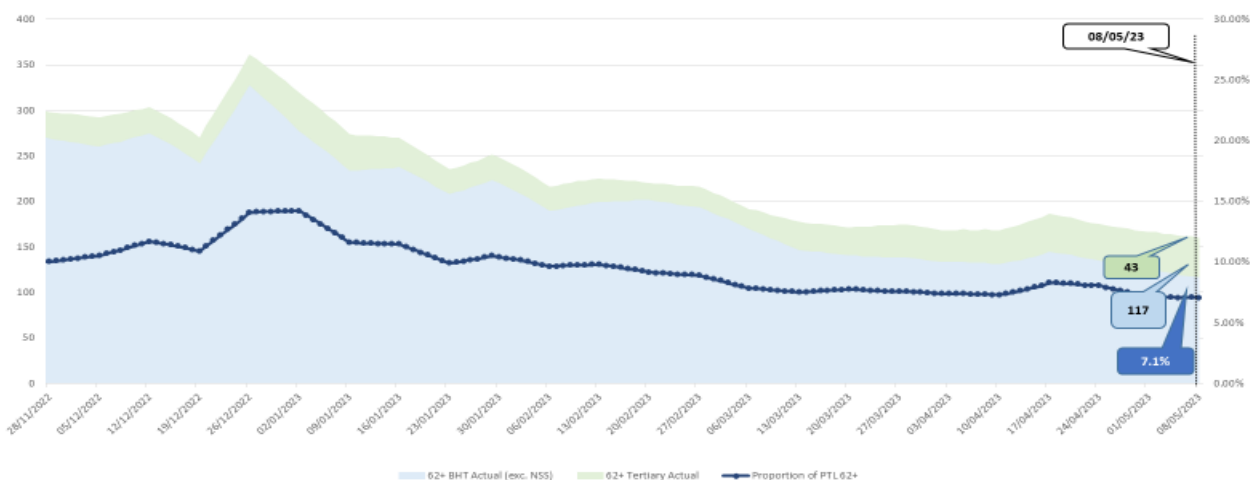
By March 2023, 95.2% of patients were being seen for their first appointment within two weeks when referred for suspected cancer performance, against a target of 93%. In line with the national Faster Diagnosis Standard, we aim to diagnose and inform patients of next steps within 28 days following referral, and 70.4% of patients met this timeline against a target of 75% in 2022/23.

We have also improved waiting times for treatment. At the start of the year, waiting times were longer than planned. However by the end of the year, we were the best performing

Trust in the Integrated Care System locally with just over 7% of patients waiting more than 62 days for treatment compared to 13% at the start of the year.

62+ day backlog clearance

The chart below sets out the total 62+ day reportable backlog for the Trust, noting where patients are waiting for input from other specialist centres known as tertiary input. The dark blue line shows the proportion of the patients waiting over 62 weeks (PTL 62+).



There has also been an overall decrease in patients waiting over 104 days, which was reduced to 18 patients by February 2023 from 50 during the winter period. To ensure that we are keeping patients safe whilst they are waiting for treatment, a clinical harm review is carried out by a consultant for all patients waiting over 104 days. Any identified risk of harm is investigated according to the patient safety guidance and discussed by the cancer board to decide if further action is required. No cases of clinical harm were identified in 2022/23.

We have also prioritised people’s experience of cancer, both people accessing our services, but also crucially the people who deliver those services. We have made good progress in engaging with key stakeholders across all our patient pathways and divisions and have developed a robust body of evidence demonstrating what is important to people with experience of cancer.

The coming year will see the launch of our co-produced cancer strategy ensuring quality of care is at the centre of everything we provide. We will also establish a ‘Cancer Patient Partnership’ to ensure the voice of people affected by cancer is heard and acted upon across all our current and future improvement activities. Further work is being done through our partnership with Heart of Bucks Community Foundation to help raise awareness of cancer and the simple preventative measures available to all including maintaining a normal weight and taking exercise regularly - both of which would reduce the risk of cancer.

Maternity Services

In 2022/23, the Trust provided care to women and their families with 4,577 babies born either at home, Aylesbury midwifery led unit or the Stoke Mandeville labour ward.

A number of service and quality improvements have been made:

- Postnatal improvement following feedback from service users and colleagues, focusing on information for parents prior to discharge from hospital, infant feeding

support for babies at greater risk of jaundice and improved processes around timely discharge.

- Management and prevention of obstetric haemorrhage that will introduce a pathway for detection and optimisation of those at risk during the antenatal period
- Introduction of an enhanced maternal care pathway to provide care for women that would otherwise require admission to the Intensive Care Unit (ICU). This avoids separation of mother and baby, reduces the burden on ICU and has enabled collaborative working between maternity and critical care outreach teams. The training provided to teams to implement this service has also received external funding to enable the Trust to deliver the programme to 120 midwives across the South East region.
- Implementation of a perinatal optimisation care bundle for preterm infants that will reduce mortality and morbidity amongst this vulnerable group. The bundle includes:
 - Ensuring extreme preterm infants are born in the right location
 - Timely administration of medication to reduce brain injury, infection and respiratory symptoms
 - Optimal cord management
 - Normothermia (body temperature within normal values)
 - Early expressed breastmilk

This is a system-wide project that also includes the launch of a podcast for educating colleagues and the co-production with stakeholders of a simulation-based education package which will be delivered in 2023/24. The maternity service has participated in the pilot for national maternal and neonatal early warning scores (EWS) and will be a pilot site for the neonatal EWS rollout across England.

Ockenden report

Following the publication of the interim Ockenden Report in 2020, and the Trust self-assessment of compliance in December 2021, the Trust was visited by the South East regional team for their Ockenden insight visit in August 2022.

The purpose of this visit was to provide assurance against the 7 Immediate and Essential actions (IEA) from the Interim Ockenden Report.

The Trust demonstrated significant progress and by the end of March 2023 had achieved full compliance against all of the IEA's.

During 2023/24 we plan to achieve the ten safety actions of the national maternity incentive scheme and the national single delivery plan for maternity and neonatal services

The Healthcare Safety Investigation Branch (HSIB) continued their quarterly visits to the Trust throughout the year. HSIB had no safety concerns about the maternity service and highlighted the Trust's positive family engagement score of 94% compared to the national average of 86%. NHS England's Public Health team undertook an external review of the Trust's Antenatal and Newborn Screening governance processes in 2022 with no immediate concerns raised.

In the annual national survey of women's experiences of maternity services, respondents reported significantly high scores related to three key questions about respect, involvement in decisions and confidence in staff during labour and birth.

Five questions scored 3% higher than the national average demonstrating high levels of satisfaction with mental health care in the antenatal period, trust in staff, time for discussions in antenatal care and help and advice with infant feeding.

Top 5 scores vs Picker Average	Trust	Picker Avg
B12. Given enough support for mental health during pregnancy	88%	85%
F15. Received help and advice about feeding their baby (first six weeks after birth)	89%	86%
B9. Had enough time to ask questions or discuss during antenatal check-ups	99%	96%
B17. Had confidence and trust in staff (antenatal)	97%	94%
B11. Asked about mental health by midwives (antenatal)	96%	93%

The Maternity Voices Partnership (MVP) has been integral to providing maternity services that are responsive to women and birthing people.

We thank them for their ongoing collaboration and partnership working that ensures feedback from service users and 15 steps assessments drive our quality improvement plans. Throughout the year there has been focused work to ensure all service user voices are heard including an innovative community-based group for women from Pakistani and Kashmiri heritage. This work was commended by the Ockenden insight visit team.



Clinical Accreditation Programme

In March 2019, NHS Improvement published a ‘Guide to developing and implementing ward and unit accreditation programmes’, encouraging all trusts to have their own internal inspection/ accreditation process.

The Clinical Accreditation Programme is a tool to measure, improve and provide assurance of quality, safety, experience (colleagues and patients) and leadership. The Accreditation Programme is an internal assessment of these measures using a structured framework to undertake the evaluation of a department by a team of peer assessors. Outcomes of assessments are multi-functional and influence decision-making from Ward to Board.

During 2022/23, 10,589 quality audits and clinical accreditation inspections have been completed with an average score of 95.4%. 11 wards have since been accredited with 7 achieving Silver and 4 Bronze.

Accreditation Framework:



Healthy Communities

COVID-19 vaccination programme

The Trust has been proud to continue offering Covid-19 vaccinations to support the most vulnerable residents of Buckinghamshire, administering more than 2,500 vaccinations during 2022/23.

The Trust has been recognised nationally for the specialist vaccination clinics we have run including for those with a learning disability and or/autism. The feedback received has been positive and the model of care has been case studied as best practice for others to replicate.

'Amazing people that work there and I value the clinics for putting on these vaccination times for children with additional needs... thankyou'

'Excellent manner and understanding with those who have ASD'

A priority has been to ensure that pregnant women and their partners had access to winter vaccinations through our maternity vaccinators working within antenatal clinics. This successful approach is now being adopted by neighbouring trusts. Both flu and Covid-19 vaccinations were offered to pregnant people with 149 Covid-19 and 97 flu vaccines given in 2022/23.

We have provided a vaccination service to housebound patients, health and social care staff working in care homes, children and young people attending Special Education Needs (SEN) schools, inpatients in the Trust's hospitals as well as Trust colleagues. The vaccination team have offered a visit to all Bucks SEN schools. A total of 222 vaccinations were given over two visits, with a range of first, second and booster doses administered.

Patient Experience

Every year the Care Quality Commission (CQC) runs an adult inpatient survey, the Picker survey, to look at the overall patient experience of people admitted to hospital. The latest survey sample is taken from patients who were inpatients in November 2021.

1250 Invited to complete the survey	1186 Eligible at the end of survey	35% Completed the survey (418)	39% Average response rate for similar organisations	43% Your previous response rate
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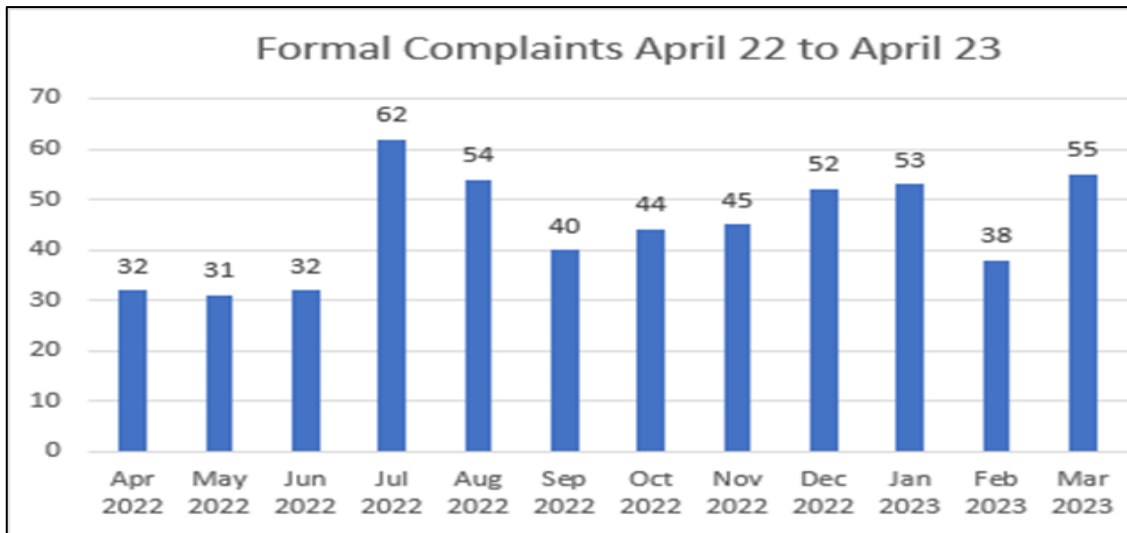
In the 2022 survey, the Trust was only one of six nationally to have made improvements in its results with 84% of respondents rating their overall experience at 7 or more out of 10, 99% reporting that they felt they were treated with dignity and respect and 98% having confidence and trust in their doctors. The Trust also made improvements in scores including the amount of information given on conditions and treatments, from 78% in 2020 to 85% in 2021, and explaining how well patients might feel after a procedure, which rose from 82% to 86%.

The Trust has developed an action plan to tackle some of the scores that require improvement, such as the frequency at which patients are asked to give their views on the quality of care during their stay, explaining who to contact should they be worried after discharge and ensuring more staff are available to help patients during mealtimes.

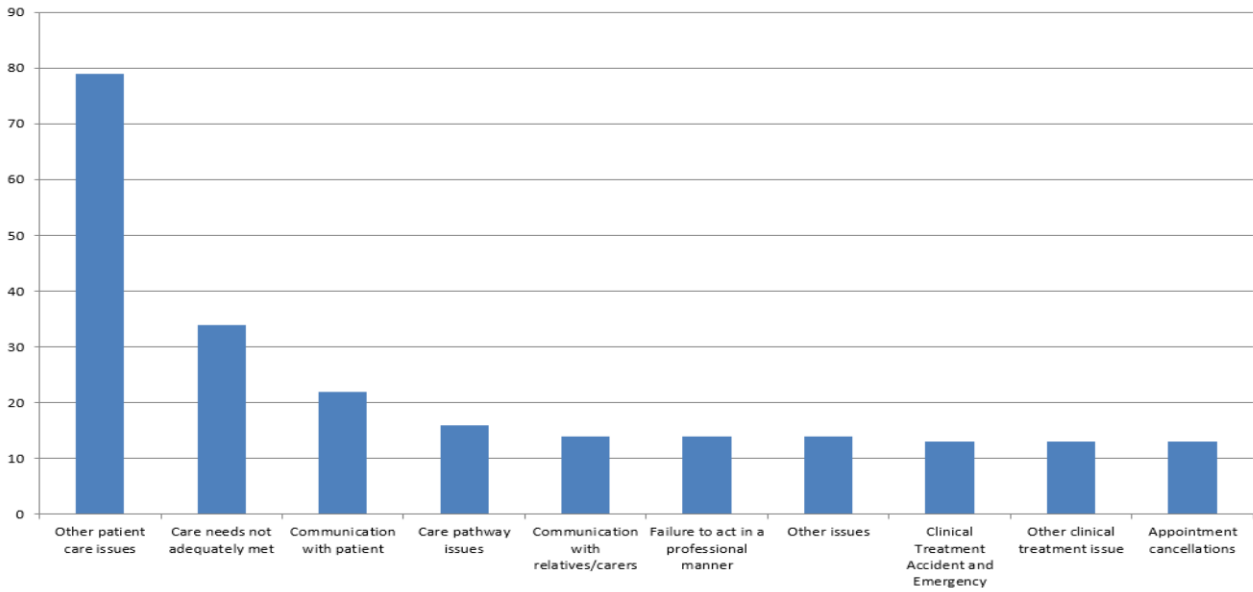
Complaints

In 2022/23, the Trust received 538 formal complaints - a decrease from 663 in 2021/22. Issues with patient care is the main reason for complaints, with unmet care needs and communication with patients being the second and third main reason for complaints.

Monthly complaints received 2022/23 (total: 538)



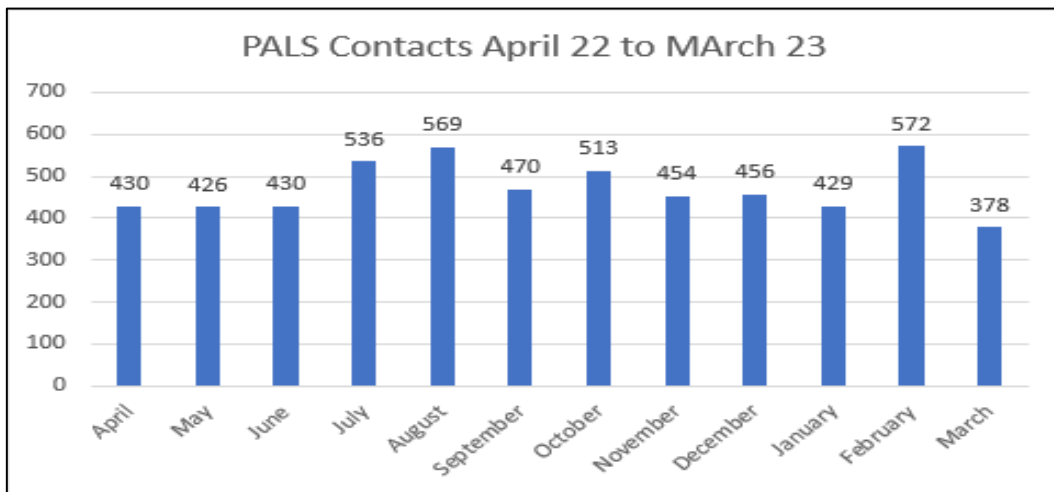
Complaints theme 2022/23



Patients Advice and Liaison Service (PALS)

In 2022/23, the Trust recorded 5,663 PALS contacts, which was a decrease from 6,616 in 2021/22. Delays and cancellations accounted for the highest number of contacts after general information enquiries. These included issues related to access, appointments, surgery being delayed or cancelled and waiting times. The introduction of the centralised outpatients contact centre during the year has had a positive impact on reducing access issues which includes appointment bookings enquiries.

Monthly PALS contacts 2022/23 (total: 5,663)



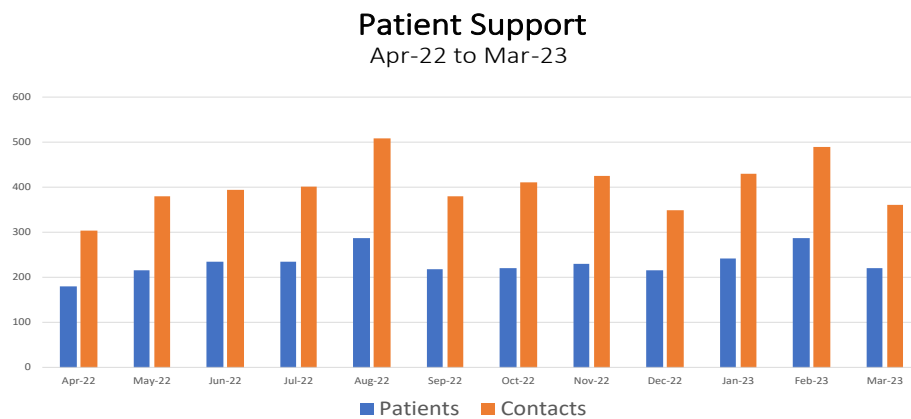
Chaplaincy

Throughout 2022/23, our chaplains were available 24 hours a day, 7 days a week, offering compassionate care and support to people of all faiths and none. The chaplains offered pastoral, spiritual and religious care to all patients and their visitors, which included:

- a listening ear at a time of difficulty or crisis

- space to talk about life, purpose and the meaning of things
- support to practice faith or spiritual tradition, including prayer, Scripture reading, Holy Communion and Sacraments
- contact with representatives of world faith communities
- help in bereavement

The chaplaincy team is supported by number of volunteers and we continue to recruit people from various faith backgrounds, including, for the first time, a Hindu volunteer and two female Muslim volunteers. This brings our total number of chaplaincy volunteers to 28 across the different hospital sites.



The chaplaincy team also conducted various religious and non-religious services, including once again an in-person baby memorial service, providing important ongoing bereavement support for parents and relatives who have experienced the loss of a baby or a miscarriage



A new initiative was launched in the Florence Nightingale Hospice (FNH) by one of the chaplaincy team. Living memory boxes give patients approaching the end of their life the opportunity to create a film to share their story, their hopes and fears and remember special moments in their life. Filming is done in an informal way and in a private space. The film is then edited, adding simple titles, downloaded onto a USB stick and presented to patients in a beautiful box, with image of the patient on the front of it. The Living Memory Boxes have proved very popular so far at FNH and this chaplaincy service will be extended to hospital patients in 2023.



Support for colleagues

The chaplaincy team continued to offer a unique service of pastoral care and support to all Trust colleagues and their families. Support was offered through both, informal conversation on the wards and separate appointments. It included debriefing, listening, and creating an environment where it is safe for colleagues to talk in complete confidence. Other support included:

- working with colleagues to support patients
- training for colleagues and volunteers
- religious support through, e.g. services, Holy Communion on the wards, and a Ramadan fasting packs for Muslim colleagues



End of Life (EOL) Care

Our aim is to continue to improve the end of life experience for our patients and their families across both inpatient and community settings. The following are just some of the examples of the compassionate care that is being delivered.

In April 2022 the Florence Nightingale Hospice at Home service was expanded to help facilitate discharges for patients in the last weeks of life to their home. To date the team has facilitated discharges home within 24 hours for 90% of the patients accepted to the

service. The feedback that the team have had is how important it was for the family to be able to support the patient at home and that the care that they had was exceptional.

Ward 16 and the Hospital Palliative Care team arranged the discharge of a patient back to Romania for his end-of-life care. This included conversations of the potential risks with the patient and the family during their journey, ensuring that medication would be accepted through border controls - all of which had to be done at speed to ensure that the patient's preferred place of care could be met.

The Hospice all arranged the visit of a patient's horse into the hospice garden to allow her to say goodbye.



Wedding for EOL Patient

A wedding organised by the colleagues on wards 4, 6 & 7 in less than 24 hours, for an end of life patient and his fiancé of many years. By working together, the team managed to arrange an event that would normally take weeks/months to plan, to make sure it was a day to remember. The night prior to the wedding, colleagues ensured the groom was looking his best before transforming ward 7 with decorations and a balloon arch. The team purchased drinks, a wedding cake and also a signed card for the couple. The highlight for the patient and his new wife was seeing a portrait of themselves in the room. The team said the expression on the bride-to-be's face when she saw it was one of those moments you treasure for a lifetime and made all the extra effort all worthwhile.



National Spinal Injuries Centre (NSIC): Formula 1 racing driver Sebastian Vettel visits Stoke Mandeville Hospital

The Trust welcomed Formula 1 driver Sebastian Vettel to the National Spinal Injuries Centre (NSIC) to visit patients and colleagues on our children and young people's ward and to learn more about innovative therapies in our Upper Limb Studio.

Sebastian was keen to meet and talk to patients about their spinal cord injuries and to learn how the work of the NSIC team supports their rehabilitation and helps them prepare them for life back in the community.



The upper limb studio, which opened in May 2021, provides a form of therapy known as Activity Based Restorative Therapy (ABRT). ABRT involves the use of equipment to facilitate repetitive movement to improve a patient's level of independence following spinal cord injury, having a beneficial impact on their ability to perform functional tasks such as feeding, drinking, return to driving, carrying out aspects of personal care, and returning to work.

While at the hospital, Sebastian also visited Horatio's Garden where he met Founder & Chair of Trustees, Dr Olivia Chapple and discussed the importance of having access to a serene and beautiful garden area for patients and their families. The F1 star also spent time autographing Aston Martin baseball caps and posing for selfies.



[Watch a video on Twitter posted by the Aston Martin F1 team about Sebastian's visit.](#)

Scalp coolers provided by cancer charity

We are grateful to the Cancer Care & Haematology Fund (CCHF) charity which has funded the purchase of new scalp coolers used by patients in the Trust's cancer units to minimise hair loss during chemotherapy. The charity, which supports cancer units at Stoke Mandeville and Wycombe Hospitals, has committed £52,000 for the purchase of scalp coolers developed by specialist company, Paxman.

CCHF's Chair of Trustees, Dr Ann Watson, said: "We are delighted to have been able to provide the money for new scalp coolers. While they are not suitable for use by all patients undergoing chemotherapy, they provide an important option for many of those who are concerned about losing their hair. Our aim as a charity is to help the local NHS treatment facilities improve the experience of those who are undergoing what can be arduous treatment."

Stu Rowling, Head of UK Sales & Training at Paxman, said: "We know how much it means to patients to have the option to keep their hair. Scalp cooling allows patients to take some control of a side effect which would otherwise be inevitable in some treatments. Patients will have access to the latest generation of Paxman scalp cooling systems thanks to CCHF."

Robotic Surgery

In 2022, the first urology patients in Buckinghamshire underwent robotic-assisted surgery. Thanks to the charity Scannappeal, the Trust was able to buy the leading edge Da Vinci Xi robot to perform urology and upper gastrointestinal surgery at Wycombe Hospital, improving outcomes and shortening recovery times for patients.

The robot, which features multiple arms and a high-quality camera, is controlled by the surgeon via a console. It has a wide range of movements, is based on a stable platform and can even bend its instruments. This means that surgeries are performed with greater precision, causing even less tissue damage than keyhole surgery. This in turn can mean less pain and shorter hospital stays for patients.

Mr Rob Gray, Consultant Urological Surgeon at Buckinghamshire Healthcare NHS Trust said: "Imagine giving a surgeon an extra set of very stable, very dexterous hands. In a nutshell, this is what the robot does. Currently surgical robots are mostly limited to large teaching hospitals and private hospitals in central London, so we are thrilled to be able to offer this world-class surgery for our patients right on their doorstep in Buckinghamshire."

The robot is also now being used for colorectal and gynaecology cancer surgery.

Ground-breaking breast cancer surgery

The Breast Unit at BHT has become one of the first in the UK to use the MagTotal approach to improve the surgical process for treating some breast cancers.

The approach involves a small single-use metal device (known as a seed) called Magseed, designed to accurately mark the site of a breast cancer lesion for surgical removal, and a lymphatic tracer called Magtrace, used as an alternative to radioactive tracers for breast cancer staging, in one single surgery.

In this procedure, the seed is placed with a needle into the patient's tumour, under local anaesthetic and ultrasound or stereotactic X-ray guidance. This helps guide surgeons during a breast lumpectomy to identify breast cancers that cannot be felt by touch. As well as the seed, Magtrace is also injected ahead of surgery (up to 30 days before) in the MagTotal approach. Once injected, it will move to the lymph nodes most likely to contain an invasive cancer, staying there until it's time to remove those nodes.

At the time of surgery, the location of the seed is first detected with a probe, followed by marking the lymph nodes with Magtrace. A magnetic sensing machine called the Sentimag provides the guidance using different pitches of sound and an on-screen reading, to let surgeons know how close they are to the target tissue. The tumour containing the seed will then be removed, along with the marked lymph nodes.

The pioneering MagTotal approach delivers precision accuracy, reduces operating time and improves the patient experience as the team can perform two essential surgeries with just one machine without the need for radioactive solutions.

Hospital at Home

The Hospital at Home programme in the Trust is part of a national initiative known as Virtual Wards, designed to deliver hospital-level care in a patient's own home.

Hospital at Home combines technology (digital monitoring systems) with face-to-face care to provide the hospital-level care patients need for a range of conditions for up to two

weeks in their own home. This care is provided by hospital-based doctors, nurses, therapists and pharmacists.

Patients and their carers or loved ones work in partnership with hospital teams to monitor their own health from their own home.

Only patients whose conditions meet a very strict criteria are deemed suitable for the programme as they need to be unwell enough to need monitoring but not so unwell that they need to be in hospital. The decision as to whether a patient is suitable for the hospital at home programme is always made by a clinician.

Hospital at Home enables our healthcare teams to provide a more efficient service and to offer acute level support and reassurance to a greater number of patients. It also provides an opportunity for the Trust to work with other local healthcare partners including GPs and social care as part of the Bucks Integrated healthcare System.

The Hospital at Home programme has been successfully introduced in a number of services including the Buckinghamshire Integrated Respiratory Service (BIRS), the Outpatient Parenteral Antimicrobial Therapy (OPAT) service - for patients requiring intravenous antibiotics – Frailty service and Hospice at Home. Over the coming months patients in other services, such as cardiology, will also be given the opportunity to be cared for in this way.

The Trust hopes to be delivering acute level care for around 200 patients in their own homes by the end of April 2024.

Benefits of hospital at home for patients:

- Patients can receive hospital standard care (overseen by hospital teams) in their own home
- Patients can sleep better, remain active, enjoy the food they like to eat and are able to have their friends and family around them
- It avoids some patients having to be admitted to hospital in the first place
- It enables some patients to go home earlier than perhaps they could have done otherwise

Skin Centre

Our new Skin Centre opened at Amersham Hospital in October 2022 run by our dermatology and plastics departments. The Skin Centre has 6 minor procedures rooms, 6 consultation rooms, 2 nurse treatment rooms as well as recovery areas.

By bringing our dermatology and plastic services into a specialist skin centre, we are able to reduce the number of times a patient needs to come to hospital, delivering an improved experience, better outcomes and reducing the impact on the environment.

The Skin Centre is enabling us to see an additional 20 patients a week and the greater collaboration between the two services is leading to faster diagnosis and treatment.

Employment Opportunities

Step into the NHS

Pupils at The Misbourne school in Great Missenden were given a first-hand insight into healthcare careers when Buckinghamshire Healthcare NHS Trust visited to launch the Step into the NHS competition this week.

The local NHS trust is now encouraging other primary and secondary schools across the county to get involved, with support provided by its new school engagement team.

'Step into the NHS' helps young people find out more about the 350+ careers available in the NHS – from medical engineer to midwife, porter to plumber, finance manager to phlebotomist. Entrants choose a role that interests them and then get creative to develop an advert, promoting the job in whatever format they choose, such as computer game, video, poster or board game.

Children and Young People

Our service vision for children and young people is that "every child deserves the best start in life and beyond to reach their full potential – Children and Young People's services working together with our community creating the foundations for children to thrive". Outlined below are some of the initiatives we are undertaking to support our children and young people.

School Nursing

Since 2018, over 60% of referrals to our school nursing team have been, and continue to be, for emotional and wellbeing support. The pandemic still casts a long shadow on many of our children and young people.

In February 2023 the school nursing team introduced three digital resources to help the team continue and extend their reach all young people across Buckinghamshire who need health support.

The digital resources are specifically designed for teenagers and young people to help them navigate what, for some, can be challenging years.

Chat Health

Chat Health is a text messaging service that allows young people in the county to reach out to a school nurse directly for support with any health and wellbeing concerns they may have. The Chat Health messaging service empowers young people to get confidential help and advice about a range of health concerns, including emotional health, sexual health, relationships, alcohol, drugs and bullying. Messages can be sent anonymously (if preferred).

Health for Teens

Health for Teens is a website designed specifically for teenagers and young people to provide them with advice and resources that can support their health and help them navigate the transition to adulthood – the site includes advice on relationships, feelings, lifestyle choices and sexual health. Young people and their parents can use the website to access localised information, news, resources, public health (school) nurse information and more. Visit our Health for Teens website to discover more.

Health for Kids

Health for Kids has similar principles to 'Health for Teens' but the content and design of the site is aimed at primary school aged children. Visit our Health for Kids website to learn more.

Since introducing the digital resources our school nurses have visited a third of all secondary schools in Buckinghamshire to promote them via lunch time events in schools. This has allowed the team to engage with 2000+ teenagers. The events have also provided an opportunity to consult with teenagers and gather feedback to learn more about the health topics and issues they would like more information on.

Integrated CYP therapy teams

Similarly, our integrated therapy teams who turned to digital platforms to help support families and children during the pandemic have expanded the digital support they provide through introducing a series of webinars that parents can access for information and support.

Great Place to Work

This year we focussed on implementing an active outreach strategy, working alongside our well established proactive and reactive initiatives, delivered by qualified and experienced practitioners, to ensure we meet the needs of all colleagues within the Trust, wherever they are in their personal wellbeing journey.

The benefits of these efforts over the past year are reflected in the recent staff survey results. The response to the statement: “My organisation takes positive action on health & wellbeing”, improved once again by another 3.6%. We are performing significantly better (16.6% above) than our comparator trusts and are only 0.3% below best in class.

As we recover from the impact of COVID-19 – we know the ‘psychological tail’ to events like this can be long. While stress type referrals into the wellbeing team continue to be high, we regard this positively, when we see our corresponding sickness absence for mental health remaining relatively low, as this demonstrates colleagues are reaching out for support proactively.

Our menu of professional support has increased accordingly and now includes psycho-educational programmes including ‘Nurturing our Resilience & Mitigating our stress’, and ‘Introduction to Mental Health’, as well as Restorative Wellbeing group sessions and expanding our Mindfulness interventions. We have also had successful partnerships with Lindengate and Horsehead charities to offer off site restorative sessions to colleagues.

Our wellbeing work is further supported by our colleagues themselves. We now have 97 active Wellbeing champions throughout the Trust who assist in promoting Wellbeing initiatives and services and initiating local Wellbeing activities in their own departments. 35 Trained TRiM practitioners, 13 trained Mindfulness Ambassadors and 73 Mental Health First Aiders.

The new Health & Wellbeing checks play an important role in supporting the physical health & wellbeing of our colleagues and signposting to our internal lifestyles advice and support, with onward signposting where needed. We have also focused on increasing our menopause support and this will be further developed in the coming year.

Building a Positive Speaking-up Culture

Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian (FTSUG) is a designated role which provides a safe place for colleagues to raise concerns safely, without fear of detriment or blame, helping to improve the safety of our patients and colleagues. The FTSUG is a mandatory post for all NHS Trusts in England which also reports to the National Guardian Office thereby offering a level of independence.

We have continued to expand our outreach model to ensure that the service is accessible to all of our colleagues, whether they work in one of our hospitals or out in the community.

As a result the number of contacts with our colleagues has increased to 3,500 in 2022/23 with the service receiving 80 cases of concern. We also now have an established network of 48 trained champions to raise awareness.

Both of these initiatives have increased visibility and accessibility of the FTSUG role and service. We believe this is one of the reasons why the Trust has demonstrated a set of improved scores in the annual national staff survey for questions relating to speaking up compared to many other trusts which have seen a decline. However, we remain on a journey and there is still much work to do to achieve our aim of being best in class and supporting all colleagues to speak up.

Guardian of Safe Working Hours

The Trust also has a Guardian of Safe Working Hours who works closely with our junior doctors to ensure compliance with the 2016 junior doctors' contract. The Guardian is also someone that they can speak to in confidence regarding any concerns that they have, and they work closely with the Guardian of Safe Working Hours to resolve any issues that are raised.

Working in Partnership with Trade Unions

We recognise the importance of, and our joint responsibilities for, creating and maintaining excellent employee relations to ensure we deliver and develop high quality health services, looking after our patients and our colleagues.

As part of this, we continued to engage with staff side colleagues, through monthly Joint Management Staff Committee (JMSC) Trust-wide meetings, and bi-monthly Joint Consultative Negotiating Committee (JCNC) meetings specifically for medical staff. Both committees have local and regional staff side representation.

Learning and Development

Management and leadership development

Following the pandemic, we continue to support our managers, leaders and teams. Our well-established Peaks leadership development programmes have been delivered both virtually and face-to-face to increase those who can access development opportunities. During 2022/23 we have supported 105 managers who graduated from Peak 1, 49 from Peak 2 and 21 from Peak 3. All who have graduated received ILM (Institute of Leadership & Management) recognition.

Our partnership with the Buckinghamshire Coaching Pool (Buckinghamshire Health and Social Care Academy) enables access to 77 coaches who provide individual coaching support for colleagues across the Trust, with two cohorts of new coaches trained to ILM 3 standard able to provide additional support to colleagues. 56 BHT colleagues accessed coaching with 17 new coaches trained.

Celebrating excellence in maternity services

Two community midwives at Buckinghamshire Healthcare NHS Trust were given the Alison Heffernan award, celebrating excellence in maternity services.

The joint winners, Hannah Tuson and Becca France, were voted for by women and families who have had a baby under the care of the Trust in the last year.

One woman said of Hannah, who works across the Aylesbury area: “Perhaps Hannah did only what was expected of her in her role as a midwife but to me the support she provided went above anything I imagined – an angel in disguise.”

Another voter stated that she refused to move, while she was still considering further children, in order to stay under Becca’s care around Buckingham.



She said: ‘Becca was a constant support who went above and beyond during my pregnancy. She made me feel like she always had time for me which I knew she did not have and like I was her only patient when she was incredibly busy. I also trusted her knowledge and capability completely.’

Heidi Beddall, Director of Midwifery at the Trust, said, “We are all immensely proud of Hannah and Becca. They really embody the safe, personalised, compassionate midwifery care we strive to provide to women and their families.”

The awards were set up in memory of the late Alison Heffernan, Chair of the Maternity Services Liaison Committee which is now the Bucks Maternity Voices Partnership (Bucks MVP).

Junior Doctor wins prestigious national award for groundbreaking research into pancreatic cancer



A junior doctor at the Trust gained a top prize in the prestigious 2022 Dr Falk-Pharma/Guts UK Charity national awards.

Dr Edward Arbe-Barnes won the F1/F2 Research Award for his research into the biology of pancreatic cancer.

The project, entitled ‘Single Cell RNA Sequencing of Pancreatic Ductal Adenocarcinoma (PDAC) Epithelial Cells’ is being undertaken at the Department of Oncology, University of Oxford.

Dr Arbe-Barnes was presented with his award and a £2,500 project support prize at the annual meeting of the British Gastroenterology Society (BSG) on Tuesday June 21st.

Dr Arbe-Barnes explains, “Pancreatic ductal adenocarcinoma (PDAC) is a common cancer with a dismal prognosis. It is notable for the high proportion of non-malignant cells which make up a tumour. We hypothesise that this dense stroma might mask some of the

biology of malignant cells when studying whole tissue using bulk techniques. We anticipate that using newer techniques to investigate epithelial cells at the single cell level will yield valuable insights into how malignant cells drive PDAC progression.

“We will study pancreatic cancer cells using a technique called single cell RNA sequencing (scRNA seq), which shows which genes each individual cell is expressing. This means you can characterise each cell, and study how they behave, in very high resolution. I hope that this study will yield insights into the biology of pancreatic cancer and may identify new potential targets for treatment.”

World Parkinson’s Day

World Parkinson’s Day takes place on 11 April every year to raise awareness of Parkinson’s. We worked in partnership with the local Parkinson’s UK branches to shine a light on Parkinson’s.

On the day, volunteers from the local branches were at Stoke Mandeville, Amersham and Wycombe Hospitals to help raise awareness.



CEO Neil Macdonald met with Rowan Wathes, Associate Director of the UK Parkinson’s Excellence Network, Parkinson’s UK to discuss what the Trust is doing well and where improvements can be made.



The Trust’s Adult Speech and Language Therapy team have been awarded a Parkinson’s Excellence Network grant to support their ‘Start right; stay well’ project.

Team Building Events

We recognise how important effective team-working is to delivering outstanding care. During the year, a number of team building events have taken place – some of which have been organised by our staff networks. In 2022/23 these included:

Jubilee Celebrations - in honour of the Queen's Jubilee celebrations, wards and departments held tea parties and decorated their areas in white, red and blue.

BHT Summer of Sport – in celebration of South Asian Heritage Month in July 2022, the Embrace Network ran a cricket match between two Trust followed by a celebration of South Asian food. The Kalinga Network ran a Sportsfest in August 2022, with around 200 attendees and 11 sports events. Both events were open to all Trust colleagues, as well as friends and family.



World Cup Decorating Competition – participating wards and departments were randomly assigned a country competing in the World Cup and battled it out to see who come up with the most creative decorations reflecting the country they had been given.

Christmas Choir Competition – in December 2022, the Kalinga Network organised a Christmas Choir Competition to bring the festive spirit to the Trust, with a team sing-off at Stoke Mandeville Hospital.



1st Filipino Convention and Regional Summit organised by BHT's Kalinga Network in November 2022 was a huge success attended by members of the Trust's Executive team, BOB ICB Chief Nurse, South East Regional Chief Nurse and representatives from Filipino Senior Nurses Alliance (FSNA).

Our own Chief Nurse Karen Bonner commented: "What an incredible event it was – now one of my most cherished memories & a reminder of how exceptional our NHS people are at Buckinghamshire Healthcare NHS Trust."

**Quality improvement
achievements against
priorities during
2022/23**

This section of the Quality Account highlights achievements against the priorities set for 2022/23. The achievement of each quality priority will be measured with the triangulation of key performance indicators and associated quality metrics, patient, and feedback from colleagues.

Priorities outlined below will be reflected as achieved, partially achieved or goal not achieved and will be supported by a brief supporting statement to rationalise the position.

	Achieved
	Partially achieved
	Not achieved

Priority 1: Patient safety

Our priority during 2022/23 was to build a safety culture within the organisation. A good safety culture in healthcare is one that strives for continuous learning, is open and transparent, has strong leadership and teamwork, and colleagues feel psychologically safe by having an environment where everyone feels they will be treated fairly and compassionately if they speak out and report any mistakes.

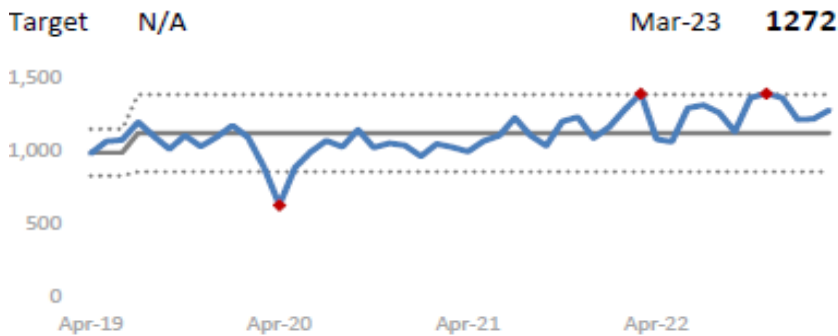
A. Increase the number of incidents reported on the electronic incident reporting system compared to 2021/22	Achieved
B. 98% of reported incidents were of low harm, near misses or no harm	Achieved
C. Upgrade of the Trust's current incident reporting system including modules on incident reporting, risk management, complaints, safety alerts and litigation	Achieved
D. Delivery of a monthly Trust-wide learning forum including learning from incidents and complaints	Achieved
E. Maintain average rate of falls per 1,000 occupied bed day (OBD) of less than 6.6	Achieved
F. Zero MRSA bacteraemia	Not achieved
G. Reduction in the number of nosocomial infections related to Covid-19 in comparison to 2021/22	Not achieved
H. Clinical accreditation programme rolled out in the Trust's inpatient wards	Achieved
I. Mental Capacity Act Assessment (MCAA) template rolled out throughout the Trust	Achieved
J. HSMR (hospital standardised mortality ratio) of less than 100	Achieved

Ambition A: Increase the number of incidents reported on the electronic incident reporting system compared to 2021/22. Goal achieved.

The total number of incidents reported has increased from 13,846 in 2021/22 to 14,900 at the end of 2022/23.

Incidents reported

Total number of incidents reported on DATIX during the month.

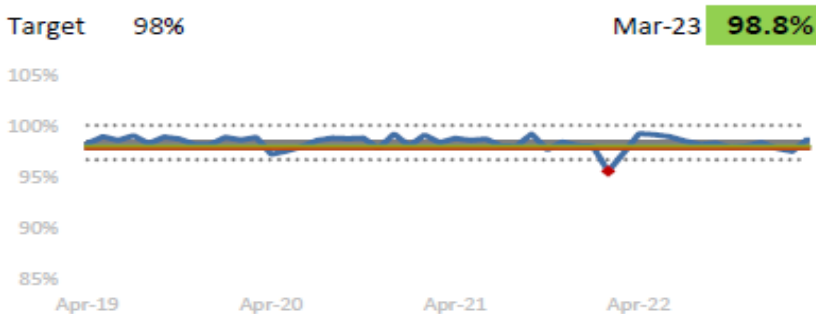


Ambition B: 98% of reported incidents were of low harm, near misses or no harm. Goal achieved.

Although there was an increase in the number of incidents reported, which demonstrates improvement in reporting by colleagues, 98.8% were of low harm, near misses or no harm to patients.

Incidents that are low/no harm

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



Ambition C: Upgrade the Trust's current incident reporting system including modules on incident reporting, risk management, complaints, safety alerts and litigation. Goal achieved.

In April 2022, the Trust went live with the upgrade of its local reporting system. This was an important development as the upgraded version is compliant with the forthcoming national

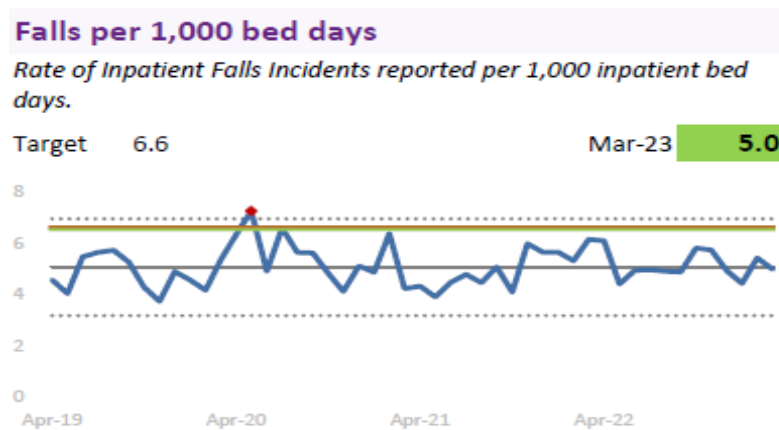
policy changes to the National Reporting and Learning System (NRLS) with a replacement system, Learning from Patient Safety Events (LPSE).

Ambition D: Delivery of a monthly Trust-wide learning forum including learning from incidents and complaints. Goal achieved.

Reflect & Review was launched in April 2022 as a monthly forum for clinical and non-clinical colleagues across the Trust to learn from examples of excellent patient care and examine areas for improvement in a safe space. The Knowledge and Learning Framework working group has run a series of presentations often focused on patient stories and aimed at sharing organisation learning. All presentations are recorded and available on the Trust's intranet for all colleagues to access.

Ambition E: Maintain average rate of falls per 1,000 occupied bed day (OBD) of less than 6.6. Goal achieved.

The Trust's target was to maintain an average rate for inpatient falls of below 6.6 per 1,000 occupied bed days in 2022/23. This target was exceeded with an average rate of 5.0



Ambition F: Zero Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia. Goal not achieved.

The Trust's MRSA bloodstream national target is set at zero. During 2022/23 the Trust reported three cases of MRSA bloodstream infection. All cases underwent Post Infection Review and in two cases, the source was considered a contaminant. Following a review of the cases, the Trust's MRSA management policy has been updated in line with the national guidance and to reinforce the learning identified from the review particularly around the administration of MRSA suppression therapy and the management of line devices.

Ambition G: Reduction in the number of nosocomial infections related to Covid-19 in comparison to 2021/22. Goal not achieved.

We have seen an increase from 2021/22 to 2022/23 in COVID-19 healthcare associated infection cases. This increase can be explained by a number of factors. During this period, there have been changes in testing, for example asymptomatic testing for discharge to care settings and the asymptomatic testing of inpatients. There have also been different variants of Covid-19 identified which have affected transmissibility.

Ambition H: Clinical accreditation programme rolled out in the Trust's inpatient wards. Goal achieved

The clinical accreditation programme (CAP) question sets were piloted in November 2022 and the first ward accreditation was awarded to Ward 1 at Stoke Mandeville Hospital in February 2023. A total of 11 wards have been accredited since February 2023 of which seven received a silver status and four bronze.

Ambition I: Mental Capacity Act Assessment (MCAA) template rolled out throughout the Trust. Goal achieved.

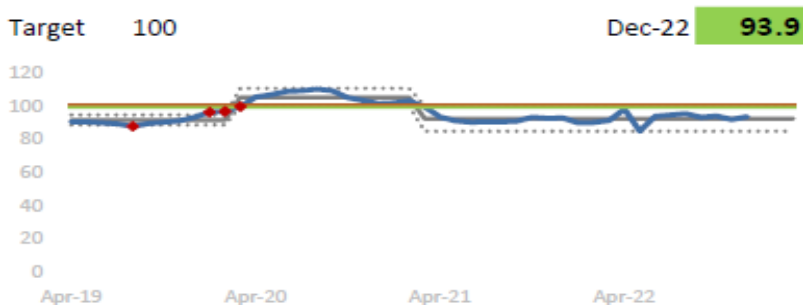
A Mental Capacity Assessment and Best Interest Decision form template has been rolled out throughout the Trust, including guidance on when to undertake an assessment. The safeguarding team undertakes retrospective quarterly audits on Mental Capacity act assessments and Deprivation of Liberty applications. In 2023/24 we will be exploring ways of overseeing all applications in real time using our Careflow Connect digital system.

Ambition J: Hospital Standardised Mortality Ratio (HSMR) of less than 100. Goal achieved.

Rolling 12-month HSMR has been classified as "lower than expected". The Trust's HSMR has been consistently lower than 100, achieving 93.9 by the end of the year.

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).



Priority 2: Better patient experience and outcomes

Various published studies have indicated that there is an increased mortality rate among patients who experience delays in admission to an inpatient bed from the Emergency Department (ED). In March 2022, the Ockenden Report was published following a review at Shrewsbury and Telford Hospital NHS Trust in response to a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at the hospital. The report identified 15 immediate and essential actions. These actions and priorities are directly linked to ensuring high standards of quality and safety in maternity care and that informed decision making underpins every person's pregnancy and birth experience.

In 2022/23, we set our ambitions on this priority to be measured through the delivery of the following targets:

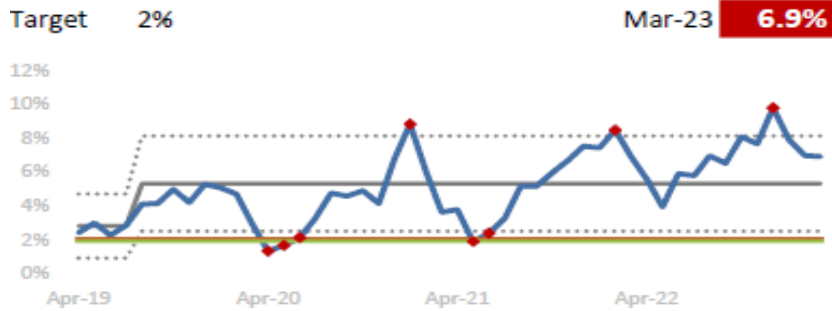
A. Less than 2% of patients spending more than 12 hours in the Emergency Department from arrival to departure	Not achieved
B. Same Day Emergency Care (SDEC) receiving direct referrals from 999	Achieved
C. At least 70% of urgent community responses are within 2-hours	Achieved
D. At least 5% of outpatient attendances have been moved to Patient Initiated Follow-up (PIFU) pathway	Not achieved
E. Commence implementation of midwifery continuity of carer	Implementation ceased following national recommendation
F. Delivery of the Ockenden immediate and essential actions	Achieved

Ambition A: Less than 2% of patients spending more than 12 hours in ED from arrival to departure. Goal not achieved.

The Trust has experienced many pressures over the last year in relation to the ED footprint, increased attendances, clinical changes along with difficulty in discharging patients who are medically optimised for discharge (MOFD) impacting patient flow in ED. Patient discharge and flow is also a workstream within the current Urgent and Emergency Care (UEC) Programme. We are hoping to see the impact of these changes over the coming months resulting in improvement in performance.

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).



Ambition B: Same Day Emergency Care (SDEC) receiving direct referrals from 999. Goal achieved.

This is in place although further work is required to improve the access along with bringing in direct bookings. This is part of a workstream within the UEC programme.

Ambition C: At least 70% of urgent community responses are within 2-hours. Goal achieved.

Urgent Community Response (UCR) is part of the Ageing Well Programme which aims to provide fast support to people in their usual place of residence (either their own home or a care home) as an alternative to being taken to or admitted to hospital as well as providing crisis support to enable people to be discharged home from our Emergency Department. This could be due to a change in their clinical condition, illness or social crisis which requires swift intervention or support to prevent them unnecessarily being taken to hospital and to keep them at home. Examples of when a person may be referred for an urgent community response includes fallers who have no serious injury, a sudden onset of reduced function or mobility, requirement for urgent equipment, urgent catheter care or a relative or friend no longer being able to look after them which puts the person they care for at risk of admission.

In Buckinghamshire, UCR is delivered by the Trust's Rapid Response and Intermediate Care service (RRIC), the District and Community Nursing service (ACHT) and the Respiratory service (BIRS). These services work closely with other health and social care partners to deliver person-centred care to improve patient outcomes and help older people to maintain an independent life for as long as possible.

During 2022/23, there was ongoing focus to increase referrals to UCR from care homes, GPs and other care providers. We also worked very closely with the South Central Ambulance Service (SCAS) to encourage ambulance teams to contact the UCR team to

assess if appropriate support could be provided at the patient's home before making the decision to take them to hospital. Specialist Practitioners from SCAS are also now working in the RRIC team as part of the UCR response.

UCR does not only happen in people's homes. We have been working closely with the Emergency Departments at Stoke Mandeville and Wexham Park Hospital to enable patients to be able to return home with the appropriate support rather than be admitted.

During 2022/23, 9,176 people were successfully referred for an urgent community response. Of these 41% patients required a response within two-hours, 38% required a response on for a same day or within 24 hours and 21% within two days. The national UCR target is for 70% of patients to be seen within 2 hours of referral. In 2022/23 the Trust exceeded this target seeing more than 80% of 'crisis' cases within the two-hour standard.

Ambition D: At least 5% of outpatient attendances have been moved to Patient Initiated Follow-up (PIFU) pathway. Goal not achieved.

The Trust introduced Patient Initiated Follow-up (PIFU) for suitable patients at the beginning of 2022, enabling patients to arrange a follow-up appointment with the clinical team looking after their care, when they feel they need it or if their symptoms get worse, within a given timeframe.

We are currently managing 2% of our follow up appointments through PIFU pathway, approximately 5000 patients. Spinal Injuries, ENT, Gastroenterology, Community Paediatrics and Pain Management services are actively using PIFU pathway. The last six months trend shows that on average per month 500 patient episodes are moved to PIFU pathway giving patients more control over their follow-up appointments. The Transformation team is working with various clinical teams to understand further opportunities and assist in implementing the pathway.

Ambition E: Commence implementation of midwifery continuity of carer. Implementation ceased in line with national recommendations following the Ockenden report.

Ambition F: Delivery of the Ockenden immediate and essential actions. Goal achieved.

The Trust was visited by the South East regional team for their Ockenden insight visit in August 2022. The purpose of this visit was to provide assurance against the 7 Immediate and Essential actions (IEA) from the Interim Ockenden Report. The Trust demonstrated significant progress and by the end of March 2023 had achieved full compliance against all of the IEA's.

Priority 3: Improving the experience and wellbeing of our colleagues

The health and wellbeing of our colleagues remains a top priority for the Trust. Colleagues have consistently strived to meet the needs of our patients working flexibly and adapting to national guidance to provide high quality, safe care during the pandemic and operational pressures. Looking after the wellbeing of our colleagues and enabling them to become the best they can ultimately results to better patients experience and outcomes. It is therefore essential to continue to prioritise our focus on the staff health and wellbeing during 2022/23.

Success on this priority will be measured on delivery of the following key areas of action:

A. Embedding the People Promise Priorities to make BHT a 'Great Place to Work'	Achieved
B. Increase Trust wellbeing outreach by 20% with increased counselling resources and increase wellbeing champions by 10%	Achieved
C. Opening of dedicated on-site health and wellbeing hub at Stoke Mandeville Hospital for all colleagues – with associated new ways of working and improved access	Achieved
D. At least 30 senior managers/leaders completed the 360 degrees programme	Achieved
E. Recruitment of additional 50 health care support worker post and 30 additional nursing associates.	Achieved
F. Recruiting and maintaining our nursing vacancy rate at 8.5% or below, with the associated decrease in the use of temporary staffing.	Achieved
G. 120 internationally educated nurses recruited and supported through our preceptorship programme	Achieved
H. Implementation of peer and patient led quality rounds with participation of Executive and Non-Executive Director	Achieved

Ambition A: Embedding the People Promise Priorities to make BHT a 'Great Place to Work'. Goal achieved.

We were one of the 23 National People Promise exemplar sites in 2022/23 and the one-year programme has been successful in achieving each of the people promises which is reflected in the improved staff survey results for each of the people promises and has supported a consistent reduction in turnover from a high of 14.9% in May 22 to 12.5% in March 23. NHS England national team had a very successful visit to BHT, to see the work we achieved, and have agreed to support this programme into a second year so we can build on the success and further embed initiatives.

Ambition B: Increase Trust wellbeing outreach by 20% with increased counselling resources and increase wellbeing champions by 10%. Goal achieved.

Additional 2.7 WTE counsellors were welcomed to the wellbeing team in 2022/23 enabling wellbeing outreach to be increased by well over 20%. In 2022/23 the wellbeing team completed 85 outreach activities across all sites. The additional counsellors also meant we could expand our on-line and in person psycho-educative courses around stress and mental health, which have been well received. We currently have 98 active Wellbeing Champions following an extensive review and drive to re-connect and recruit further champions and further recruitment activities are ongoing.

Ambition C: Opening of dedicated on-site health and wellbeing hub at Stoke Mandeville Hospital for all colleagues – with associated new ways of working and improved access. Goal achieved.

Daily duty counsellor for 'drop in' access to support, as well as dedicated counselling rooms in quiet area to maintain high confidentiality levels. There is a dedicated physio clinic for staff (Occupational Health Physiotherapy capacity increased by 80%). Implementation of Occupational Health IT system CORITY allowing for development of fast online new starter screening and Bidirectional feed into staff ESR records Central Occupational Health support and advice for reasonable adjustments to new recruits with long term health conditions. Onsite access for colleagues who sustain sharps injuries or advice for work related infectious control cases. 'Health check' facility provided by Occupational Health launched for all colleagues, as well as continuing our 'Healthy Lifestyle' initiatives and introduced menopause support. A dedicated wellbeing garden for colleagues, adjacent to new HUB has been opened.

Ambition D: At least 30 senior managers/leaders completed the 360 degrees programme. Goal achieved.

We had 39 senior managers in total who have completed the 360 degrees feedback tool with a further 20 that were started in 22/23 and are in progress.

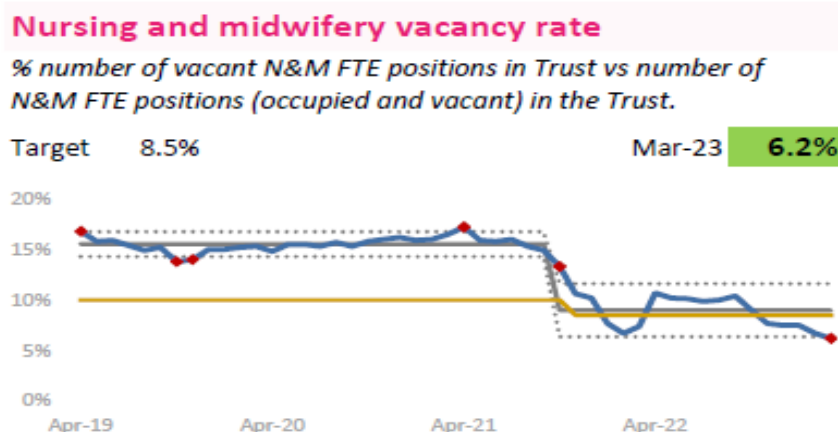
Ambition E: Recruitment of additional 50 health care support worker posts and 30 additional nursing associates. Goal achieved.

We currently have 35 qualified nursing associates (NA) and 38 nursing associates' apprentices (NAA) in the programme. We have recruited 26 healthcare support workers (HCSW) onto the NAA (Nursing Associate Apprentices) programme.

We have exceeded our target for recruiting healthcare support workers by recruiting over 150 in the past year via our recruitment campaigns

Ambition F: Recruiting and maintaining our nursing vacancy rate at 8.5% or below, with the associated decrease in the use of temporary staffing. Goal achieved.

The nursing vacancy rate in March 2023 was 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.



Ambition G: 120 internationally educated nurses recruited and supported through our preceptorship programme. Goal achieved.

A total of 185 internationally educated nurses arrived in 2022/23. Pastoral and practical support via staff networks, wellbeing team, education, and recruitment team in place.

Ambition H: Implementation of peer and patient led quality rounds with participation of Executive and Non-executive Directors. Goal achieved.

All healthcare providers need to continually assess the quality of care they provide and have a robust process to identify and address issues. One of the enabling strategies for this is to have quality audits as an essential tool for ensuring a high quality of patient care. We have implemented a weekly clinical area temperature check and monthly quality audits conducted by the Ward managers, Matrons and Heads of Nursing. We started the roll out of the Clinical Accreditation Programme in January 2023 in our acute settings which involve peer review audits from a multi-disciplinary team, patient partners and representatives from Healthwatch. The first clinical accreditation was awarded to Ward 1 at Stoke Mandeville Hospital in February 2023.

Executive Directors are undertaking 'GEMBA' walks, which involves going to the place where the work is done to observe and understand first-hand the process, practice and culture of the organisation. This enables a greater understanding of good practice, any issues, and opportunities for improvement, and enables support to unlock barriers. Non-Executive Directors have completed GEMBA training and will be incorporating this into their planned visits.

Mandatory Declarations and Assurance

Mandatory Declarations and Assurance

All NHS trusts are required in accordance with the statutory regulations to provide prescribed information in their Quality Accounts. This enables the Trust to inform the reader about the quality of our care and services during 2022/23 according to national requirements.

The data used in this section of the report have been gathered within the Trust from many different sources or provided to us by the Health and Social Care Information Centre (HSCIC). The information, format and presentation of the information in this part of the Quality Account is as prescribed in the National Health Service (Quality Accounts) Regulations 2010 and Amendment Regulations 2012/2017.

The processes for producing Quality Accounts in 2022/23 remain the same as previous years, with the exceptions that for NHS providers, there is no national requirement to obtain external auditor assurance. Approval of the Quality Account from within the Trust's own governance procedures is sufficient.

Statements of Assurance

During 2022/23 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted six NHS services. These were:

- Emergency Department (also known as Accident & Emergency)
- Acute Services
- Cancer Services
- Community Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services

The Trust has reviewed all the data available to them on the quality of care in these NHS services.

Clinical Audit and National Confidential Enquiries

During 2022/23 38 national clinical audits covered relevant health services provided by the Trust.

During that period the Trust participated in 89% (34/38) of national clinical audits in which it was eligible to participate and 100% (4/4) of National Confidential Enquiries into Patient Outcomes and Deaths (NCEPOD) studies in which it was eligible to participate.

The national clinical audits that the Trust was eligible to participate in during 2022/23 are detailed in the table below. The table shows which audits the Trust participated in and the percentage of eligible/requested cases submitted.

AUDIT	Applicable overall	Data collection (yes/no)	2022/23 status	% eligible/requested cases submitted or reason for non-participation
CANCER				
Bowel Cancer (NBOCAP)	applicable	yes	participating	Continuous data collection
National Lung Cancer Audit	applicable	yes	participating	Continuous data collection
National Prostate Cancer Audit	applicable	yes	participating	Continuous data collection
Oesophago-gastric Cancer (NOGCA)	applicable	yes	participating	Data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	participating	Continuous data collection
WOMEN AND CHILDREN				
Diabetes (Paediatric) Audit (NPDA)	applicable	yes	participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	participating	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	applicable	yes	participating	Continuous data collection
National Neonatal Audit Programme (NNAP)	applicable	yes	participating	100%
National Audit of Seizures and Epilepsies in Children and Young People	applicable	no	not participating	Cases are being identified, but lack of resource to enter the required data
National Asthma and COPD Audit Programme – Children & Young People Asthma	applicable	yes	participating	Continuous data collection

CARDIAC, DIABETES AND VASCULAR				
Myocardial Ischaemia National Audit Project (MINAP)	applicable	yes	participating	Continuous data collection
Cardiac Rhythm Management (CRM)	applicable	yes	participating	Continuous data collection
National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	participating	Continuous data collection
National Cardiac Arrest Audit (NCAA)	applicable	no	not participating	Participation is currently being reviewed
National Heart Failure Audit	applicable	yes	participating	Continuous data collection
National Audit of Cardiac Rehabilitation	applicable	yes	participating	Continuous data collection
National Diabetes Audit – Adults	applicable	yes	participating	100%
National Vascular Registry	applicable	yes	participating	Data submitted by the Regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis (NEIAA)	applicable	yes	participating	Continuous data collection
OLDER PEOPLE				
Falls and Fragility Fractures Audit Programme (FFFAP)	applicable	yes	participating	Continuous data collection
Sentinel Stroke National Audit Programme (SSNAP)	applicable	yes	participating	Continuous data collection
National Audit of Care at the End of Life	applicable	yes	participating	100%
National Audit of Dementia	applicable	yes	participating	100%
UK Parkinson's Audit	applicable	yes	participating	100%
ACUTE				
National Asthma and COPD Audit Programme (Adult)	applicable	yes	participating	Continuous data collection
BTS Adult Respiratory Support Audit	Applicable	no	Not participating	Other national audits given priority

National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	Continuous data collection
Case Mix Programme (ICNARC)	applicable	yes	participating	Continuous data collection
Elective Surgery (National PROMs Programme)	applicable	yes	participating	100%
Major Trauma Audit (TARN)	applicable	yes	participating	100%
National Joint Registry Audit (NJR)	applicable	yes	participating	Continuous data collection

Muscle Invasive Bladder Cancer (BAUS)	applicable	no	Not participating	Other national audits given priority
Emergency Medicine QiP – Pain in Children	applicable	yes	participating	Currently collecting data
Emergency Medicine QiP – Assessing for Cognitive Impairment in Older People	applicable	yes	participating	Currently collecting data
Emergency Medicine QiP – Mental Health Self Harm	Applicable	yes	participating	Currently collecting data
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	participating	Continuous data collection
OTHER				
LeDeR – learning from lives and deaths of people with a learning disability	applicable	yes	participating as part of ICB	100%

National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Transition from child to adult services	applicable	participated	8/8 questionnaires submitted
Crohn's Disease	applicable	participated	8/8 questionnaires submitted
Testicular Torsion	applicable	participated	6/6 questionnaires submitted
Community Acquired Pneumonia	applicable	participated	6/6 questionnaires submitted

National Audits

The reports of 22 national clinical audits were reviewed by the Trust between 2022/23 and the following are examples of actions taken as a result to improve the quality of healthcare provided:

NCEPOD report Hard to Swallow

Following publication of this report, the Speech and Language Therapy (SLT), Nutrition and Dietetic and Pharmacy teams carried out a joint clinical audit in order to benchmark the Trust against the NCEPOD audit recommendations. Results of the audit showed that the Trust performed well at, providing written information regarding swallowing difficulties on discharge, considering other formulations of medication where appropriate and referring patients with swallowing difficulties to the SLT Team. However, the Trust did not perform as well in respect of screening patients with Parkinson's disease for swallowing difficulties and nutritional status, regardless of the reason for admission. Following completion of the audit a programme of training is being developed to spread swallow screening training across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. Sessions are run as part of the medical education programme with bite size training sessions provided on the wards. The dietitians continue to facilitate nutrition management and Malnutrition Universal Screening Tool training.

The **National Ophthalmology Database** measures the outcomes of cataract surgery. Results from the 2022 report show the Trust was one of the top three most productive NHS providers for cataract surgery during the audit period April 2020 to March 2021 and had the lowest complication rate (0.51%). However, the report did highlight the need to collect more data regarding post operative visual acuity. The lack of data is probably due to the fact follow ups are delivered virtually, so measurements are not taken, and this data is not routinely collected from optometrists. Activation of the planned Medisight Community Portal is expected to improve compliance.

The Intensive care National Audit and Research Centre (ICNARC) Case Mix

Programme reviews care against eleven standards and allows critical care units to benchmark their care against other trusts. Results of the 2022 audit showed that both Stoke Mandeville and Wycombe Hospitals performed well against the standards for high-risk admissions/high risk sepsis admissions from the ward, out of hours discharges to the

wards, unplanned readmissions and risk adjusted acute hospital mortality. However, improvements were needed to reduce delays once patients were fit for discharge and to reduce the numbers of patients being discharge directly home rather than to a ward first. The audit results identified the need for better communication between the Critical Care and Clinical Site Leadership Teams. As a result, the Clinical Site Team now attends the cross-site Intensive Care Unit (ICU) Safety Huddle to help prioritise those patients for ICU discharge.

The **Sentinel Stroke National Audit Programme (SNSNAP)** measures how well stroke care is being delivered in the NHS in England, Wales and Northern Island. Review of the results from the 8th Annual Report show that the Trust is one of the top performing in the country, exceeding the national compliance figures for all four of the top Key Performance Indicators – patients admitted to a stroke unit within 4 hours, what percentage of a patient's stay was on a stroke unit, door to needle time and time to the patient having a swallow screen completed. Following a review of the results from the report the need to improve swallow screening times for patients admitted at the weekend was noted. As a result, a programme of training was delivered by the Speech and Language Team to the Specialist Stroke Nurse, and they are now able to assess swallowing on admission. This is expected to improve screening times at weekends.

The reports of 73 completed local clinical audits were reviewed by the Trust during 2022/23 and the following are examples of actions taken by Trust to improve the quality of healthcare provided.

Gastroenterology

Upper gastrointestinal bleeds are one of the most common presentations in gastroenterology. According to National Institute for Health and Care Excellence (NICE) guidelines, 100% of patients presenting with an upper gastrointestinal bleed should have endoscopy procedure within 24 hours of admission if stable or as soon as possible after stabilisation. An audit was carried out to measure our compliance against this standard. The results of the audit showed that 88% of endoscopies for upper gastrointestinal bleeds at Stoke Mandeville Hospital were completed within 24 hours of presentation, for those that were not over half were delayed for an acceptable reason. Following completion of this audit an electronic requesting system has been implemented to make requesting scopes simpler and work has been done to raise awareness of the 7-day service provided by the team.

Trauma and Orthopaedics

An audit was carried out of post-operative management of fragility fractures in older patients looking specifically at the review and documentation of weight bearing status. It is important for this group of patients to mobilise as soon as possible after surgery to help prevent post operative complications such as Venous thromboembolism (VTE) or pressure sores. Early mobilisation also helps with rehabilitation and return to independence. British Orthopaedic Association Standards for Trauma (BOAST) state 'all surgery in the frail patient should be performed to allow full weight-bearing for activities required for daily living'. Often mobilisation is delayed because of confusion regarding a patient's weight bearing status. This audit looked at how well this information is documented in patient's notes, communicated between colleagues, and recorded at discharge. Following completion of the audit, posters were displayed in the theatre offices to remind surgeons of the importance of documenting weight bearing status post op. Reminders were also included in the weekly trauma handover meetings. Following completion of these initiatives documentation of weight bearing status on discharge has increased from 32% to 59%.

Gynaecology & Obstetrics

An audit was carried out to review compliance against the Trust's guideline 433.7 Shoulder Dystocia. Shoulder Dystocia (SD) is a vaginal cephalic delivery that requires additional obstetric manoeuvres to deliver the foetus after the head has delivered and gentle traction has failed. SD can result in significant maternal and foetal perinatal morbidity and mortality. When the results of the audit were reviewed against those of the previous audit carried out in 2019 it was found that in the cases of SD audited there was an improvement in the attendance of registrars and neonatal colleagues, taking of cord gases, documentation of discussions with the parents following the birth and frequency of completion of neonatal assessments. However, the audit did highlight that the required SD proforma is still not being completed in every instance. Copies of the proforma are now hanging on the back of the door in every delivery room. The need for further training was also identified and simulation scenarios including SD are being included in the maternity training programme.

Diabetes and Endocrinology

A retrospective audit of adult hyponatraemia across both medicine and surgery was conducted using data from clinical coding, pathology lab results, and a survey of junior

doctors. The aims being to audit documentation, investigations and management of patients against Trust guideline 269.1 Management of hyponatraemia in adults. Following completion of the audit a hyponatraemia bundle was created on Order Comms ICE digital app to help ensure the correct tests are consistently requested as set out in guideline. The guideline was updated to make it clearer which patients should be investigated and/or referred to Endocrinology and training was extended to all levels of junior doctors.

Elderly & Community Care

If left untreated delirium is one of the leading causes of progression to dementia in older people. This audit reviewed the use of the Confusion Assessment Method (CAM) on day 1 and day 7 of admission to assess for delirium, whether the appropriate investigations were requested and whether delirium was added as a secondary diagnosis at discharge for the GP to follow up. The audit found that CAM is not being used and recorded on day 1 and day 7 of admission, head CT scans are being requested but not always in line with Trust guidance and delirium is not being recorded as a secondary diagnosis in discharge letters. Following completion of this audit the following actions were agreed to improve patient care: the Trust to move from using the CAM to the 4AT delirium detection tool and Trust documentations and guidelines should be updated to reflect this. The role of head CTs in diagnosing delirium to be clearly identified in the Trust guidelines and training materials to be updated to increase awareness regarding the diagnosis of delirium and use of the 4AT.

Care Quality Commission

Buckinghamshire Healthcare NHS Trust is currently registered with the Care Quality Commission (CQC) under Section 10 of the Health and Social Care Act 2008.

The Trust had an unannounced inspection by the Care Quality Commission (CQC) at Stoke Mandeville Hospital and Wycombe Hospital in February 2022, followed by a Well-led inspection in March 2022. Medical and Surgical core services were included in the inspection. The report was published on 01 July 2022 and BHT has been given the overall rating of GOOD reflecting ratings of good on effective, responsive and well led category, maintaining the outstanding rating on caring aspect and on the safe domain as requires improvement.

Safe	Requires improvement	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●
Use of resources	Requires improvement	●
Combined Rating ⓘ		Good ●

Further details of CQC inspections and the Trust's current ratings, summarised below, are available at www.cqc.org.uk/directory/RXQ.

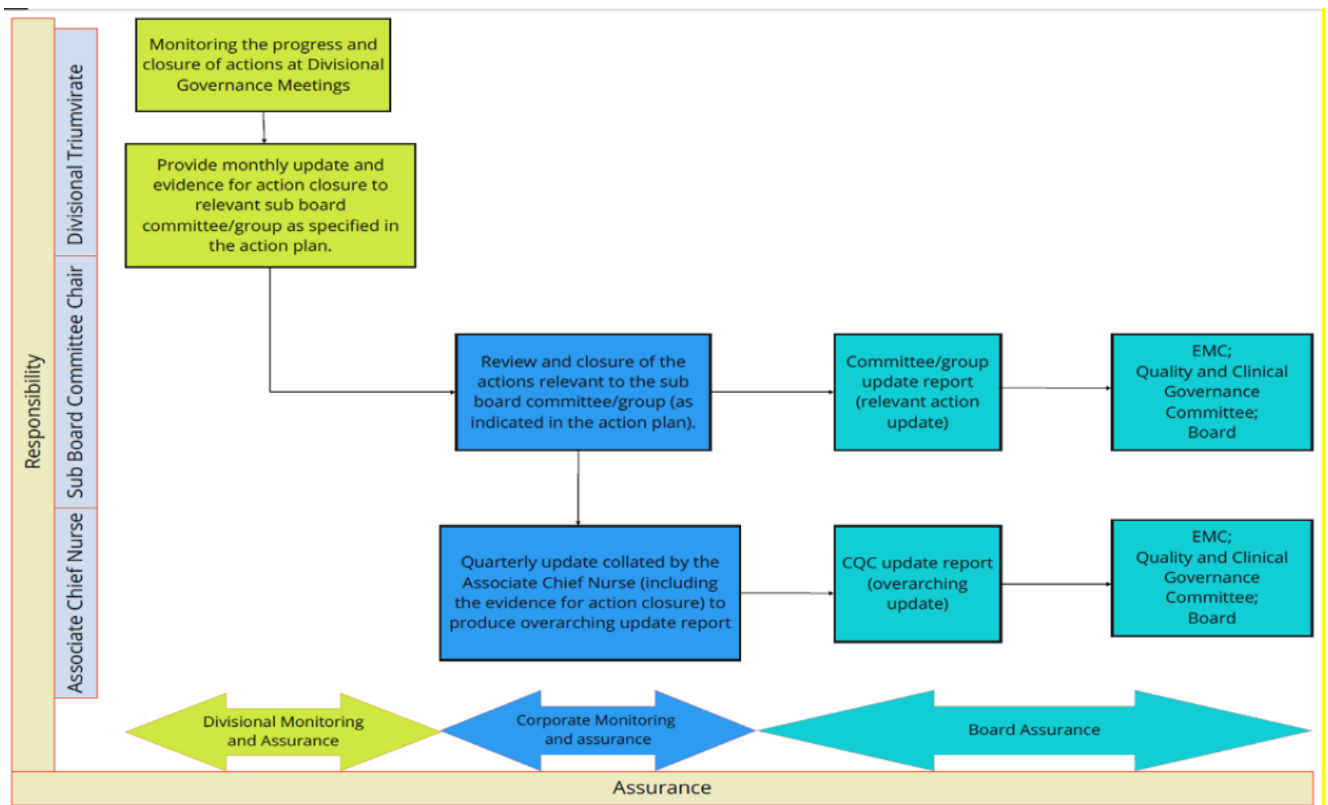
**Overall
Good**

[Read overall
summary](#)

Safe	Good	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Requires improvement	●
Use of Resources	Requires improvement	●
Good		Combined rating ⓘ Combined rating summary

Following publication of the CQC inspection report, a total of 29 actions were agreed for implementation not only in the Medical and Surgical services that were inspected but across the Trust. As of April 2023, 18 of these actions had been completed and 11 were on track for delivery within the set timeframe. No actions were identified as out of date based on agreed dates for completion.

Below is the governance structure for monitoring, assurance and evidence submission for completion of the CQC action plan.



Special Education Needs and Disability Inspection

Buckinghamshire had a Joint (CQC and Ofsted) local area Special Education Needs and Disability (SEND) inspection between 7th and 11th March 2022. This looked at provision for Children and Young People (CYP) who have SEND. The inspection identifies how their needs are identified, met and the outcomes achieved.

The inspectors identified strengths in the Trust's services in terms of identifying needs (Health Visiting and School Nursing). However, it identified insufficient provision in therapy and community paediatric services resulting in unmet need and long delays in assessment/ diagnosis. This required a Written Statement of Action to be submitted by the Local Area. This was divided into three priority areas: Therapy Provision; Neurodevelopmental pathway and Community Paediatrics. The full report can be found here <https://familyinfo.buckinghamshire.gov.uk/send/local-send-improvement/local-area-send-inspection->

We have worked with partners across Buckinghamshire to improve provision for these children. The Trust has worked to support the publication of a new strategy for children who require therapy provision in education which can be found <https://yourvoicebucks.citizenspace.com/childrens-services/therapies-strategy/>

We have increased the multi-disciplinary team in community paediatrics which has enabled the team to review children who require medication in a timely way. The team is also expanding with further roles to increase provision in the service.

The published action plan can be found <https://familyinfo.buckinghamshire.gov.uk/send/written-statement-of-action->. We are committed to supporting this work which includes reducing waiting times in the community paediatric service in 2023-24.

Data Quality

The Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data relating to <i>admitted patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>out-patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>Accident and Emergency care</i> which included the patient's:
Valid NHS Number was 99.7% (National Average 99.6%)	Valid NHS Number was 100% (National Average 99.8%)	Valid NHS Number was 99.7% (National Average 98.8%)
General Medical Practice code 100% (National Average 99.7%)	General Medical Practice code 100% (National Average 99.5%)	General Medical Practice code 100% (National Average 99.1%)

The Department of Health Core Quality Indicators

The core quality indicators that are relevant to the Trust are detailed below. They relate to:

- Summary Hospital level Mortality Indicator
- Research and Innovation
- Patient Reported Outcome Measures
- Readmission rate into hospital within 28 days of discharge.
- The Trust's responsiveness to the personal needs of its patients.
- NHS Friends and Family Test
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism
- Infection Prevention and Control
- The number of patient safety incidents reported and the level of harm

Summary Hospital Level Mortality Indicator (SHMI)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-	2020/21	1.0278	0.9978	0.6908	1.201

level mortality indicator (SHMI) for the Trust for the reporting period	2021/22	0.9742	1.001	0.6964	1.1942
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none"> Band 1 = Higher than expected Band 2 = As expected' Band 3 = Lower than expected 	2021/22	Band 2	Band 2		
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2020/21	56%	38%	8%	63%
	2021/22	64%	40%	11%	66%

The Trust considers that this data is as described for the following reasons:

- SHMI data was obtained from NHS Digital's Indicator Portal
- The Trust has an in-house hospice which increases the palliative care coding when compared against all trusts with and without in-house hospices.

The Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Continuous analysis and benchmarking of mortality data with support from Dr Foster Analytics.
- Utilising the Medical Examiner Service to enable an independent scrutiny of adult inpatient deaths in partnership with families and carers and identifying opportunities for learning.

Research & Innovation

The Trust has an extremely active research and innovation department (R&I), offering our local community, colleagues and patients the opportunity to participate in internationally recognised research and innovation projects. The expanding research portfolio of circa 100 studies includes multiple specialities with almost 6,000 participants consenting to take part this year, compared to 4,966 the previous year. Transformational research studies have improved care and treatment, offered new, novel treatments and therapies to participants that are not routinely available on the NHS, at no cost to the Trust, relieving some of the financial burden to the Trust. The research and innovation teamwork with external stakeholders, SMEs and pharma companies, generating income that supports expansion of the workforce and the infra structure of the department. The R&I department has an expanding, adaptable workforce, that is able to offer secondment opportunities, placements to students (medical, nursing, midwifery, AHP) and has appointed its first Clinical Innovation Fellow, further integrating research into divisions and practice, making research everyone's business.

A notable study, LOLIPOP ([For more information please visit: www.sabiobank.org](http://www.sabiobank.org)) offers people of south Asian heritage free health checks, including blood pressure, electrocardiogram to measure heart rhythm and electrical activity, lung function test, eye examination and blood & urine tests. These health checks are part of the research study to understand why some conditions are more common in this community. Approaching 3000 people have received their health reports following participation. Nationally to date of 35,000 participants 5,898 new diagnosis of high blood pressure, 12,873 new high cholesterol diagnoses and 7,125 new diabetes diagnoses have been made, facilitating prompt treatment. The R&I team have been working with **WISE** and the **Karima Foundation** as part of the Research Ready Programme to promote LOLIPOP and raise awareness of healthcare, research and how it can benefit volunteers. This is a joint project between the National Institute of Health Research (NIHR), the Trust's R&I team and Voluntary, Community and Social Enterprises (VCSE).

This year the team successfully recruited to its first vaccine study, partnering with Sanofi, investigating the efficacy of a vaccine for a common respiratory condition (respiratory syncytial virus) in infants under the age of 1 year.

The NIHR's annual Your Path in Research campaign aims to inspire healthcare professionals to get involved in research with a focus this year on social care and public health. The article chosen for the NIHR website is the research journey of a Senior Trust Research Nurse, who has been commended as a Clinical Research Network Ambassador. Further successes include DHSC Green shoots funding in support of new researchers; awarded to a Senior Plastics and Rheumatology Occupational Therapist, and a new NIHR Principal Investigator Pipeline Programme (PIPP); offered to a Trust Research Nurse as one of only two network nurses.

Alongside the research portfolio, the department has an exciting innovation pipeline. The team has partnerships with Oxford AHSN, HealthTech Enterprise and Westcott VP Living Labs. 2022/23, 23 innovation projects were supported through numerous small and medium enterprises (SMEs) including GE Healthcare and ALCON covering a wide range of specialities including plastics, cancer care, urology, obstetrics and gynaecology, stroke, radiology, ophthalmology, ICU, theatres and IT.

Patient Reported Outcome Measures (PROMS)

PROMS measures health-related quality of life as reported by patients themselves.

Measurements before and after a clinical intervention are used to understand the overall impact of that intervention and the associated health gain. They also provide us with a way of benchmarking performance standards to compare service provision and to detect variations in the standard of care delivered to patients. The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Best Performer	Worst Performer
------------------------	------------------	-------------	------------------	----------------	-----------------

Hip replacement surgery- Oxford Hip Score	2018/19	22.4	22.2	24.4	19.1
	2019/20	22.1	22.1	24.4	18.5
	2020/21	N/A			
Knee replacement surgery -Oxford Knee Score	2018/19	17.2	16.7	19.8	13.7
	2019/20	17.5	17.1	19.8	13.4
	2020/21	16.7	16.8	19.7	11.5

The Trust considers that this data is as described for the following reason:

The Trust has made regular and timely data submissions to NHS Digital and the figures are consistent with those produced by the Trust's internal data systems.

The Trust intends to /has taken the following actions to improve this score, and so the quality of its services, by:

Reviewing the PROMS data at its monthly arthroplasty meetings and raising awareness amongst patients who have had surgery of the importance of completing the PROMS questionnaire. We are exploring how technology might be used to prompt patients to complete their forms.

Readmission Rates

The latest data available is shown in the table below:

Prescribed info	Reporting period	Trust score	Nat avg	Best	Worst
% patients 0-15 readmitted within 30 days	2021/22	15.3	12.5	6.8	18.4
% patients 16+ readmitted within 30 days	2021/22	15.0	14.7	6.7	18.8

The Trust considers that this data is as described for the following reason:

NHS Digital does not provide data on this for the reporting period, so we have provided the latest data from Dr Foster.

The Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Establishing the correct data set of patients as defined by NHSI/E.
- Ensuring we are coding patients correctly when presenting the data included in the report.
- Rectifying incomplete readmission data for analysis.

Responsiveness to the Personal Needs of Patients

Every year the Care Quality Commission (CQC) runs an adult inpatient survey, the Picker survey, to look at the overall patient experience of people admitted to hospital.

In the 2022 survey, the Trust was only one of six nationally to have made improvements in its results with 84% of respondents rating their overall experience at 7 or more out of 10, 99% reporting that they felt they were treated with dignity and respect and 98% having confidence and trust in their doctors.

The Trust also made improvements in scores including the amount of information given on conditions and treatments, from 78% in 2020 to 85% in 2021, and explaining how well patients might feel after a procedure, which rose from 82% to 86%.

The Trust has developed an action plan to tackle some of the scores that require improvement, such as the frequency at which patients are asked to give their views on the quality of care during their stay, explaining who to contact should they be worried after discharge and ensuring more staff are available to help patients during mealtimes.

Friends and Family Test

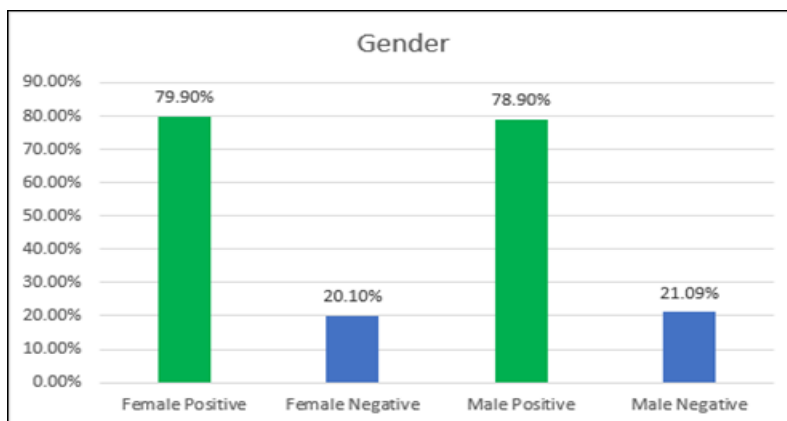
NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

In 2022/23 the average rating across the trust for the Friends and Family test remained below the 95% target, at 89%, however the average was brought down by a particularly difficult year for the Emergency Department, in common with similar services across the country. Inpatient, outpatient, maternity, and community services all with annual averages

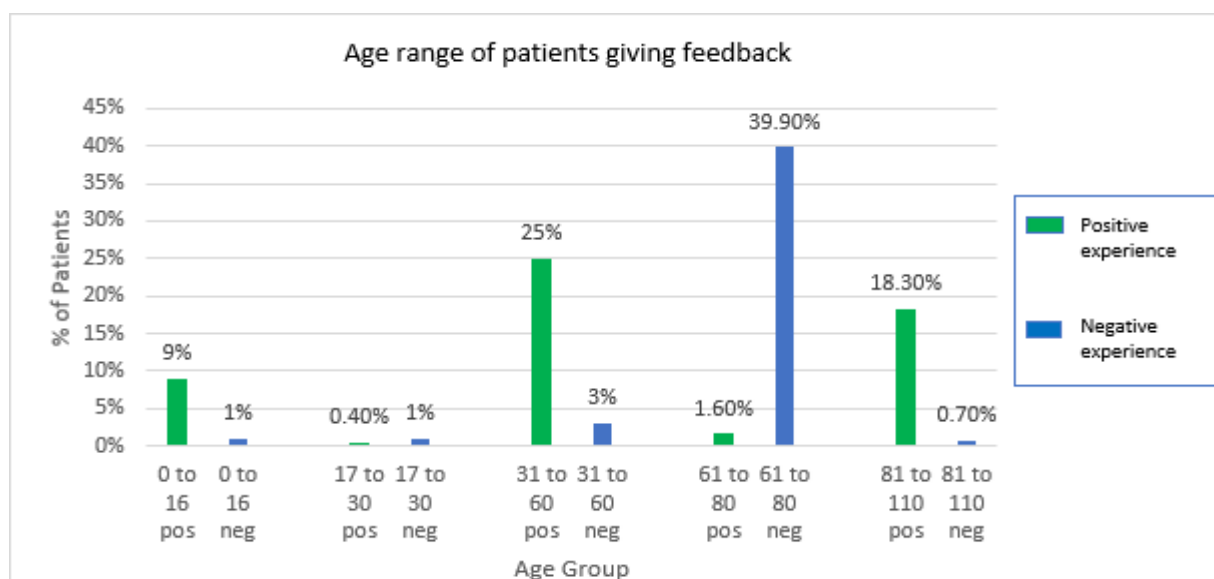
above 90%. The top theme for positive feedback from patients was staff attitude and behaviour, with waiting times the top negative theme.

Patients are asked to rate their experience; 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics. The following charts show the response rates, which have increased significantly compared to 2020/21, and satisfaction in 2021/22 by gender, age and ethnicity.

Gender Responses – 97,865



The response rate was broadly similar for male and female patients with both genders responding to around 7%. Female patients accounted for 56% of all responses received and were slightly more satisfied with the service they received with 79.90% responding positively. Female patients using the Trust’s Maternity services responded to 10% of survey requests and overall has returned more responses for other services.



The above graph outlines the age range of patients that provided feedback as part of the FFT text message. The positive (Green) or negative (Blue) indicates patients within that age bracket that either had a positive or negative experience.

Following the trend of previous years, the age group with the highest response rate continues to be those aged 61 to 80, with 42% responding overall. The lowest response rate of 1.4% came from patients aged between 17 to 30. Those aged 30 and under, including parents responding for paediatric patients had an 11% response rate.

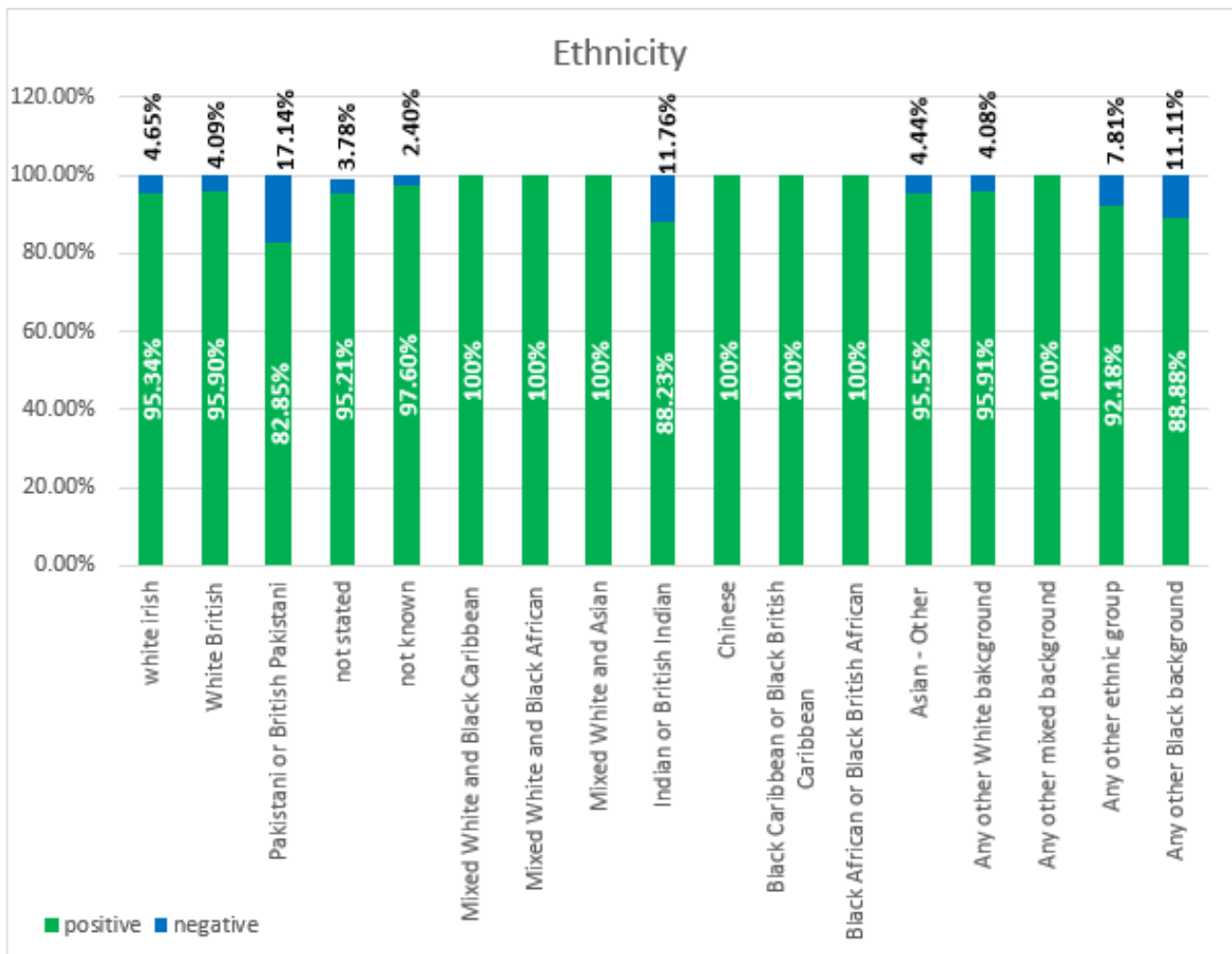
Patients aged over 60 reported the most positive experience whilst patients aged 17 to 30 reported the most negative experience.

Ethnicity

Table outlining the number of responses for each ethnic group

Ethnicity	positive	negative
White Irish	123	6
White British	7077	302
Pakistani or British Pakistani	29	6
not stated	584	23
not known	488	12
Mixed White and Black Caribbean	16	0
Mixed White and Black African	5	0
Mixed White and Asian	15	0
Indian or British Indian	30	4
Chinese	11	0
Black Caribbean or Black British Caribbean	58	0
Black African or Black British African	5	0
Asian - Other	43	2
Any other White background	188	8
Any other mixed background	6	0
Any other ethnic group	59	5
Any other Black background	8	1

Satisfaction levels by ethnicity



Ethnic groups from mixed white and Asian, Chinese and black Caribbean gave a positive rating of care. Whilst Pakistani or British Pakistani patients reported the lowest satisfaction with 17.14% saying that their experience had been poor or very poor followed by Indian or British Indian at 11.76%. White British patients and service users had the highest response rate at 36.34%, the lowest response rate at 0.2% is from those recorded as Black African or Black British Caribbean and Mixed White and Black African.

Following analysis from 2021/22 that showed patients with a south Asian background had lower levels of satisfaction, the Trust commissioned Healthwatch Bucks to gather feedback about its services from people who belong to South Asian communities, to understand more about people's experiences and develop action plans to address any issues identified. The research highlighted a number of areas for action in 2023/4.

Venous Thromboembolism (VTE)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2021/22 Quarter 3	96.2%	Data not available	Data not available	Data not available
	2022/23 Quarter 3	96.86%	Data not available	Data not available	Data not available

The Trust considers that this data is as described for the following reasons:

- Due to the impact of the coronavirus, and the requirement to release capacity across the NHS to support the response, NHS England paused the collection and publication of some official statistics. As a result, VTE quarterly data was not reported by any Trust during 2022/23. This pause means we are unable to provide national average, highest score and lowest score.
- Buckinghamshire Healthcare NHS Trust continued to monitor monthly compliance at a local level and has been consistently compliant.

The Trust has taken the following actions to improve this score, and so the quality of its services, by:

- Comprehensive training programme via different media open to all relevant colleagues.
- Scales purchased to support thromboprophylaxis prescribing in the Emergency Department.
- Patient education sticker to enable staff to document clearly that patient education has taken place.
- Quarterly audit overseen by the clinical nurse specialist providing real time feedback, action planning and learning.
- Bespoke education for junior doctors.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- VTE Discharge bags for patients
- Ongoing quarterly audits to support learning and improvement.
- QI project on lower limb VTE prophylaxis improvement in Emergency Department
- Research on patient compliance with thromboprophylaxis tablets vs injections

Infection Prevention and Control

The Trust continues to support the prevention of healthcare associated infections (HCAIs) and reinforce the commitment to keeping patients, visitors, and staff safe. Assurance of quality and safety in relation to infection prevention and control (IPC) is monitored quarterly through the Board Assurance Framework (BAF) which is presented quarterly to the IPC Committee, Executive Management Committee and the Quality and Clinical Governance Committee. The BAF monitors the Trust's infrastructure and compliance with service provision aligned with the Health and Social Care Act (2022).

The IPCT continues to undertake surveillance in line with the Health and Social Care Act (2022) and provides an advisory service to the Trust for patients' staff and visitors. During the year, the link practitioner network was reinvigorated with a study day in November 2022.

Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia

The Trust's bloodstream national target is set at zero; however, we have reported three cases of MRSA bloodstream infection. All cases underwent Post Infection Review (PIR) to explore the patient's journey and clinical practice. In two cases, the source was considered a contaminant. The administration of MRSA suppression therapy and management of line devices are focuses for learning. Learning was shared with the clinical team and wider Trust. The MRSA Management Policy has been reviewed in March 2023 which will bring the Trust in line with national guidance and readdress the learning identified.

***Meticillin-susceptible Staphylococcus aureus* (MSSA) bacteraemia**

A total of 21 MSSA bacteraemia cases were reported at the Trust during 2022/23. The Trust does not have a formal target for reducing MSSA bacteraemia cases however we strive to minimise preventable infections. All cases undergo a post infection review. The bloodstream infection cases have been associated with the following sources of infection:

- skin and soft tissue infections
- peripherally inserted central catheter (PICC) line infection
- peripheral cannula
- discitis and pyelonephritis

The Trust has included line management as part of the Matrons weekly quality audit and Clinical Accreditation Programme questions set to monitor compliance on the Trust policy. Results of the quality audit are presented to the Quality and Patient Safety Group as part of Divisional report.

***Clostridioides difficile* infection**

The Trust's national target for *Clostridioides difficile* (C. difficile) for 2022/23 was set at 54 cases. The Trust reported 47 cases which is below the set target for the year. All healthcare associated cases undergo a Root Cause Analysis (RCA) with the patient's team. The IPC team continues to undertake weekly multidisciplinary rounds including review of antimicrobials and C. difficile treatment and give feedback to the area and lead clinician. An antimicrobial stewardship focus across the whole organisation and the broader health economy is ongoing.

Work continues to reduce the cases of C difficile, which relies upon appropriate antibiotic prescribing and advice, the earliest detection of possible C.difficile cases and prompt isolation of patients with diarrhoea. During Quarter 2, there appeared to be an increase cases and a multidisciplinary working group was set up. The IPCT inspected commodes and a standardised model was selected that was easy to clean.

Gram-Negative Blood Stream Infections (GNBSI)

In Q2, the baseline audit for Pseudomonas aeruginosa cases was completed, and the Head of Nursing for IPC presented the findings and recommendations to UKHSA. No further action was required at the time; UKHSA were satisfied with the robust process for reviewing of HCAs and the proposed approach to reducing all Healthcare Associated–GNBSIs in adults. This includes setting up a Trust-wide working group led by the Consultant Microbiologist Infection Control Doctor with the aim of establishing initiatives to reduce GNBSIs and consider trajectories to measure progress. Initiatives are planned to minimise GNBSIs,

mainly by preventing urinary tract infections (UTIs) and catheter-associated urinary tract infections. (CAUTI).

Discussions have been made with clinical teams during post infection review meetings and RCAs regarding initiatives to minimise GNBSIs, including optimal antimicrobial stewardship (focusing specifically on using the right choice of antibiotics and duration), rehydration of inpatients, and optimised urinary catheter care.

National Reporting and Learning System (NRLS)

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Rate	Lowest Rate
Rate of patient safety incidents (per 1000 bed days) when benchmarked against medium acute Trusts	2020/21	60.1	58.4	118.7	27.2
	2021/22	57.5	57.5	205.5	23.7
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute Trusts	2020/21	0.3%	0.5%	2.8%	0.0%
	2021/22	0.3%	0.4%	1.7%	0.0%

This verified retrospective data is from NRLS and includes incidents occurring between April 2021 and March 2022 reported to NRLS by 31 May 2022 deadline (then published on 13 October 2022).

The Trust has effective processes in place to manage timely and accurate uploading of patient safety incidents to the NRLS, further enabled by the upgraded Datix system. Fifty percent of patient safety incident reports were submitted (reported) to NRLS within 12 days from the reported incident date. It is encouraging to note that the trust shows a slightly lower than average figure for patient safety incidents resulting in severe harm or death when benchmarked against other similar sized acute trusts.

Central Alert System compliance

The Central Alerting System (CAS) is the Department of Health's electronic delivery and monitoring system for cascading National Patient Safety Alerts (NatPSAs) and other safety critical issues. The notifications contain a rationale for the Alert and clear explanations of the risks, and improvement actions required, with a completion deadline. National Patient Safety Alerts are generated following a centralised review of all incidents submitted by all NHS Trusts to the National Reporting and Learning System.

The Trust has an effective policy, underpinning standardised processes to respond to the NatPSAs and records compliance with the Alerts on the CAS website.

The Trust is fully compliant with all the actions and obligations required for the 10 NatPSAs issued in 2022/23 which had been assessed as relevant to the trust.

NatPSAs issued in 2022/23

Reference	Alert Title	Action Status
NatPSA/SHOT/2022/001	Preventing transfusion delays in bleeding and critically anaemic patients	Action completed within CAS deadline
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus And V680 Ventilators - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation	Action completed within CAS deadline
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate	Action completed within CAS deadline
NatPSA/2022/004/MHRA	NoVo Rapid Pump Cart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	Action completed within CAS deadline
NatPSA/2022/005/UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	Action completed within CAS deadline
NatPSA/2022/006/DHSC	Shortage of alteplase and Tenecteplase injections	Action completed within CAS deadline
NatPSA/2022/007/MHRA	Recall Of Mexiletine Hydrochloride 50mg, 100mg And 200mg Hard Capsules, Clinigen Healthcare Ltd Due To A Potential Of Underdosing and/or Overdosing	Action completed within CAS deadline
NatPSA/2022/008/MHRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	Action completed within CAS deadline
NatPSA/2023/001/NHSPS	Use of oxygen cylinders where patients do not have access to medical gas pipeline systems	Action completed within CAS deadline
NatPSA/2023/002/CMU	Supply Of Licensed and Unlicensed Epidural Infusion Bags	Action completed within CAS deadline

Learning from Deaths

During 2022/23, 1,260 people died whilst in one of the Trust's acute hospitals. This comprised the following number of deaths which occurred in each quarter of that reporting period.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Number of Trust deaths	275	270	380	335	1260
Number of Deaths Reviewed by Medical Examiner (ME)	275	270	380	335	1260
Deaths subject to Case Note Review (Structured Judgement Review SJR)	40	34	47	33	154
Serious Incident investigations	10	10	8	6	34
Deaths more likely than not to have been due to problems in care	1	0	0	0	1
Overall percentage of deaths more likely than not to have been due to problems in care	0.4%	0.0%	0.0%	0.0%	0.1%

Medical Examiner (ME) review of community deaths

The ME service has been rolling out to the community over the past year. The first phase was for MEs to review deaths in Florence Nightingale House Hospice and the community hospitals. Information regarding these reviews can be seen below. The numbers have increased over the year as GP community deaths have been onboarded. Roll out continues in 2023/24 in collaboration with GP colleagues. The statutory date, initially due to be April 2023, has been put back and a new date has yet to be confirmed

FNH and Community Deaths	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Number of FNH & Community	67	110	159	264	600
Number of deaths reviewed by Medical Examiner	67	110	159	264	600

Death subject to Case Note Review (Structured Judgement Review - SJR) This is only for FNH not Community. Currently individual feedback to GP surgeries and looking at Themes moving forwards	0	0	2 (LD & MH)	1 (LD)	3
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Equality & Diversity

We have a diverse work group within the Medical Examiner (ME) service. Equality and Diversity Policy is embedded within the ME service and look after all persons without regard to age, ethnic or national origin, gender or sexual orientation, religion, or disability. We review patients care provided in the Trust to ensure there are no inequalities in provision of care.

Learning Disabilities

All learning disability deaths within the Trust undergo ME screening process as well as a mandatory Structured Judgement Review (SJR) by the department the patient was cared in. A review by learning disability nurses will follow the SJR and an action plan is developed if any problems in care are identified.

Coroner's Office

ME service and the coroners have established a very good working relationship. We have regular meetings to discuss issues relating to the referrals, government updates and annual updates. The coroners have noted an increase in the accuracy of the referrals due to the involvement of the MEs in completing the death certificate. The coroners have introduced a referral portal which is being piloted in the Trust

Implementing the Priority Clinical Standards for Seven Day Hospital Service

The Seven Day Hospital Services Programme was paused due to the impact of the pandemic and the requirement to release capacity across the NHS to support the response. This programme was not reinstated during 2022/23.

Part 3: Quality Priorities 2023/24

In 2023/24, we will focus our quality priorities on the following three themes:

1. Patient safety
2. Improving the experience of our patients and colleagues
3. Improving clinical effectiveness

Priority 1: Patient safety

- A. Reduction in the number of Category 3, 4 and unstageable pressure ulcers
- B. 80% of staff has completed the Level 1 training module – Essentials of Patient Safety in line with PSIRF implementation
- C. Roll out of the electronic observation for Maternity Early Warning Score (eMEWS) and Paediatric Early Warning Score (ePEWS) across inpatient area.
- D. Less than 4% of patients waiting more than 12 hours in the Emergency Department (ED)
- E. Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery

Priority 2: Improving the experience of our patients and colleagues

- A. Roll out of the Carer's Passport in inpatient area across the organisation
- B. Reduction in the total number of agency nurse usage for enhanced care supervision and one to one specialising.
- C. Memory Box Scheme roll out across the Trust's inpatient areas
- D. Improvement in the early identification of frailty with more than 30% of patients in ED having a documented frailty score
- E. Reduction in the number of reported incidents where patients are waiting for bed availability in the ward and ED corridor
- F. Improvement in the experience of new starters with the number of people who leave in the first year less than 12%.

Priority 3: Improving clinical effectiveness

- A. Development and implementation of a bespoke swallow screening tool for people admitted with Parkinson's Disease in order to improve administration of time critical medication and nutrition/hydration management.
- B. 80% of acute and community services have clinical accreditation by April 2024
- C. 40% of the acute and community services accreditation at silver status
- D. Reduce waiting times for community paediatrics

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



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Sandford Gate, Second Floor
East Point Business Park
Oxford
OX4 6LB

Karen Bonner
Chief Nurse
Buckinghamshire Healthcare NHS Trust

Sent by email to: karen.bonner1@nhs.net

rachael.corser@nhs.net

14 June 2023

Dear Karen

Buckinghamshire Oxfordshire Berkshire West Integrated Care Board (BOB ICB) response to Buckinghamshire Healthcare NHS Trust Quality Account 2022/2023

Buckinghamshire Clinical Commissioning Group (CCG) was the statutory Commissioner for Buckinghamshire Healthcare NHS Trust (BHT) until 30th June 2022, when the accountability transferred to the newly formed Integrated Care Board (BOB ICB). BHT's Quality Account was reviewed against the Trust's quality priorities for 2022/2023. There is evidence that the Trust has relied on both internal and external assurance mechanisms, to provide a comprehensive Quality Account review.

BOB ICB has provided a detailed narrative separately to this statement seeking clarification on points where information could be presented further to giving additional context, or where alterations are required.

We would like to recognise the incredible work the Trust has undertaken in terms of recovery following the Covid-19 pandemic and the collaboration that has continued within the local system. We recognise that the recovery and management of services has been challenging at times in the context of continued high demand for services.

The Quality Account demonstrates that the Trust has made progress in several of the quality priorities it identified for the year under review. Achievements made by the Trust are acknowledged within this statement alongside areas requiring further focus and improvement.

Priority 1: Patient Safety – BOB ICB was pleased to note that the Trust delivered 8 out of 10 improvement priorities.

Priority 2: Better patient experience and outcomes - The Trust delivered 3 priority areas out of the 6 areas identified, with one priority ceasing due to national policy changes related to continuity of care in Maternity services.

Priority 3: Improving the experience and wellbeing of our colleagues - BOB ICB was pleased to note that the Trust has delivered all 8 priorities. Recognising that these priority areas require ongoing commitment, we are pleased to see this remains a priority for the next year and will embrace collaborative discussions about ongoing and sustained improvement.

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The following themes were highlighted in the Trust Serious Incident (SI) reporting, Maternity incidents have not been included within this response as they are being reviewed and monitored via the BOB Local Maternity and Neonatal System.

Themes reported were:

- Diagnostic and treatment delays,
- Surgical related incidents,
- Suboptimal care of the deteriorating patient,
- Medication related SIs, and
- Slips, trips and falls.

We note that these themes are being addressed in several ways: including through ongoing Trust improvement activities and the implementation of the Patient Safety Incident Response Framework (PSIRF), in which these elements will be included as areas of focus and priority for the Trust, alongside identified harms within the Emergency Department. The ICB looks forward to working with the Trust on the development of their Patient Safety Incident Response Plan and aligning this with the Quality Account priorities for 2023/24.

The ICB will continue to work with the Trust in terms of Infection Prevention and Control, with the opportunities for shared learning to support improvement across all organisations within BOB ICB.

We are pleased to see the development of the Living Memory Boxes in the Palliative Care services, the ICB looks forward to reviewing the broader patient experience improvement plan and acknowledges the work already undertaken and work that has commenced within cancer services.

The Quality Account highlights a need for continued quality improvement in avoidable infections, falls prevention and management, management of pressure ulcers whilst recognising the achievements already made.

BOB ICB notes that focussed work has continued in relation to improvement activities in the Emergency Department and the Urgent Care Pathway. In terms of priorities for patient safety the indicator of less than 4% of patients waiting more than 12 hours in the Emergency Department (ED), is beneficial to tracking safety improvement. In addition, the ICB would also request inclusion of, *"time to be seen by senior decision maker <60 minutes"*.

The Quality Account provides a detailed overview of the Trust's performance over the last 12 months and clearly identifies the achievements within the period reported, highlighting areas within service delivery where improvements could be made. We are grateful to the Trust for working collaboratively with commissioners and we will continue to work together to support our collaborative improvement journey as part of our ambitions to improve services for our population.

Yours sincerely



Rachael Corser
Chief Nursing Officer

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Statement from Healthwatch Bucks



Thank you for letting us have sight of the Trust's Quality Account for 2022/23 prior to publication and giving us the opportunity to comment. We are the local health and social care champion for Buckinghamshire residents and have reviewed the account with this focus.

We would like to congratulate the Trust for their resilience, commitment and use of innovation during a year which has, once again, been extremely challenging with the impact and aftermath of the pandemic and periods of industrial action. We particularly wanted to note all that the Trust has been doing on their priority, 'improving the experience and wellbeing of our colleagues' throughout this year and their achievements against the action areas set out in 22/23. We strongly support the statement in page 46 of the report, 'looking after the wellbeing of our colleagues and enabling them to become the best they can, ultimately results in better patient experience and outcomes'.

We would also like to highlight the opening of the fantastic new Children's Emergency Department at Stoke Mandeville Hospital in April 2023, alongside improved maternity and gynaecology facilities. These premises have clearly been designed taking patient feedback into account and to enhance patient experience.

In addition, we wanted to note the Trust's commitment to continuing the Covid 19 vaccination programme to vulnerable Buckinghamshire residents – in particular the specialist vaccination clinics they have run for residents with learning disability and or/autism, and the efforts they have put into reducing waiting times for people awaiting diagnosis and treatment for Cancer Services. The work that the Trust are doing on patient engagement, involvement and co-production in Cancer and Maternity services also comes across in this report and should be commended.

We note the Trust have launched the Hospital at Home service and are keen to hear more about patient involvement and experience in relation to this initiative.

We were pleased to work with the Trust on the experience of Buckinghamshire South Asian communities of hospital services and look forward to hearing how the recommendations of our report are implemented and actioned over the next year.

In relation, to the Friends and Family Test, we note that in previous years we requested to see charts of response rate data broken down by gender, age and ethnicity, alongside those showing satisfaction. We still feel that there is more that could be done to get a better insight into patient experience across demographics.

The data this year shows that the lowest response rate continues to be from patients aged 17-30; also the demographic reporting the highest rating for 'poor experience'. In line with our comments last year, we would encourage the Trust to consider ways this response rate could be improved and to identify any issues or themes that may be affecting this age range given that this is where patients are likely to experience the transition from children to adult services.

Our comments on the charts and narrative around the rest of the Friends and Family data are as follows;

Gender

The chart shows satisfaction, positive vs negative, by Gender. However, the figures for "Female" don't add up, as the positive+negative is greater than 100%.

We'd also like to see a chart showing response rates for each gender.

Age

The chart shows response rates by age group. It is not clear what the colours of the bars mean.

In this case, we also like to see a chart showing satisfaction for each age group.

Ethnicity

As with gender, the chart shows satisfaction.

Again, we'd like to see a chart showing response rates by ethnicity.

Also, in the narrative, when comparing satisfaction based on ethnicity, "mixed white and Asian, Chinese and black Caribbean" groups are highlighted as giving very positive ratings (all 100% positive) but how many responses are involved in each case? If that data could be tabulated and supplied in an appendix, that would be helpful.

The account states that formal complaints to the Trust have declined in the past year and we would welcome seeing more narrative around how the Trust views and responds to complaints, any recurring complaint themes (considering themes from previous years too)

and how learning from formal complaints and analysis of Friends and Family Test data is used to improve service delivery.

Our relationship with the Trust, balances our statutory local Healthwatch role of 'holding to account' with that of collaborative partnership working focusing on understanding and improving patient experience. We look forward to continuing to work with the Trust over the coming year to ensure the collective voice of people using its services is heard, considered, and acted upon.

Zoe McIntosh, Chief Executive, Healthwatch Bucks

Statement from Health and Adult Social Care Select Committee

Buckinghamshire Council's Health and Adult Social Care (HASC) Select Committee holds decision-makers to account for improving outcomes and services for the residents of Buckinghamshire, as well as being statutory consultees on any proposed service changes. As a critical friend to the Trust, we are pleased to have an opportunity to comment on the Trust's Quality Account for 2022/23.

We would like to start by commending the Trust on its achievements over the last year, including the facelift of the Emergency Department to improve the environment for patients, relatives and colleagues, national recognition for the specialist vaccination clinics, including those with a learning disability and/or autism, the introduction of robotic-assisted surgery at Wycombe Hospital and the Trust's ongoing recruitment drive, including the careers initiative with a local secondary school.

We included a comment in last year's account in relation to the Quality Improvement Strategy as it was not clear where the Trust was in delivering its three-year strategy. Based on this observation, we assume the Trust is either in its second or third year so we hope there will be an evaluation of this strategy to ensure it has delivered against its overall aims and ambitions.

We were particularly interested to read the following:

- **Cancer services** – We were pleased to read that the Trust is the best performer within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, with 7% of patients waiting more than 62 days for treatment compared to 13% at the start of the year. We hope this reduction in waiting time will continue.
- **Maternity services** – We welcome the introduction of an enhanced maternal care pathway with the associated training of the Trust's teams and the delivery of this training to 120 midwives across the South-East region. We also note the full compliance of the 7 Immediate and Essential actions from the Interim Ockenden report.
- **Sepsis** – We note the introduction of the Critical Care Outreach Service and other digital systems used to provide surveillance of acutely unwell patients.

Whilst we welcome these innovations, particularly in tackling sepsis, we note the target was 75% of patients that are suspected of having sepsis receiving intravenous antibiotics within an hour. Last year, the Trust reported 90% compliance (a target set by the Trust). We hope that the target will be set higher next year.

- **Stroke care** – We were pleased to read that the Trust is one of the top performers in the country, exceeding the national compliance figures in all key performance indicators.

We highlight the following areas of concern and areas for improvement:

- **Pressure ulcers** – We remain concerned about the reported numbers of category 3, 4 and unstageable pressure ulcers (a new term in this years' account). Last year, 56 cases were reported (31 attributable to community care and 25 in inpatient areas) compared to 75 reported this year (43 in the community and 22 in inpatient areas). We feel that quality improvements need to be introduced immediately to reduce the risks around pressure ulcers, particularly in the community. Category 2 pressure ulcer cases were not reported this year which was disappointing as it was a focus of improvement last year.
- **Falls** – We acknowledge that falls remain a significant healthcare problem and note that the Trust's inpatient average falls rate remains below the national average and the same average rate as last year. We hope that the actions taken will lead to a reduction in falls, particularly as this was a significant factor in the closure of the Chartridge ward in Amersham Hospital and the loss of crucial intermediate care beds that have a direct impact on ambulance and hospital waiting times.
- **Emergency Department** – We note the impact of winter pressures and industrial action on the Emergency Department (ED). It is very concerning to read about the waiting times and use of the corridors for treating patients. The loss of dignity and privacy is acknowledged in the quality account. We hope the focussed ongoing work around hospital discharge, inappropriate attendance and avoidable admissions will help to significantly reduce the pressures on the ED.

- **Audits** – Whilst acknowledging a high level of participation, we were disappointed to read that, due to a lack of resource, the Trust was unable to fully participate in the national audit of seizures and epilepsies in children and young people.

General comments and observations

- Whilst we acknowledge the results of the CQC inpatient survey and the improvements in the results, it would be helpful to understand the survey methodology and the raw data which sits behind the percentages. A lack of qualitative and quantitative data is a regular ask of the Trust across numerous reporting streams.
- In previous years', complaints were reported by theme in a table format. This year, only the top three reasons for complaints were reported. It would be useful to see the complaints broken down by theme and we do not feel this method of reporting is as comprehensive as in past years.
- We are aware of the national initiative, virtual wards, and we will be evaluating this over the coming months to ensure the benefits are fully realised and patients are satisfied with the quality of their care being delivered in this way.
- Having just undertaken a rapid review into dementia support services for people living with dementia and their carers, we were particularly pleased to read that dementia and delirium care is a key priority for the Trust. That said, we were surprised that there was no real reference to this in the priorities section of the account for 2023/24.
- Linked to the above, we welcome the Trust's appointment of two Admiral Nurses and the Trust's commitment to ensure care environments are calm and reassuring.
- We note the results of the unannounced inspection by the Care Quality Commission in February 2022 and the 29 actions agreed for implementation with 18 completed and 11 on track for delivery. We commend the Trust on its outstanding rating for care but note the requires improvement rating for the safe and use of resources categories. We hope that delivery of all 29 actions will result in improvements in these areas.

- We are aware of the results of the Special Education Needs and Disability inspection and the written statement of action. The improvements are being monitored by the council's Children's and Education Select Committee.
- We note the Trust's Research and Innovation work and hope participation in internationally recognised research and innovation projects continues.
- The latest data for hip replacement surgery was missing for 2020/21 and 2021/22 and knee replacement surgery data was missing for 2021/22.
- We were surprised to read the narrative surrounding the readmissions rates refer to establishing the correct data set of patients, ensuring the correct coding of patients and rectifying incomplete readmission data. We would like to see the digital and data solutions, including robust checking processes for the accuracy and quality of the data, gather pace across the Trust and for the wider BOB Integrated Care System.
- We were disappointed to read that the 7 Day Hospital services programme has still not been reinstated as the metrics provide key information on clinical standards.
- The Trust should be complimented on its efforts to support staff wellbeing, including the introduction of active wellbeing champions throughout the Trust.
- Health inequalities remain a key focus for the Trust and its key partners, and we look forward to seeing more evidence of how partnership working has led to a reduction in health inequalities over the coming months.

Conclusion

The Trust continues to make good progress in its recovery from a very challenging few years and its achievements should be commended. The examples of success and good practice throughout the quality account are testament to this.

We know the Trust will continue to work hard to improve the quality of its services and seize every opportunity to introduce innovative ways of working to improve patient experience leading to better outcomes. We fully support the Trust's focus on staff wellbeing and the initiatives in place to help all staff feel supported as we know that recruitment and retention continue to be challenging for all our health partners and the importance of valuing staff cannot be underestimated. As a Select Committee, we will be scrutinising some of the specific services mentioned above over the coming months.

Submitted by Buckinghamshire Council's Health & Adult Social Care Select Committee, June 2023

Appendix 1 – Abbreviations

7DS	Seven Day Services
A&E	Accident and Emergency Department
ACB	Antimicrobial Care Bundle
AHSN	Academic Health Science Network
AMU	Ambulatory Medical Unit
BHT	Buckinghamshire Healthcare NHS Trust
BI	Business Intelligence
BME/ BAME	Black and Minority Ethnic
BOB	Buckinghamshire, Oxfordshire and Berkshire
CAHMS	Child Adolescent Mental health Service
CAP	Communications Advisory Panel
CARE values	Collaborate, Aspire, Respect and Enable
CCGs	Clinical Commissioning Groups
C.diff	Clostridioides difficile infection
CHSG	Community Hub Stakeholders Group
COCA	Community Onset Healthcare Associated
COVID-19	Coronavirus disease 2019
CQC	Care Quality Commission
CT	Computerised Tomography
CVAD	Central Venous Access Design
DOLs	Deprivation of Liberty
DSP	Data Security Protection
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
FFT	Friends and Family Test
FTSUG	Freedom to Speak Up Guardian

GDm	Gestational Diabetes App
GNBSI	Gram Negative Blood Stream Infections
GPs	General Practitioners
HCA	Healthcare Assistant
HOHA	Hospital Onset Healthcare Associated
HSCIC	Health and Social Care Information Centre
ICP	Buckinghamshire Integrated Care Partnership
ICS	Integrated Care System
ITU	Intensive Therapy Unit
JCNC	Joint Consultative Negotiating Committee
JMSC	Joint Management Staff Committee
LAC	Looked after Children
LeDer	Learning Disabilities Mortality Review
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) and others
LPS	Liberty Protection Safeguards
MASD	Moisture Associated Skin Damage
MCA	Mental Capacity Act
ME	Medical Examiner
MRSA	Methicillin-resistant staphylococcus aureus
MSSA	Methicillin-susceptible staphylococcus aureus
NBM	Nil by mouth
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit

NOF	Fractured Neck of Femur
NRLS	The National Reporting and Learning System
NSIC	National Spinal Injuries Centre
PALS	Patient Advice & Liaison Service
PCN	Primary Care Networks
PCR	Polymerase Chain reaction
PEG	Patient Experience Group
PHE	Public Health England
PHSO	Parliamentary and Health Service Ombudsman
PROMS	Patient Reported Outcomes measures
PSED	Public Sector Equality Duty
Q1	Quarter 1, first quarter of the financial year (April-June)
Q2	Quarter 2, second quarter of the financial year (July-September)
Q3	Quarter 3, third quarter of the financial year (October-December)
Q4	Quarter 4, fourth quarter of the financial year (January-March)
RCA	Route Cause Analysis
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
SAU	Surgical Assessment Unit
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incident
SJR	Structured Judgement Review
SMH	Stoke Mandeville Hospital
SOP	Standard Operating Procedures
SSNAP	Sentinel Stroke National Audit Programme
STNT	Suspicion to Needle Time

UK	United Kingdom
VPS	Visual Infusion Phlebitis
VTE	Venous Thromboembolism
WDES	Workforce Disability Equality Standard
WH	Wycombe Hospital
WHO	World Patient Safety Day
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Meeting: Trust Board
28 June 2023

Agenda item	Charitable Funds Committee Terms of Reference		
Board Lead	Kishamer Sidhu, Interim Chief Finance Officer		
Type name of Author	Jane Lucas, Interim Head of Charity		
Attachments	Charitable Funds Committee Terms of Reference v12.1		
Purpose	Approval		
Previously considered	CFC 26.05.2023		

Executive Summary

The Charitable Funds Terms of Reference are reviewed annually along with other subcommittees of the Board. The review this year has resulted in the following changes:

- Document updated to the standard Board template.
- Updated changes to job titles.
- The section where approval could be given by the Committee Chair outside of a meeting has been removed.
- There is an additional paragraph 1.5 as follows 'The Committee will set and monitor the Charity's strategy'.
- Section 2.2.2 Regular meeting attendees clarified.
- Paragraph 4.0 Frequency of Meetings has been amended from at least two meetings per year to at least four meetings per year.
- Section 6.1.5 amended as follows to include reference to strategy: 'Receive regular reports on the Charity's activities and monitor the delivery of the strategy'.
- Section 6.5.2 amended to remove reference to developing promotional material.

The Terms of Reference were approved by the Charitable Funds Committee on 26 May 2023.

Decision	The Board is requested to 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 checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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Implications / Impact

Patient Safety	None
Risk: link to Board Assurance Framework (BAF)/Risk Register	No specific risk identified
Financial	No cost to the Trust
Compliance <small>Select an item. Select CQC standard from list.</small>	No issues identified
Partnership: consultation / communication	Discussion with relevant Committee
Equality	Ongoing commitment to equality for all
Quality Impact Assessment [QIA] completion required?	Not required

Charitable Funds Committee Terms of Reference

1. Purpose

- 1.1. The Charitable Funds Committee (CFC) has been established to exercise the Trust's functions as sole corporate trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund (registered charity number 1053113).
- 1.2. The Trust Board has responsibility for exercising the functions of the Trustee. The Trust Board delegates these functions to the CFC, within any limits set out in these Terms of Reference and the charitable funds section of Standing Financial Instructions.
- 1.3. The overall purpose of the Committee is to assist the Board as the Corporate Trustee in the performance of their duties through providing assurance that the Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales, the Charities Act 2011 as amended by Charity Act 2016, the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP), the Charity's Trust Deed and applicable United Kingdom guidance and regulations for NHS charities.
- 1.4. The Committee will approve charitable funds expenditure in accordance with the standing orders and standing financial instructions as well as approve investment policy and monitor investments on a regular basis.
- 1.5. The Committee will set and monitor the Charity's strategy.
- 1.6. These terms of reference establish formal and transparent arrangements for the oversight of the appropriate use of charitable funds within the Trust and provide a vehicle to ensure the independence of the decision-making process for the Charity from that of the Trust as a whole.

2. Constitution

- 2.1. The Board resolves to establish a standing Committee of the Board to be known as Charitable Funds 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.
- 2.2. The Trust was appointed as corporate trustee of the charitable funds by virtue of Statutory Instrument 2002 (2271) and the Charitable Funds Committee serves as its agent in the administration of the charitable funds held by the Trust. The Committee has been formally constituted by the Board in accordance with its Standing Orders, with delegated responsibility to make and monitor arrangements for the control and management of the charitable funds and will report through the Board.

2.2.1. Committee Membership

The Committee shall be appointed by the Board from amongst the non-executive or executive directors of the Trust and shall include up to three directors who have the personal and professional characteristics necessary to be effective.

The CFC comprises:

- Two non-executive Directors, where one of them preferably should be financially literate. (Voting members)
- One executive Director, normally the Chief Finance Officer. (Voting member)
- Four Honorary Independent Members. (Non-voting members)

2.2.2. The CFC's structure is:

- Chair: a Non-Executive Director. (Voting member)
- Chief Finance Officer. (Voting member)
- Non-Executive Director. (Voting member)
- Honorary Independent Member for the interest of the donors. (Non-voting member)
- Honorary Independent Member for the interest of the patients. (Non-voting member)
- Honorary Independent Member for the interest of the staff. (Non-voting member)
- Honorary Independent Member for the interest of the medical/clinical activities (non-voting member)
- Operational Leads: Trust Chief Finance Officer, Head of Financial Control, Head of Charity
- CFC Administrator: Executive Administrator to the Chief Finance Officer

2.2.3. When a member is unable to attend a meeting, they may appoint a deputy to attend on their behalf. The nominated deputy of a Board member will have the same voting rights as the member; any other deputies will have no vote.

2.2.4. Other Charity and/or Trust officers may be asked to attend when the CFC is discussing areas that are the responsibility of that individual. The CFC may also invite external advisors to attend for appropriate items, especially if items require detailed knowledge in areas such as investments.

3. Quorum for Decision Making

The quorum necessary for the transaction of business shall be two (One NED and one Executive Director). 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 Chairman and/or an appointed Deputy, the remaining non-executive member present will chair the meeting.

Where a Committee meeting is not quorate under paragraph 3.0 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.

4. Frequency of Meetings

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

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

5. Notice of Meetings

Unless otherwise agreed, notice of each meeting confirming the venue, time and date, shall be forwarded to each member of the Committee no later than ten days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, seven days ahead of the date of the meeting.

6. Duties

The Charitable Funds Committee shall be responsible for the following duties:

6.1. Governance and Policies

- 6.1.1. Ensure the Charity complies with current legislation.
- 6.1.2. Produce an annual trustees' report for the Charity in accordance with section 45 of the Charities Act 1993 and Charities Act 2011 as amended by Charity Act 2016.
- 6.1.3. Review and ensure external audit and internal audit recommendations are actioned.
- 6.1.4. Ensure funding decisions are appropriate and consistent with objectives, and to ensure said funding provides added value and benefit to patients and staff above those afforded by income for commissioned services.
- 6.1.5. Receive regular reports on the Charity's activities and monitor the delivery of the strategy.
- 6.1.6. Provide regular Internal and External Audit reports to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across the full range of activities.

6.2. Finance and Controls

- 6.2.1. Approve annual accounts for the Charity and ensure relevant information is disclosed.
- 6.2.2. Set and review an expenditure policy, including the use of investment gains.
- 6.2.3. Monitor the Trust's scheme of delegation for expenditure as shown below:

Up to, and including £5,000	Fund Holders
Above £5,000 up to and including £50,000	Chief Finance Officer or Chief Executive
Above £50,000 up to and including £100,000	Charitable Funds Committee
Over £100,000	Trust Board

- 6.2.4. Set and review an expenditure policy, including the use of investment gains.
- 6.2.5. Approve expenditure over £50,000. Approved expenditure of over £5,000 will be reported to the next meeting of the Committee.

6.3. Review individual fund balances on a regular basis.

- 6.3.1. Review a regular report of expenditure from charitable funds.
- 6.3.2. Agree expenditure plans from individual fund holders in accordance with fund objectives.
- 6.3.3. Implement appropriate policies and procedures to ensure that accounting systems are robust, donations received are acknowledged and all expenditure is reasonable and accordance with donors' wishes.
- 6.3.4. Agree guidance and procedures for fundraising and expenditure.
- 6.3.5. Ensure that all fundraising and expenditure is clinically and ethically appropriate.

6.4. Investment

- 6.4.1. Determine charitable funds investment policy, including the selection of appropriate investment managers and banking service provider.
- 6.4.2. Review the performance of the Charity's investments.

6.5. Other

- 6.5.1. Encourage where appropriate a culture of fundraising and raise the profile of the charity within the trust and local population.
- 6.5.2. Ensure promotional material will promote the charitable funds purposes and not put the Charity's reputation at risk.

7. Reporting Responsibilities

The minutes of all meetings shall be formally recorded and a summary report regarding the Committee's activities should be submitted, together with recommendations where appropriate, to the Trust Board.

The Charity's Annual Report shall include a section describing the work of the Committee in discharging its responsibilities.

8. Terms of Reference 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 committee will report regularly to the Board on its activities and effectiveness.

Document Control

Version	Date	Author	Comments
1.0	1 December 2013	E. Hollman	Draft for Committee Chair
2.0	30 January 2014	Nelson Garcia-Narvaez E. Holman	Approved by CFC and the Board
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12.0 12.1	May 2023	Jane Lucas	Approved at CFC 26 May 2023 Approval at Board expected to be 28 June 2023

Meeting: Trust Board Meeting in Public

28 June 2023

Agenda item	Future Delegation of Statutory Functions
Board Lead	Chief Commercial Officer
Type name of Author	Director of Strategic Programme Delivery
Attachments	Appendix 1 – PRN00346 Updated Guidance on joint working and delegation Appendix 2 – The National Health Service (Joint Working and Delegation Arrangements) (England) Regulations 2022
Purpose	Information
Previously considered	N/A

Executive Summary

The Health and Care Act 2022 intended to give NHS organisations the mechanisms to be more flexible and collaborative, to improve local populations health and wellbeing and reduce health inequalities. One of the ways legislation aimed to achieve this was through allowing delegation and joint arrangements to develop and evolve in ways that best suit the needs of patients and the public. Guidance published by NHS England in March 2023 extends the hold on Integrated Care Boards (ICBs) ability to delegate to NHS Trusts for 2023/24 whilst resolutions are developed for some key issues around patients right to choose, the NHS Standard Contract and NHS Payments Scheme.

Delegation presents a significant opportunity for Buckinghamshire Healthcare Trust (BHT) to develop services and improve outcomes for our patients and public, through more collaborative working arrangements. But strategic planning needs to be carried out to ensure that BHT along with partners have the capacity, capability, governance and assurance processes in place to ensure the delivery of delegation and the organisation's statutory duties including financial balance.

The Board is asked to note the updated guidance and a board workshop on the Future Delegation of Statutory Functions will be held on 28 June 2023.

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 type="checkbox"/>
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Implications / Impact

Patient Safety	Delegation may provide opportunities to improve patient care through developing collaborative pathways to help improve outcomes and population health and reduce health inequalities.
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF Principal Risk 3 – Failure to work effectively and collaboratively with external partners BAF Principal Risk 5 – Failure to support improvements in local population health and a reduction in health inequalities
Financial	No financial implications to this paper
Compliance Select an item.	Potential to provide enhanced benefits to patient outcomes, the health and wellbeing of the local community and reduction of health inequalities through collaborative working.
Partnership: consultation / communication	The aim of delegation would be to increase collaborative working in the best interested of patients and the public
Equality	Delegation may provide opportunities to ensure that trust can enhances its committed to fair treatment of all patients, service users, visitors

	and staff, and support reduction of health inequalities.
Quality Impact Assessment [QIA] completion required?	N/A

1 Introduction/Position

The Health and Care Act 2022 set out the ability of Integrated Care Boards (ICBs) to delegate direct commissioning functions to NHS providers as a key enabler to realising the ambition to design services around the needs of their local communities, to enable care to be more integrated and target resources where they are needed most. In March 2023 NHS England circulated updated guidance on joint working and delegation which identified that if ICBs were to formally delegate core commissioning functions to NHS providers, the existing legal requirements relating to how services are commissioned would not immediately extend or apply to NHS trusts. These relate to requirements on the application of the NHS Payment Scheme, use of the NHS Standard Contract, and patients' right to choose, waiting times and other rights enshrined in the NHS Constitution. The guidance identified that it is vital for patients that these standards are maintained, and that NHS providers and systems have the appropriate legal safeguards in place.

As a result, NHS England recommends a continued hold in 2023/24 on the formal delegation of ICB commissioning functions to NHS providers, pending resolution of these issues, which will have to be through legislation. However, there are still opportunities to develop collaborative working through existing mechanisms including 'Conferral of discretion'. The full updated guidance is in Appendix 1.

2 Problem / Issues

There is a legislative gap which will require a statutory instrument before this can be implemented. Consequently, the most recent guidance in March 2023 has put on hold the ability for ICBs to delegate to NHS Trusts in 2023/24 until resolutions are put in place to ensure appropriate legal safeguards are put in place.

3 Possibilities

The guidance and NHS England commitment to move towards delegation presents significant opportunities for Buckinghamshire Healthcare NHS Trust (BHT) and more broadly the Buckinghamshire Place. The Health and Care Act 2022 intended to give NHS organisations the mechanisms to be more flexible and collaborative, to improve local populations health and wellbeing and reduce health inequalities. The legislation aims to allow delegation and joint arrangements to develop and evolve in ways that best suit the needs of patients and the public

The hold on delegation does not prevent, places, ICBs, NHS Trusts and other partners exploring and defining what statutory functions could be delegated when the right legislation is in place and identifies several mechanisms that can be used to continue to progress collaborative working and delivery including: lead provider models, outcome-based commissioning and 'Conferral of discretion'.

Discussion with Buckinghamshire, Oxfordshire and west Berkshire (BOB) ICB have identified that they are committed to the delegation journey but are still working to identify what these statutory functions might be in terms of delivering the best outcomes for the population and developing an understanding of the required assurance processes.

This creates an opportunity for BHT to develop its strategic thinking around delegation and explore the mechanisms in which to progress this work in conjunction with the wider place and ICS partners.

4 Risks / Issues

The guidance on delegation does identify some risks and issues that need to be mitigated as the strategy on potential delegation in the future is developed, these include:

- Delegation or any form of new collaborative working arrangements will require clear governance, responsibility and resources arrangements to be in place to set out how the arrangement will work; ensure organisations meet their financial and statutory obligations and provider assurances of the delegated model. This will include ensuring there is capacity and capability for providers to take on new functions i.e. commissioning.
- As guidance currently states delegation should not be put in place, until resolutions on key issues are developed, organisations need to be clear on scope, timescales and mechanisms for collaborative working arrangements in the short term.
- The legislation does not specify which functions should be delegated, so functions will need to be agreed with ICBs and wider partners based on the best interests of the population (ensuring conflicts of interest are managed). There is a list of functions which cannot be delegated in appendix 2.
- To note the legislation only refers to statutory NHS Providers (NHS Trusts and Foundation Trusts and does not include PCN (Primary Care Networks) and GP Federations at this stage but does identify that provider collaboratives may want to use joint committee arrangements to support cross population delivery.

5 Proposal, conclusions recommendations

A Board Workshop will be held on 28th June to start the strategic thinking about the potential future delegation of statutory functions.

6 Action required from the Board/Committee

The Board is requested to note the current guidance and request to put on hold the ability for ICBs to delegate to NHS Trusts in 2023/24. A board workshop is being held on the Future Delegation of Statutory Functions, to explore the future strategic opportunities that delegation may enable for BHT and how BHT can harness these opportunities.

7 Appendices

Appendix 1: PRN00346 - Updated Guidance on joint working and delegation



PRN00346_Statutory
guidance - Arrangem

Appendix 2: The National Health Service (Joint Working and Delegation Arrangements) (England) Regulations 2022

The list identifying functions which are excluded from delegation or joint exercise arrangements

[The National Health Service \(Joint Working and Delegation Arrangements\) \(England\) Regulations 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Statutory guidance

Arrangements for delegation and joint exercise of statutory functions

Guidance for integrated care boards, NHS trusts and foundation trusts

27 March 2023

Please note:

This document is formal statutory guidance for NHS bodies designated as relevant bodies. It may also be helpful to other bodies, such as local authorities and combined authorities when jointly working with a relevant body.

This guidance supersedes previous guidance on delegation and joint working issued in September 2022. It provides an overview of the legislative changes set out in the Health and Care Act 2022, guidance on how to implement the new legislative options available to delegate and jointly exercise those functions and sets expectations on the use of these powers.

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Purpose of this guidance

1. This statutory guidance provides an overview of the new collaborative working arrangements that are possible between NHS organisations and local Government following commencement of the Health and Care Act 2022 (the '2022 Act')¹, with further technical guidance in the supporting annexes.
2. The new legislation is generally permissive, allowing delegation and joint arrangements to develop and evolve in ways that best suit the needs of patients and the public. The guidance therefore explains what delegation and joint working arrangements are permitted by the legislation, and when these can be used. This enables organisations to sense check that their proposed delegation or joint exercise of any statutory functions is done lawfully and in accordance with the principles of good governance,² and adheres to any expectations in this guidance that have been placed on their delegation or joint exercise.
3. This guidance is issued under new section 65Z7 of the National Health Service Act 2006 (the 2006 Act), inserted by the 2022 Act. NHS England, integrated care boards, NHS trusts and foundation trusts **must** have regard to this guidance. Local authorities and combined authorities may also find this guidance helpful when working jointly with a relevant body.
4. The guidance should be read alongside the recently amended National Health Service (Joint Working and Delegation Arrangements) (England) (Amendment) Regulations 2023³ (the '2023 Regulations'), which list the functions that **should never** be delegated or jointly exercised. These restrictions are covered further at **Annex E** of this guidance, which also sets out the additional expectations that organisations **should** have regard to when deciding whether to delegate or jointly exercise a function.
5. Entering into new collaborative working arrangements can have a significant impact on the decision-making of organisations involved in those

¹ <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

² The seven principles of public life <https://www.gov.uk/government/publications/the-7-principles-of-public-life>

³ <https://www.legislation.gov.uk/uksi/2023/223/contents/made>

arrangements. It requires careful consideration and preparation for the changes in responsibility and resource – ensuring proper governance arrangements are in place that set out clearly how the arrangement will work, and how they will meet their organisation’s financial obligations.

6. Given the timing of their introduction and the potential complexities of new delegation arrangements, NHS England recommended in this guidance issued in September 2022 that, generally, systems do not seek opportunities to make use of these new powers immediately (that is, within 2022/23). This recommendation has been extended and relevant bodies should refer to **Annex G** of this guidance for further information.

Background

7. The health and care landscape is evolving – moving towards ever-increasing integration and joint working between different organisations to deliver better care and value for patients and the taxpayer. To meet this challenge, the way that NHS services are delivered needs to change – to improve the quality of care and health outcomes for populations, reduce health inequalities, enhance productivity and value for money, support broader social and economic development and improve the experience for patients.
8. Some of these changes have been happening for some time – including from their experience of responding to the COVID-19 pandemic – organisations across the NHS (and with local authorities) are implementing collaborative arrangements across a variety of services. However, some arrangements rely heavily on goodwill and/or the adoption of complex workarounds, as organisations have been legally constrained in the extent to which they can work together across their functions.
9. With the NHS focused on integrating delivery of care, the range of legislative changes Parliament has put in place (based on recommendations by NHS England) is designed to support this aim. They give organisations more flexibility to work together to improve people’s health and wellbeing and reduce health inequalities. The intent of the 2022 Act – and the sections to which this guidance relates – is to make collaborative working between those involved in planning, purchasing and delivering care easier nationally, at system level and at place level, to accelerate progress in meeting our most critical health and care challenges.

Overview of relevant legislative changes

10. The 2022 Act introduces new sections 65Z5 to 65Z7 to the 2006 Act. These changes will give organisations greater flexibility to collaborate in exercising their

statutory functions, either through delegation or joint exercise of those functions – enabling better integration of their services to improve outcomes for patients, and facilitate the best use of resources across care pathways at system and place level.

11. Section 65Z5 of the 2022 Act provides new powers for statutory NHS bodies. It creates a defined list of **relevant bodies**, which are:
 - NHS England
 - integrated care boards (ICBs)
 - NHS trusts, and
 - NHS foundation trusts.
12. The section allows those relevant bodies to delegate their functions to each other, and to local authorities (LAs) and combined authorities (CAs). It also allows the Department of Health and Social Care (DHSC) to set out in regulations other organisations that may in the future become a relevant body.
13. Section 65Z5 also enables these relevant bodies to jointly exercise their functions with each other and/or with LAs and CAs; and to form joint committees and pool funds to do so (under s65Z6). However, these relevant bodies cannot use these provisions to delegate to, or form joint exercise arrangements with, any organisations other than those within the scope of s65Z5.
14. LAs and CAs are not defined as relevant bodies in s65Z5, and therefore cannot enter into collaborative arrangements using that provision in respect of their own functions. Instead, they should continue to use existing provisions in s75 of the 2006 Act and the associated partnership arrangements regulations for any delegation/joint exercise of health-related LA or CA functions to/with health bodies. See **Annex C** for more information on s75 partnership arrangements.
15. The legislation allows significant flexibilities, but it **does not** specify circumstances where organisations should delegate or jointly exercise any particular function – it is for the relevant bodies to decide how they exercise their own functions. However, the new flexibilities are not completely unfettered. Some functions should not be delegated as they are central to the governance of relevant bodies and therefore should remain under its direct control. In addition, as 2022/23 is a

transitional year, it would not be appropriate to make wide-ranging use of the powers until system working beds in.

16. The '2023 Regulations', made under s65Z5, set out functions that are excluded from the scope of the powers in sections 65Z5 and 65Z6. This statutory guidance – published under section 65Z7 – also sets out expectations that safeguard the proper use of the new powers. This guidance should also be read alongside existing requirements elsewhere in law and guidance (eg around good governance).
17. The 2022 Act also inserts a new provision into s12ZA of the 2006 Act, in relation to arrangements made by NHS England and ICBs with NHS providers (NHS trusts and foundation trusts) for their delivery of services. The new power sets out that such arrangements '*may confer discretions on a person with whom they are made in relation to anything to be provided under the arrangements*'. The intention of this power is to confirm that NHS providers may lawfully take on wider population health activities relating to their contracted provision of services. 'Conferral of discretions' is not a mechanism to achieve delegation – but it allows arrangements with providers to include identifying and deciding the services necessary to meet the needs of the population, rather than just the logistics of service delivery. Therefore, commissioners and providers may wish to consider whether a contract conferring discretions on a provider is a suitable alternative to, or potential stepping-stone towards, the delegation of a function.
18. Any decisions by NHS organisations about delegation and joint exercise of functions should also take account of local strategies and system plans and other relevant national policy documents, including:
 - statutory guidance to clinical commissioning groups on the preparation of constitutions
 - guidance on functions and governance
 - guidance on financial frameworks and contracting
 - guidance on provider collaboratives⁴,
 - guidance on plan-making (previously duty to cooperate)⁵

⁴ [NHS England » Integrated Care Systems: Guidance](#)

⁵ <https://www.gov.uk/guidance/plan-making>

- Care Quality Commission of regulated services⁶
- national framework for continuing healthcare and funded nursing care⁷ and
- the National Quality Board guidance on System Quality Groups⁸

Future mechanisms for collaborative arrangements

19. All statutory NHS bodies have functions (duties and powers) conferred on them by legislation, which define their obligatory and permitted activities – a statutory body may only do what legislation requires or allows it to do. For example, NHS England has a range of regulatory, oversight and commissioning functions defined by statute.
20. Therefore, relevant bodies within the scope of the new s65Z5 powers will have three options for ‘exercising’ (carrying out) their functions under the new legislation. They will be able to:
 - a) **carry the function out themselves**, on their own as they have been able to do previously – including through ‘internal’ delegations to individuals and committees
 - b) **delegate responsibility to one or more organisations** to carry out functions on their behalf, and/or
 - c) **carry out their functions jointly (jointly exercise) with one or more other organisations**, potentially by forming joint committees and pooling funds to do so.

⁶ <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>

⁷ <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

⁸ <https://www.england.nhs.uk/ourwork/part-rel/nqb/nqb-publications-for-integrated-care-systems/>

21. **Annexes A and B** give more detail on the different ways for organisations to delegate and jointly exercise their functions – including who is able to make decisions about functions, between (and within) organisations.
22. The 2022 Act provides more flexibility for different NHS bodies to come together to carry out their functions, and to delegate their responsibility for making decisions. Further, this collaboration could be at any level – nationally, regionally, system or place – and relate to individual services or broad categories, such as services for older people.
23. This increased flexibility means that NHS organisations need to consider carefully what they want to achieve and how – taking into account the integrated care strategy produced by the integrated care partnership (ICP) and when they and their partners will be ready to do so – not least because they will likely have more than one way to achieve their objectives in future. For example, although organisations could set up a joint committee arrangement under the new s65Z6 so that partners can collectively make decisions at place level, they might better achieve their aim by an internal delegation of their decision to a place-level committee of the ICB.
24. The use of these new powers can lead to a step change in the way that organisations’ arrangements are planned and delivered making it easier to drive rapid and sustained improvements of care, so they better meet the health needs of local populations. However, arrangements for the delegation and joint exercise of functions will have a significant impact on the governance of the organisations involved in those arrangements.
25. Organisations must therefore carefully consider the potential benefits from collaboration – taking into account the duty of cooperation and, for ICBs, the duty to promote integration and how they can be continually assured that these benefits are being realised; and how all organisations recognise that the models of collaboration best suited to local circumstances may change over time – before they enter into such arrangements.
26. All organisations involved in these collaborative arrangements should fully prepare for the changes in responsibility and resource – including by working with partners to set clear objectives and a strategy, so that they can determine which mechanism would be most appropriate for delivery; and by ensuring proper

governance arrangements are in place to assure their agreed delegation/joint exercise model.

Summary of mechanisms

27. Table 1 below summarises the key legislative mechanisms that will enable collaborative working across organisations in future – further details are given in **Annexes A to C. Table 1: Key legislative mechanisms for collaborative working**

Mechanism for collaboration	Organisations whose functions are involved	Description of mechanism
<p>Section 65Z5 delegation (see Annex A)</p>	<p>NHS England, ICBs, NHS trusts and foundation trusts</p>	<p>This is a voluntary arrangement whereby NHS organisations listed under s65Z5 delegate responsibility for carrying out specific functions to other listed NHS organisations and/or to LAs and/or to CAs.</p> <p>There are some constraints on what functions can be delegated and how these delegations are made, which are set out in the 2023 Regulations and in Annex E and G of this statutory guidance.</p> <p>NHS organisations cannot delegate their functions to non-statutory, non-public organisations (that is, independent or voluntary sector providers).</p> <p>LAs and CAs cannot delegate their functions to statutory NHS organisations using this mechanism – although they can receive delegated responsibility for the functions of NHS organisations under s65Z5 arrangements. For delegation of LA functions, see s75 arrangements below.</p>
<p>Sections 65Z5 and 65Z6 joint exercise arrangements (see Annex B)</p>	<p>NHS England, ICBs, NHS trusts and foundation trusts</p>	<p>Two or more NHS organisations within the scope of s65Z5 can choose to come together (including via a joint committee) to make legally-binding decisions and pool funds across agreed functions.</p> <p>Any constraints on how these arrangements are made and which functions can be part of them are set out in the 2023 Regulations and in Annex E and G of this statutory guidance.</p>

Mechanism for collaboration		Organisations whose functions are involved	Description of mechanism
			LAs and CAs can be part of these arrangements – but they cannot include their own functions in any joint decision-making using this mechanism. Joint working between LAs and NHS organisations, including for LA functions, can be achieved using s75 and s65Z5 arrangements.
Section 75 partnership arrangements (see Annex C)	NHS England and/or ICBs with LAs and/or CAs NHS trusts and/or foundation trusts with LAs and/or CAs		Section 75 partnership arrangements are a longstanding collaboration mechanism under the 2006 Act. These enable collaborative working between at least one NHS organisation (NHS England/ICB or NHS trust/foundation trust) and at least one LA to exercise or delegate a range of the NHS organisation’s functions and the LA’s health-related functions. Any delegation/joint exercise of health-related LA functions to/with NHS organisations will continue to be achieved using the powers in s75 of the 2006 Act and the associated partnership arrangement regulations. The 2022 Act requires ICPs to consider the use of section 75 arrangements in preparing their strategy for their system.
Conferral of discretions	NHS England, ICBs, NHS trusts and foundation trusts		This provision has been included to make clear the lawful scope of contractual arrangements between commissioners and providers. It confirms that a commissioner can lawfully give providers a wide degree of latitude as to the services they provide under a contract, both in terms of which services are delivered and how they are delivered, so as to resolve any doubt on this issue. The commissioner will still set the broad scope of what the provider is expected to achieve (clinical outcomes, for example) under a contract. A contract that confers discretion on a provider in respect of some or all services under the contract may be a useful alternative or precursor to delegation to trusts or foundation trusts under s65Z6.

28. Organisations may find the flowcharts in **Annex D** helpful when considering adopting delegation arrangements in respect of their functions. These flowcharts

are not an exhaustive statement of what could be achieved but an example of how a delegation arrangement could be considered.

Managing conflicts

29. An issue that will arise – particularly initially in both delegation and joint working arrangements with ICBs – is the effective management of conflicts. The guiding principle for NHS organisations in dealing with these conflicts will be that decisions must be made in the public interest, avoiding any undue influence from other interests. Our interim guidance on the functions and governance of the ICB⁹ sets out seven principles for the safe and effective management of conflicts of interest in ICBs. The significant NHS provider involvement within each ICB's membership will require any conflicts of interest to be assessed on a case-by-case basis, in line with these principles.
30. Under s65Z5, delegation and joint exercise of functions arrangements can only be made between relevant bodies, LAs and/or CAs. NHS organisations convening joint committees will be able to determine the membership of committees – which organisations are represented and on what basis. Committees could include individuals who are not employees of the 'convening organisations'. For example, the joint committee could include a clinician who has expertise relevant to matters delegated to the committee but who is not an employee of any of the bodies participating in the joint committee. As with any internal committees of an ICB, a joint committee should ensure the appropriate management of conflicts of interest relating to any of its members.
31. For example, an individual from a social enterprise that provides mental health services may give a reasoned and evidence-based opinion that a certain type of online therapy is better for supporting people who experience anxiety – but it might also be that the social enterprise is currently the only provider of that service in the ICS footprint. This should not mean that individual's contribution is discounted – but their conflicting interests should be recognised and taken into account when considering the final decision.
32. FAQs for chairs have been published which clarify the role of individuals (including those from non-statutory providers) in these joint exercise arrangements. This will

⁹ [NHS England » Integrated Care Systems: Guidance](#)

reiterate the seven principles of public life – as they are as relevant to the good governance of any collaborative arrangements as to decisions within ICBs.

Options for collaborative arrangements

33. The new legal flexibilities, associated regulations and statutory guidance came into force on 1 July 2022.

Arrangements between NHS England and ICBs

34. NHS England previously had the power to delegate functions to clinical commissioning groups (CCGs), and used it successfully to delegate the commissioning of primary medical services (PMS).
35. Building on this approach, delegated responsibility for PMS shifted from CCGs to ICBs at the point when ICBs became statutory bodies. NHS England also delegated arranging primary dental services, primary ophthalmic services and pharmaceutical services to some ICBs on 1 July 2022. All ICBs will take on these functions from 1 April 2023.
36. In addition, as approved by NHS England's board on 2 February, NHS England will be delegating 59 specialised services to ICBs from 1 April 2023¹⁰
37. Further information on expectations relating to delegation to integrated care boards is set out in **Annex E and G**.

Arrangements between ICBs

38. ICBs will have powers to delegate functions to other ICBs and make decisions jointly. This could be across bigger population footprints (that is, covering multiple ICBs) or at place-level across their ICB footprint; and will enable those ICBs with

¹⁰ <https://www.england.nhs.uk/wp-content/uploads/2023/02/board-2-feb-23-item-7-delegation-of-spec-comm.pdf>

particular expertise in service of specialty to take the lead in making arrangements on behalf of other ICBs.

39. For example, it may be that an ICB determines that the best option for arranging ambulance services for its population is to delegate this responsibility to another ICB, through a lead commissioner arrangement – that is, the first ICB delegates responsibility to the second ICB to arrange the provision and contract for ambulance services on its behalf.
40. In deciding the form of any future arrangements, ICBs should consider the following questions:
 - a) Does working together (at scale, place or on behalf of the other) be likely to have a positive impact on the health and wellbeing of the population; support improvements in quality; and/or improve efficiency and sustainability whilst protecting quality of care in the use of NHS resources (in line with their new triple aim duty)?
 - b) Does establishing a pooled fund enable a more flexible use of resource?
 - c) Does one of the ICBs in the arrangement have a workforce with particular capacity, skills and experience in the area of commissioning concerned?
41. If ICBs decide to use s65Z5 powers, they must have processes to provide ongoing assurance that the arrangement is effective.
42. Further information on expectations relating to and arrangements between integrated care boards is set out in **Annex E and G**.

Arrangements between NHS providers, and with NHS England and ICBs

43. The legislative changes will create a new way for statutory NHS providers (that is, NHS trusts and foundation trusts) to work together, and/or with NHS England and ICBs – either by delegating responsibility for functions to, or jointly exercising functions with, each other. See **Annexes A and B** for more details.
44. For example:

- NHS trusts and foundation trusts that want to collaborate will be able to use delegation to reinforce existing lead provider arrangements and other collaborative models – if they so choose.
 - Provider collaboratives may decide that they want to use s65Z6 joint committee arrangements to agree plans and carry out their cross-population delivery.
 - NHS providers may choose to replace their ‘committees-in-common’ arrangements to work together in joint committees at system or place level.
45. These powers also allow NHS England and ICBs to delegate their functions to statutory NHS providers. This kind of delegation is new, and its use should be carefully targeted to situations where there is a clear rationale for allowing individual (or groups of) statutory NHS providers to carry out certain NHS England or ICB commissioning functions – that is, where (and when) the organisations involved feel that this approach best serves their population needs, and best enables the system to meet its objectives.
 46. In some circumstances, an ICB may work with a provider or group of providers to take on commissioning-related functions for a type of service, while at the same time agreeing that the provider(s) will deliver some of the services themselves or will have discretion to decide to deliver some of the services themselves.
 47. In these cases, the ICB would need to have an agreement in place that sets out the terms of delegation, the scope for onward delegation, and also the terms under which the provider or groups of providers would deliver some of the services (or exercise discretion to deliver some services). This would need to comply with the provider selection rules to ensure provider(s) are selected to deliver services fairly and lawfully. All contracts for healthcare services should be awarded by following the new NHS provider selection regime (PSR) once this comes into force (and before that point, comply with current public procurement law), irrespective of whether any delegation of functions takes place.
 48. Section 65Z5 arrangements are voluntary, so organisations can choose whether and how to use them. As NHS providers have not had responsibility for specific commissioning functions before, it may take some time to establish a strong basis (capacity and capability) for such delegation. Systems will need to undertake substantial strategic planning and preparatory work to gain assurance that all parties are fully prepared, before delegating such functions.

49. When an ICB agrees to delegate certain function(s) to one or more NHS provider(s), it must set out the governance for the s65Z5 arrangement in advance, through a delegation agreement – which may form part of a contract for the relevant services with the provider. The s65Z5 arrangement must be reflected in:
- a) ICB and individual providers' governance documentation (eg their scheme of reservation and delegation, and functions and decisions map). This includes setting out governance arrangements where two or more NHS providers will jointly exercise any ICB-delegated function(s), and
 - b) the provider's service contracts, where the provider will also deliver aspects of the service for which it has delegated responsibility.
50. To build capability in the system as an interim step to delegation (or even as an end-point in itself), ICBs could award (or vary) a contract with an NHS provider or contracts with a number of NHS providers, either during the annual contracting round or in-year. In doing this, they could choose to give the provider or providers latitude to develop and delivery service models at their discretion, to meet outcomes or objectives specified by the ICB by a conferral of discretion.
51. The 2022 Act and the 2022 Regulations became law on 1 July 2022¹¹. Given this timing and the complexities of the new delegation arrangements, NHS England recommends that, generally, systems do not seek opportunities to make use of these new powers immediately (that is, within 2022/23). Rather, this may be something they consider doing as system working matures.
52. This expectation applies only to a formal delegation of ICB functions to NHS providers. It does not apply to existing models in which providers take on greater responsibility for designing services and sub-contracting with providers, such as the lead provider contracting models used by NHS-led mental health, learning disability and autism provider collaboratives. There also may be circumstances during 2022/23 where NHS England would seek to work with ICBs and providers to support and begin testing delegation arrangements to provide useful learning that will inform future iterations of statutory guidance or other support resources.

¹¹ Amended by: <https://www.legislation.gov.uk/uksi/2023/223/contents/made>

53. This recommended approach for 2022/23 does not affect any approaches already agreed around the delegation to ICBs of NHS England's primary care commissioning functions.
54. Further information on expectations relating to delegation to providers is set out in **Annex E and G**.

Arrangements involving local and combined authority functions

55. Under new s65Z5, relevant bodies (NHS England, ICBs, NHS trusts and foundation trusts) will be able to delegate to, or exercise their statutory functions jointly with, LAs and/or CAs.
56. However, as LAs and CAs are not relevant bodies, they cannot make arrangements under s65Z5 in respect of their own functions. If an LA or CA intends to jointly exercise health-related LA or CA functions with health bodies – eg commissioning or provision of sexual health service – it will need to do this using the powers in s75 of the 2006 Act and the associated partnership regulations¹².
57. Section 75 partnership arrangements are a longstanding and widely-used mechanism to support key integration initiatives such as the Better Care Fund. However, there are limits on the scope of the health (or health-related) functions that NHS organisations and local authorities can include in s75 partnership arrangements – see **Annex C** for further details. In addition, the s75 regulations impose a requirement that organisations must ensure that they can demonstrate this arrangement is *'likely to lead to an improvement in the way that those functions are exercised'*.
58. The new provisions under the 2022 Act, used in combination with current s75 partnerships arrangements with LAs, could consolidate arrangements for collaboration between NHS bodies and LAs. For example, for LA functions to effectively be part of an s65Z5 joint committee arrangement and for LAs to be part of decision-making requires an s75 partnership arrangement to be used, with:

¹² <https://www.legislation.gov.uk/uksi/2015/1940/made>

- the LA delegating its functions within the scope of the s75 regulations to an NHS body, via an s75 partnership arrangement
 - that NHS body then forming a joint committee with the LA (and potentially other relevant bodies) to exercise the function jointly.
59. If using the s65Z5 and s75 arrangements in this way, partner organisations must ensure the governance and oversight arrangements are clear – including demonstrating that the arrangements improve delivery of the function.
60. Section 65Z5 should not be used as a tool to circumvent the constraints in the section 75 partnership regulations, to jointly exercise functions that are currently excluded.

Annex A: Delegation and joint exercise

Different ways of delegating functions

61. There are three ways in which statutory bodies can delegate authority for making decisions about the exercise of their functions:

Internal organisational delegation

62. By default, overall responsibility for exercising most functions conferred on a statutory body usually rests with the board of that organisation. Some functions are conferred by legislation directly, for example, on a chief executive or remuneration committee, but this is the exception rather than the norm.
63. In accordance with the organisation's scheme of delegation, decision-making for functions not reserved to the board can be 'delegated' to committees and sub-committees of the organisation established by the board, or to individuals (board members or employees) – giving them the delegated authority to exercise their organisation's functions. For example, the Chief Finance Officer of NHS England has delegated authority to approve and sign certain contracts made by NHS England.

Delegation to other organisations

64. This situation is where one statutory body delegates responsibility for the exercise of any of its functions to another statutory body. The terms of this voluntary shift of responsibility are set out in a delegation agreement; which will need to be ratified by each organisation's decision-makers (usually their boards), and reflected in their individual governance arrangements. For example, in recent years NHS England has used an existing mechanism under earlier legislation to delegate the arranging of primary medical services to CCGs, and has carried this forward with ICBs, using the powers in s65Z5.
65. Lead commissioner arrangements are also a form of this (external) delegation – one or more organisations delegate a function to another organisation to carry out, usually together with the recipient organisation's own function. For example, a

group of ICBs may wish to delegate arranging ambulance services to one ICB on their collective behalf. This will still be possible under the new legislative provisions.

Exercising functions jointly with other organisations

66. Two or more organisations (that is, relevant bodies, LAs and CAs) can come together to make joint decisions about functions of one or more of the relevant bodies. Although each organisation continues to have accountability and responsibility for the exercise of its delegated functions, it shares that responsibility with others. Therefore, as for delegation, the terms of the arrangement need to be set out, ratified by boards and reflected in the individual organisations' governance arrangements. Joint working arrangements are often managed through the formation of a joint committee (see **Annex B**). The joint committee exercises the functions on the bodies' behalf, and any decision is owned jointly by the convening member organisations.
67. This collective responsibility can be either an end in itself (eg an ICB and an NHS provider running a joint patient engagement consultation exercise) or a step to a full external delegation of a function (eg NHS England and some CCGs jointly exercised primary medical care functions before CCGs assumed full delegated responsibility for those functions).

Responsibility, accountability and liability in delegation and joint exercise arrangements

68. Three related but distinct concepts should be considered separately in the context of delegation to other organisations or joint exercise of functions. For the purposes of this document, they can be defined as follows:
 - a) **Responsibility** – the obligation to carry out some or all aspects of a statutory function.
 - b) **Accountability** – the obligation to explain how functions are being carried out, either by the organisation on which the function was initially conferred by legislation or by another organisation under a delegation or joint working arrangement, along with the obligation to ensure that any deficiencies are being addressed.

- c) **Liability** – the obligation to bear the legal consequences that result from a failure to carry out tasks within an organisation’s area of responsibility, or a failure to carry them out properly.
69. **Accountability** typically concerns being subject to arrangements for political or administrative oversight, whether locally such as by local authority health overview and scrutiny committees or nationally such as by NHS England, the Department of Health and Social Care, the Health Service Ombudsman or the National Audit Office.
70. **Liability** is about responding to legal proceedings such as appeals or applications for judicial review. A party that is held liable must provide the remedy that is ordered by the court or tribunal. Disputes that could result in legal proceedings, but which are settled by the parties, are within the scope of liability for the purposes of this document.
71. When an organisation simply exercises its own functions, then responsibility, accountability and liability are all held by that organisation. When arrangements for delegation to other organisations or joint exercise of functions are made, some of these may shift to, or be shared with, other organisations within the arrangement. These implications should be thought through when making arrangements and accounted for within agreements between the parties.

Delegating responsibility to another organisation

72. Under the new s65Z5, relevant bodies will be able to delegate their statutory functions to other relevant bodies, and to LAs and/or CAs – that is, make arrangements for one or more other relevant bodies to exercise (carry out) that function.
73. This enables organisations to take on delegated responsibility (individually or collectively) for functions that are not directly conferred on them by statute – but with a clear line of accountability between the organisation(s) exercising the delegated function and the one delegating it.
74. Following approval by each organisation’s board (or nominated decision-maker) and any relevant changes to each organisation’s governance arrangements (eg their schemes of delegation or constitutions), carrying out the function then becomes the responsibility of the recipient organisation; and they will bear any

liabilities related to carrying out the functions. The ultimate accountability, including any potential liability for unlawful delegation for the function, remains with the delegating organisation.

75. The recipient organisation is operationally and legally responsible and liable for carrying out the function, for as long as both parties choose to sustain the agreement. It can take decisions about the exercise of the function without the day-to-day involvement of the delegating organisation – within the parameters set by legislation, statutory guidance and the terms of the delegation agreement.
76. For example:
 - a) An NHS organisation determines that the best option for arranging services for its population is to delegate authority for securing community services to one of its place-based committees that has LA members. This could be achieved by an internal delegation within the ICB – but equally could be an s75 partnership arrangement, or
 - b) NHS England and the ICBs agree that the ICBs should be responsible for NHS England's direct commissioning of PMS. Subject to any requirements in their delegation agreement, ICBs can take decisions without needing sign-off from NHS England to do so. Therefore, ICBs are responsible for arranging the delivery of PMS, but to fulfil its statutory accountability NHS England must ensure it has appropriate oversight of the ICBs' activity.

Delegation of NHS England functions to ICBs or NHS providers

77. From 1 July 2022, NHS England can choose to delegate any of its direct commissioning functions to and/or jointly exercise them with ICBs and other specified statutory bodies – following planning and engagement with the intended organisations.
78. NHS England will also be able to delegate its functions, including those related to arranging services, to NHS providers (NHS trusts and foundation trusts). As with ICB delegation, this will enable NHS providers to take on legal responsibility both for making the arrangements for and delivering services. If NHS England were to do so, the same conditions and considerations would apply as where ICBs decide to delegate to providers – including any contractual arrangements.

79. This new flexibility will allow the allocation of roles and responsibilities between NHS England and NHS providers to be flexibly applied giving NHS providers the scope to innovate and develop services to meet identified patient needs, and the formal responsibility for commissioning of services that is currently not permitted.
80. Table 1 of **Annex D** sets out a decision map for how NHS England might decide to delegate its functions.

Delegation of ICB functions to NHS providers

81. ICBs have the power to delegate their functions to NHS providers. Therefore, as ICBs take on a more strategic view of the overall health needs in their area, they will be able to give NHS providers the scope they need to innovate and integrate service delivery in a way that was not possible before.
82. In some circumstances, an ICB may also want a provider or group of providers to take on commissioning functions for a type of service, while at the same time agreeing that the provider will deliver some aspects of the services themselves or will have discretion to decide to deliver some of the services themselves.
83. For example, through a delegation arrangement, an ICB may decide that it wants to give a trust discretion to design and implement services in which it has particular expertise, such as a range of mental health services. In the case of those services the ICB would adopt mutually agreed arrangements or outcomes-based approach to service specifications, oversight and assurance. Other services under the contract could be specified in greater detail by the ICB and be subject to a greater degree of input-based specification and oversight.
84. If an ICB wants an NHS provider to deliver a service while also exercising delegated functions related to it, it will need to ensure it selects the provider(s) in line with the relevant procurement and contracting rules to ensure the provider(s) is selected to deliver services fairly and lawfully. The delegation of a function cannot be used to circumvent the rules for provider selection, and delegation is not an alternative to contracting for the provision of healthcare services. ICBs must follow the NHS provider selection regime rules for selecting providers once this comes into force (and before that point, comply with current public procurement law). They will also need to award contracts using the conditions and terms of the NHS Standard Contract or a primary care contract as required.

85. In these cases, the ICB would need to have an agreement in place that sets out both the terms of delegation and the terms under which the provider would deliver some of the services or exercise discretion to deliver some services.
86. Table 2 of **Annex D** maps out how an ICB might decide the best mechanism for collaborative working.
87. NHS England will work with ICBs and NHS providers to provide further support to develop details on how such arrangements could be implemented.

Delegation of NHS provider functions to other NHS providers

88. NHS providers (NHS trusts and foundation trusts) play a central role in collaborative working; for example, by working together in provider collaboratives, (whether to deliver clinical services or to deliver or purchase support functions), or by pooling monies with LAs to deliver prevention programmes or delayed transfer of care reduction programmes through s75 partnership arrangements.
89. In future, they will be able to work together and with ICBs, at both place and system level, in a way that was not possible previously. The new powers in s65Z5 give a statutory basis for collaborative working – offering NHS providers the scope they need to work together to innovate and integrate service delivery. These allow the establishment of a joint committee of NHS providers to manage the exercise of certain functions, or the formation of lead provider arrangements to exercise functions on behalf of other NHS providers. For example, a joint committee of NHS providers could provide a governance framework for the management of networked clinical services in support of the delivery of vulnerable services, or a group could choose to create a centre of excellence for procurement, hosted by one of the trusts which is given delegated powers to purchase goods and services on behalf of all.
90. There is no one-size fits all approach. NHS providers currently work together in a variety of other ways – for example provider collaboratives – including different mechanisms to form provider collaboratives and alliance agreements. So, it is important that organisations adopt the provider configuration that best delivers their system objectives.

91. Table 3 of **Annex D** sets out how an NHS provider might delegate its functions.

Annex B: Joint working arrangements

92. Under the new s65Z5, relevant bodies are able to **jointly exercise** their statutory functions with other relevant bodies, and with LAs and/or CAs – that is, make formal decisions collectively about functions in scope of their joint working arrangements.
93. The new s65Z6 also allows relevant bodies to do so in a joint committee arrangement, and to pool funds.
94. As LAs and CAs are not relevant bodies for the purposes of these new legal provisions, they cannot make arrangements under s65Z5 in respect of their own functions – s65Z5 is a means of involving LAs and CAs in the exercise of NHS functions. Any joint exercise of health-related LA or CA functions with health bodies will continue to be achieved using the powers in s75 of the 2006 Act and the associated partnership regulations (see **Annex C**).
95. Although LAs cannot use the new provisions to delegate to or jointly exercise their own functions with NHS bodies directly, they can use the powers in s65Z5 in combination with current s75 partnership arrangements to create joint working arrangements between NHS bodies and LAs. This would require the following steps:
 - a) The LA delegates its function within the scope of the s75 regulations to an NHS body, via an s75 partnership arrangement.
 - b) The NHS body then forms a joint committee with relevant bodies – including the LA – to jointly exercise the function.

Joint committees

96. A joint committee provides a statutory basis for a group of NHS organisations to take collective responsibility for one or more of their statutory functions – enabling joint decision-making and risk-sharing approaches (including to financial management), whilst creating more transparency and clarity of accountability

when organisations work together as systems. Organisations may also choose to pool funds across these functions, and manage the pooled spend through the joint committee. For example, ICBs and NHS providers may want to form a joint committee at place level to redesign a particular service, or to manage shared corporate services and the pooled fund that resources them.

97. Constituent organisations of a joint committee agree to abide by the decisions made jointly on a range of issues. These constituent organisations will determine the committee's scope of work and governance arrangements – including setting out criteria, standards, principles or success measures to which the committee operates; and deciding how and when they will review the committee's performance in respect of these.
98. NHS organisations convening joint committees will be able to determine the membership of committees – which organisations are represented and on what basis. Committees could include individuals who are not employees of the 'convening organisations'. For example, the joint committee could include a clinician who has expertise relevant to matters delegated to the committee but who is not an employee of any of the bodies participating in the joint committee. As with any internal committees of an ICB, a joint committee should ensure the appropriate management of conflicts of interest relating to any of its members.
99. As with any NHS statutory body, joint committees will therefore need to adopt clear governance arrangements for making decisions, differentiating between those individuals who should be involved in the final, formal decision-making and those who contribute to committee discussions about, for example, service design that lead to that decision. These arrangements, and their application in particular instances, should be clearly documented.

Committees-in-common (CIC) arrangements

100. Although CIC arrangements are already used in the NHS as a governance mechanism for collaboration between organisations, the detail of how these arrangements work can vary from one case to another. In essence, they create a framework for aligned decision-making – they are an arrangement that promotes consistent decisions about the exercise of functions by all participant organisations, though those decisions are separately taken.

101. To form a CIC, each organisation in the arrangement delegates its decision-making for a particular function to an internal committee of that organisation. The committees of each of the organisations may have common membership, either entirely or in part hence the name ‘committees in common’. Individual committees then make decisions for their organisations – essentially simultaneously and following arrangements that maximise the chances of aligned decision making between the different organisations.
102. This mechanism has been used to good effect in the past for CCGs. However, it has limitations – it is not the same as making one binding decision on behalf of all the organisations involved; and requires careful governance of the decision-making process to ensure that the decision of each organisation’s committee is in line with its internal governance processes.
103. It is also possible for both NHS trusts and foundation trusts to establish CIC arrangements. For NHS trusts, their schemes of reservation and delegation allow delegation of decision-making to internal committees consisting wholly or partly of their directors, or wholly of people who are not directors of the trust. This means they can easily include members from other NHS trusts and foundation trusts.
104. However, legislation governing NHS foundation trusts only allows them to delegate their authority to make decisions about their functions to a committee of their directors or an executive director. This means that CIC arrangements between NHS foundation trusts (or with NHS trusts) often require directors to be jointly appointed across the NHS providers concerned, to achieve the necessary membership.
105. CICs **do not provide a basis for delegating to other organisations** – for example, in lead commissioning/provider arrangements; or in joint exercise of functions, and the associated establishment and maintenance of pooled funds. However, such arrangements can be useful as a precursor to adopting joint committee arrangements and/or in creating a decision forum for provider collaboratives.

Pooled funds

106. The 2022 Act provides a new mechanism for pooling funds to support collaboration arrangements, through s65Z6.

107. A pooled fund is a budget comprising contributions from one or more organisations in a joint working arrangement, which can be spent on activity/expenditure relating to the organisations' joint responsibility for functions in scope of these arrangements.
108. The objective for pooling budgets is to apply resources more flexibly, improving services and outcomes for patients. This has been done in the NHS for a number of years – for example, the 2006 Act and previous legislation provides for the ability to pool budgets under an s75 partnership arrangement between NHS organisations and local authorities.
109. A pooled fund can be managed by one or more of the organisations, or by a joint committee (if they have established one for that purpose). Organisations in joint working arrangements that want to pool funds should ensure they specify what the pooled fund covers, who contributes to it and how decisions to spend it are made.
110. Where a pooled fund is created, there should be a written agreement covering matters including:
- the precise scope of functions to which the pooled fund relates
 - the agreed contributions of each organisation, along with arrangements for dealing with overspends and underspends
 - which organisation will host the pooled fund
 - how payments from the pooled fund can be authorised
 - reporting requirements to the organisations involved
 - provisions allowing for the arrangements to be discontinued in an orderly way if necessary.

Annex C: Section 75 partnership arrangements

111. Partnership arrangements made under s75 of the 2006 Act enable at least one NHS statutory body (CCGs/NHS England or NHS trusts/foundation trusts) and LAs to collaborate across a range of the LA health-related functions and NHS health functions as prescribed within the regulations. This includes creating a joint committee to manage the arrangement, and pooling funds to cover relevant expenditure. These arrangements should take into consideration the integrated care strategy which requires the integrated care partnership to consider the use of section 75 arrangements in preparing their strategy for their system.
112. Joint planning and commissioning of services enables the health and social care needs of the population to be taken into account simultaneously. Section 75 partnership arrangements allow health and social care commissioners to take decisions in a collaborative way and ensure that both parties implement the decisions taken. These arrangements help ensure that timely decisions are taken and avoid some of the bureaucracy that can be associated with other approaches.
113. Parties planning to enter into s75 arrangements must be able to demonstrate that the arrangements are likely to lead to an improvement in the way functions in the arrangement (both NHS and health-related LA) are exercised. In addition, the parties may only enter into the s75 arrangements if they have jointly consulted those 'who appear to them to be affected by the arrangements'. The requirement to consult does not apply to s75 arrangements entered into for the purposes of the Better Care Fund.
114. Section 75 partnership arrangements allow a range of ICB or NHS provider health functions to be exercised collaboratively with health-related LA functions. However, the following NHS services are excluded from s75 arrangements:
- surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments
 - s7A public health services
 - primary dental services

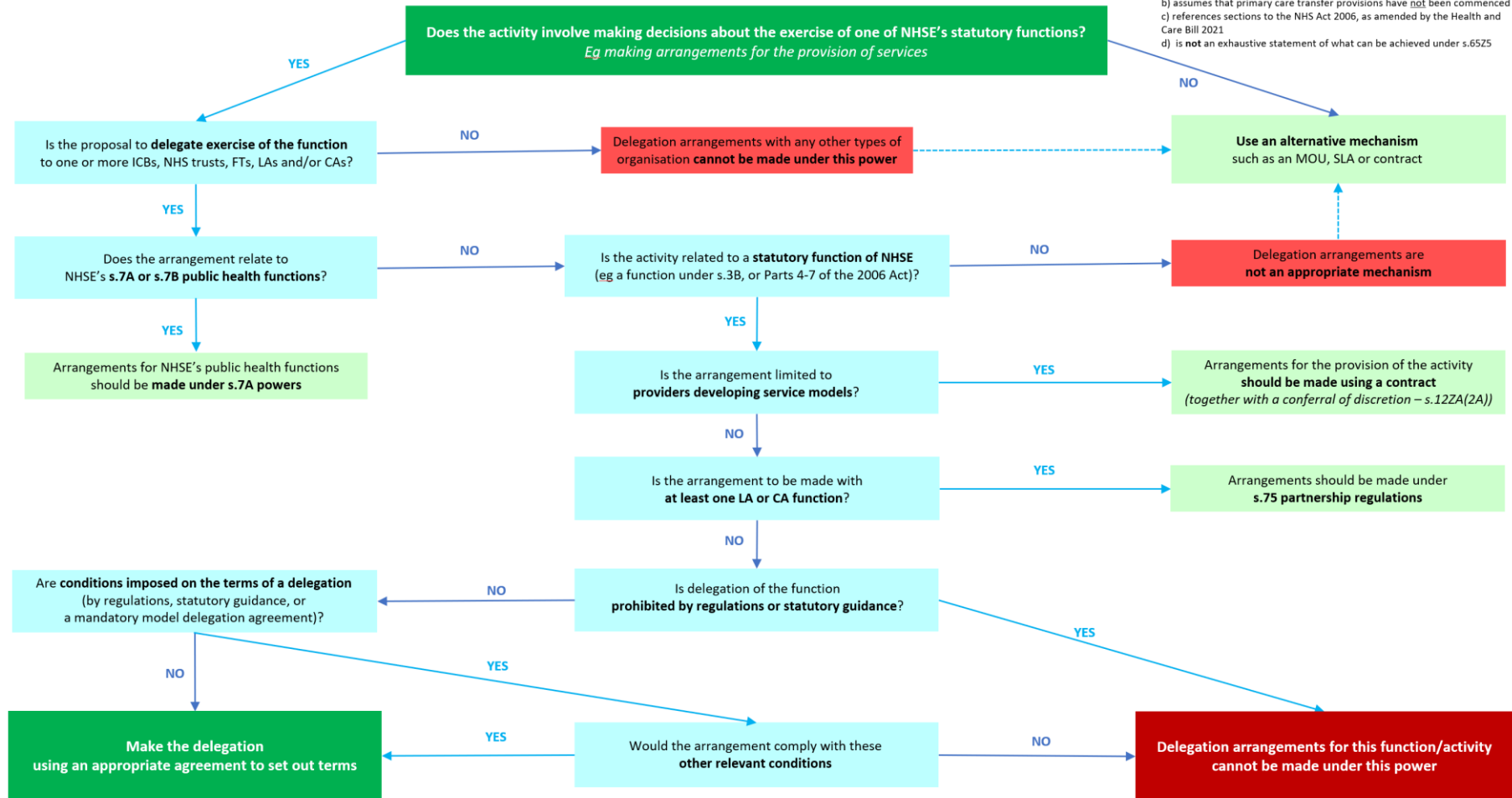
- pharmaceutical services
- primary ophthalmic services
- emergency ambulance services.

Governance of s75 arrangements

115. Many s75 arrangements tend to be lead commissioner or lead provider arrangements – although they can also support joint working.
116. Whatever the configuration, s75 arrangements should be documented in a written agreement that details the precise scope of the functions to be exercised; that is, by the lead organisation. Partners in the arrangement should seek regular assurance that each one has the appropriate capabilities and resources to carry out the function effectively. This may include providing regular reports and management information to the partners.
117. Section 75 arrangements allow for the creation of a pooled fund. If organisations decide that this is something they want to use they should use the guidance at paragraph 111 above to ensure proper governance and management of that fund.
118. Section 65Z5 should not be used as a tool to circumvent the constraints in the section 75 partnership regulations, to jointly exercise functions that are currently excluded.

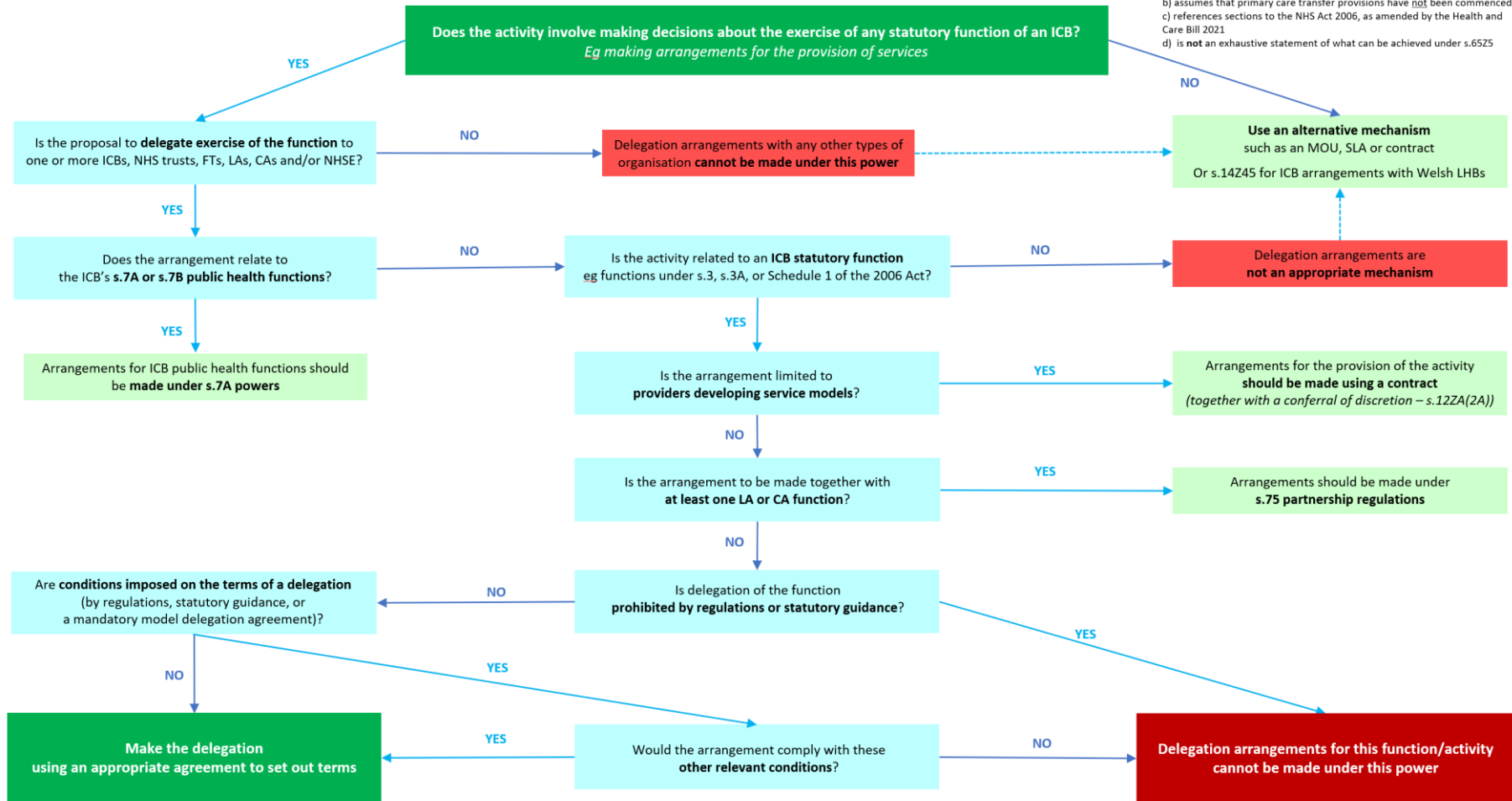
Annex D: Flowcharts for delegation arrangements

TABLE 1: NHSE functions – when to use delegation arrangements under s.65Z5



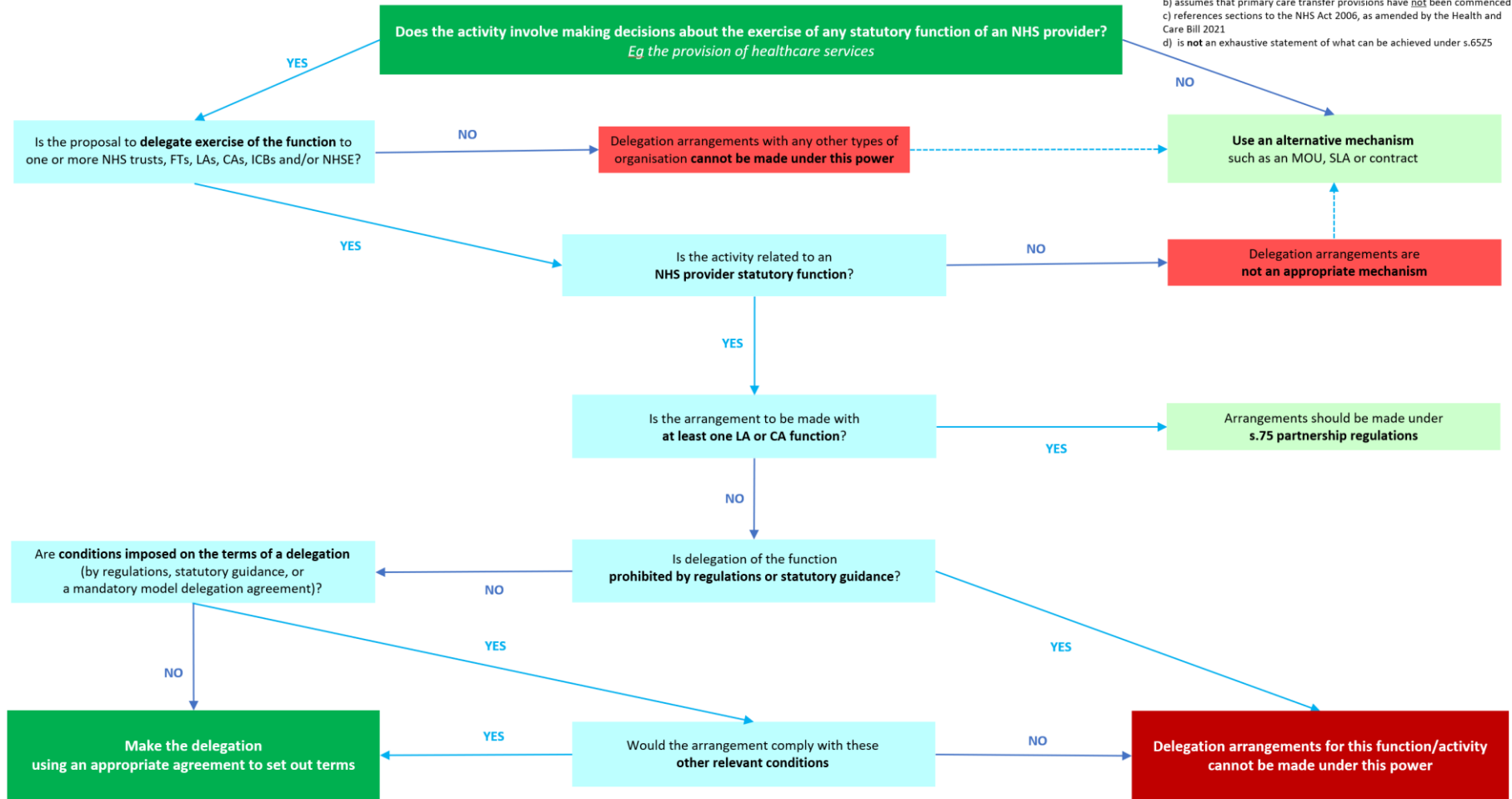
NOTE: This flow chart:
 a) should be used when NHSE wants another organisation to carry out activities that it would otherwise carry out itself
 b) assumes that primary care transfer provisions have not been commenced
 c) references sections to the NHS Act 2006, as amended by the Health and Care Bill 2021
 d) is not an exhaustive statement of what can be achieved under s.65Z5

TABLE 2: ICB functions – when to use delegation arrangements under s.65Z5



NOTE: This flow chart:
 a) should be used when an ICB wants another organisation to carry out activities that it would otherwise carry out itself
 b) assumes that primary care transfer provisions have not been commenced
 c) references sections to the NHS Act 2006, as amended by the Health and Care Bill 2021
 d) is not an exhaustive statement of what can be achieved under s.65Z5

TABLE 3: NHS provider functions – when to use delegation arrangements under s.65Z5



NOTE: This flow chart:
 a) should be used when a provider wants another organisation to carry out activities that it would otherwise carry out itself
 b) assumes that primary care transfer provisions have not been commenced
 c) references sections to the NHS Act 2006, as amended by the Health and Care Bill 2021
 d) is **not** an exhaustive statement of what can be achieved under s.65Z5

Annex E: Expectations on delegation and joint working

119. The powers in s65Z5 of the Health and Care Act 2022 (the '2022 Act') are generally permissive – conferring flexibility on organisations in making delegation and joint exercise arrangements.
120. However, there are some restrictions – the National Health Service (Joint Working and Delegation Arrangements) (England) (Amendment) Regulations 2023¹³ (the '2023 Regulations') list the functions that must not be delegated or jointly exercised under these powers. In addition, this annex and accompanying functions table to the statutory guidance set expectations where organisations are delegating or jointly exercising certain functions under these powers.
121. To preserve the ability for organisations to adopt delegation and joint exercise arrangements that suit their local system needs, the expectations in this guidance and 2023 regulations are minimal, and aim to support organisations to exercise their s65Z5 powers appropriately.
- 122. Relevant bodies must comply with the expectations set out in the 2023 Regulations and must have regard to the expectations in this statutory guidance when making arrangements using s.65Z5 powers.**
123. Should ICBs and/or NHS providers diverge from this guidance, NHS England may use its power of direction to intervene under section 14Z61 of the 2022 Act – on the basis that organisations are not acting in the best interests of the health service and therefore are not discharging their functions properly.

Rationale for imposing expectations

124. The functions in scope of s65Z5 arrangements fall into different categories. Certain types of function are not suitable for delegation or joint exercise arrangements; or where they are suitable, they might require expectations on how

¹³ <https://www.legislation.gov.uk/ukxi/2023/223/contents/made>

such arrangements should work – for example, in relation to their onward delegation.

125. The function types that are likely to be subject to exemption from, or conditional inclusion in, s65Z5 arrangements are as follows:

- **Regulatory, oversight and national co-ordination functions:**

For these functions, it would be contrary to the intention underlying the function to delegate it or jointly exercise it with other organisations; for example, NHS England’s function under new s14Z57 to performance assess ICBs should not be delegated to ICBs or NHS providers under any circumstances.

Alternatively, there are circumstances where the function requires consistency; for example, the prices set for prescription cost reimbursement – where the value of local variation is outweighed by the benefit of a consistent, national approach across the NHS; or under section 4 where NHS England has a duty to make arrangements for high-security psychiatric services, working closely with another national body or government department (in this case, the Ministry of Justice).

Some of these functions should not therefore be within the scope of s65Z5 arrangements.

- **Functions central to the corporate governance of individual organisations**

These functions assure the organisation’s leadership that it is functioning effectively, so must be retained if the organisation is to operate in its own right; for example, the requirement on each organisation to prepare consolidated annual accounts, or to have an audit committee.

Some of these are functions that are widely recognised as being essential to good governance and should not therefore be within the scope of s65Z5 arrangements.

- **Ancillary functions**

Functions in the 'ancillary' category are duties, in that the relevant body 'must' undertake them, but they are really requirements as to how the relevant body must exercise its substantive functions.

Ancillary duties may apply to all of an organisation's substantive functions or a subset of them. Examples of substantive functions of relevant bodies include their commissioning or regulatory functions, which require them to do something.

The wording of ancillary functions is generally 'in the exercise of their functions, relevant bodies must have regard to...' or 'relevant bodies must exercise their functions having regard to...'. For example, the duty to co-operate with other bodies in the exercise of their functions or to have regard to reducing health inequalities.

These functions will normally be open to delegation and joint exercise to the extent necessary for the exercise of the substantive function to which they relate (which the body may be exercising under a delegation agreement).

- **Commissioning functions**

These functions cover the arranging of services or payments in respect of services.

These will usually be open to delegation, but as some of the powers are very broad, such as 'to make arrangements for the provision of health services in England', there may be expectations stipulating that delegation must only be partial – that is, in specific circumstances or for particular services, such as making arrangements for low acuity mental health services or maternity services. The delegating organisation would retain the responsibility for making arrangements for the remaining services.

126. The 2023 Regulations sets out a list functions that are “globally” exempt from inclusion in s65Z5 arrangements – irrespective of specific circumstances, or the organisations delegating or receiving those functions.

127. The table of functions at **Annex F**¹⁴ to this statutory guidance (published separately) sets out any other expectations – either an exclusion or a requirement

¹⁴ [NHS England » Integrated Care Systems: Guidance](#)

around their exercise – for each NHS England, integrated care board and NHS provider function.

128. In addition to conditions that are imposed by the 2023 Regulations and the expectations set out in this guidance, organisations may choose to impose their own conditions on the delegated or joint exercise of their functions. For example, NHS England’s 2022/23 delegation agreement with ICBs excluded the onward delegation of any delegated primary care functions without prior consent from NHSE. This condition will extend to NHS England’s delegation of primary dental services, pharmaceutical services, primary ophthalmic services and specialised commissioning services once they are delegated from 1 April 2023.
129. Although this guidance does not currently impose conditions on functions where their delegation or joint exercise gives rise to inherent conflicts of interest that cannot be managed, individual organisations should consider carefully whether this is an issue in their specific circumstances and make appropriate arrangements for their management.
130. This situation is most likely to arise where the delegation or joint exercise of functions could compromise decisions that need to be made in the interests of patients. For example, ICBs’ duties to ensure patient choice and determine Continuing Healthcare eligibility; NHS England’s determination of ICBs’ eligibility for quality payments; and delegating to NHS providers the NHS England and ICB functions of arranging personal health budgets and decisions about individual funding requests. In these areas, NHS providers have legitimate interests relating to value and delivery, but NHS England and ICBs could determine that their duty to protect and promote patient interests are best promoted by reserving certain aspects of those functions.

Delegation from ICBs to NHS providers

131. Although the relevant sections of the 2022 Act have commenced, NHS England does not expect that it or ICBs will propose – or undertake – delegation of their functions to NHS providers during 2022/23. This is because the 2022 Act and the 2022 Regulations¹⁵ only come into force on 1 July 2022, meaning:

¹⁵ Amended by: <https://www.legislation.gov.uk/uksi/2023/223/contents/made>

- This statutory guidance from NHS England was not published until September 2022, which limits the time organisations have to interpret and understand it.
- There is likely to be insufficient time for preparatory work to satisfy ICB and NHS provider boards that delegation is the right option and transition plans are sound – as under any delegation arrangements, the ICB continues to be held to account for the way the function has been discharged.
- The 2022 Act allows partners to become members of ICBs committees, allowing confidence to be built before moving to more permanent arrangements.
- Section 75 partnership arrangements are unaffected by the 2022 Act, and may be extended.

132. **This expectation continues to apply during financial year 2023/24, only to a formal delegation of NHS England and ICB functions to NHS trusts and foundation trusts.** Organisations should refer to **Annex G** for further details on the extension of this hold. This expectation does not apply to existing models in which providers take on greater responsibility for designing services, such as the lead provider contracting models used by NHS-led mental health, learning disability and autism provider collaboratives.

133. NHS England does not believe that using these powers at this time is in the best interests of the health service, as there needs to be clear accountability when holding providers to account. Therefore, NHS England will undertake additional engagement with systems on delegation to providers throughout 2022/23, to see what delegation could take place in 2023/24 once ICBs and systems mature; and will issue further guidance on delegation to providers setting out future arrangements.

134. There may also be circumstances during 2022/23 where NHS England works with ICBs and providers to pilot some delegation arrangements, providing useful learning that will inform future iterations of statutory guidance and other supporting resources.

Guidance regarding NHS Continuing Healthcare and NHS-funded Nursing Care

135. ICBs assumed responsibility for NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care (FNC) from 1 July 2022. In exercising their functions under or by virtue of sections 3, 3A or 3B of the NHS Act 2006, insofar as they relate to NHS Continuing Healthcare and NHS-funded Nursing Care, a relevant body (in this case ICBs or NHS England in some limited circumstances¹⁶) must comply with the requirements set out in the [National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#), whilst having regard to the [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#). Relevant bodies should work jointly with local authorities insofar as is reasonably practicable.

136. NHS England, ICBs, NHS Trusts, and Foundation Trusts (the “relevant bodies” set out in the 2022 Act) **must** have regard to this guidance for Delegation and Joint Working Arrangements. The 2023 regulations coming into force on 10 April 2023 precludes ICBs and NHS England from delegating decisions as to whether or not an individual is eligible for CHC or FNC to any other body.¹⁷ It also precludes NHS England from delegating the function of arranging for the review¹⁸ of CHC eligibility decisions to any other body. The amendment does not apply to individuals who may have a primary health need arising from a rapidly deteriorating condition, who may be entering a terminal phase. For this cohort of individuals, there is a ‘Fast-Track’ pathway to determining eligibility for CHC.¹⁹

¹⁶ NHS England has such responsibility in respect of serving members of the armed forces and their families, and for prisoners and other detainees.

¹⁷ <https://www.legislation.gov.uk/ukxi/2023/223/contents/made>

¹⁸ The duty on NHS England to arrange for the review of CHC eligibility decisions is set out at Regulation 23 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.

¹⁹ Their eligibility for CHC is, in substance, determined by an appropriate clinician, in accordance with regulation 21(8) and (9) of the Standing Rules. That is because there is no discretion afforded to an ICB or NHSE in determining whether an individual on the Fast-Track pathway is eligible for CHC. Rather, they *must* find the individual eligible for CHC if an appropriate clinician has found such an individual to have a primary health need where the Fast Track Pathway Tool has been completed in accordance with regulation 21(8) of the Standing Rules.

137. This means that NHS England and ICBs **must** comply with these regulations and **must** not delegate their final decision-making functions on eligibility for CHC or FNC to any other organisation. ICBs and NHS England are able to delegate their assessment and commissioning functions, in relation to CHC and FNC to appropriate organisations set out in s65Z5 of the NHS Act 2006.

138. For further information on the process to assess for CHC and FNC eligibility, please see the [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#).

Table of functions

139. This table at **Annex F** (published separately) sets out all functions of NHS England, ICBs and NHS providers relevant to s65Z5 arrangements – and the expectations on their inclusion in such arrangements. For completeness, it also lists those functions excluded via the list in the 2023 Regulations.

140. Relevant bodies **should** pay particular attention to the functions table when considering potential delegation of a function or placing it in a joint working arrangement, to see whether this is permitted. If it is, relevant bodies **should** then see if any expectations have been placed on the delegation of that function, which they must take into account.

Annex G - Extension of the hold on the delegation of integrated care board (ICB) statutory functions to NHS trusts and foundation trusts into financial year 2023/24

Background

141. NHS England welcomes the development of more collaborative approaches that systems are adopting towards assessing population needs, service design, and commissioning, including greater flexibility and responsibility being given to providers for the delivery of system priorities, including through provider collaboratives.
142. The intention behind the Health and Care Act 2022 was to enable these and broader forms of collaborative arrangements. To this end, the Act introduced a range of new flexibilities and powers, including the ability for ICBs to delegate statutory functions to, or exercise them jointly with, NHS providers (ie NHS trusts and foundation trusts).
143. These powers under the Act supplemented the existing range of options available to the sector, including outcomes-based contracting and the lead-provider model.
144. In this guidance on joint working and delegation, issued in September 2022, NHS England recommended that generally, ICBs do not seek to make use of these new powers to delegate functions to NHS providers in financial year 2022/23.

Extension of the hold into 2023/24

145. NHS England has worked closely with systems to understand the opportunities and risks relating to formal delegation of responsibility for statutory functions to NHS providers. It has identified two significant areas where, if ICBs were to formally delegate core commissioning functions to NHS providers, the existing legal requirements relating to how services are commissioned would not immediately extend or apply to the NHS trust or foundation trust.
146. Broadly, these relate to requirements set out in regulations, concerning the application of the NHS Payment Scheme, use of the NHS Standard Contract, and patients' rights to choice of provider, waiting times and other rights enshrined in the NHS Constitution.
147. These concerns don't relate to the other forms of delegation enabled by the Act, including, but not limited to NHS England's delegation of its functions to ICBs or ICBs delegating to one another.
148. It is vital for patients that these standards are maintained and that NHS providers and systems have the appropriate legal safeguards in place.
149. As a result, NHS England recommends a continued hold on the formal delegation of ICB commissioning functions to NHS providers, pending resolution of these issues.
150. **The hold only applies to delegation of ICB statutory functions to NHS providers.** It does not apply to delegation from NHS England to ICBs (eg primary care commissioning functions), or ICBs delegating to one another.
151. Systems have told us that their use of formal delegation of statutory functions to NHS providers during 2023/24 will be limited. Engagement also suggests that many of the models/ways of working systems and trusts have been discussing can be supported through a combination of existing mechanisms (a list of which can be found in **Appendix 1 below**) and do not involve or require a formal delegation of ICB statutory functions to providers.

152. NHS England will continue to work closely with the small number of systems/providers who would like to explore formal ICB delegation of functions to providers, to develop mutual understanding of its potential benefits and to provide support where appropriate. As part of this, NHS England will publish tools and further guidance later in the year, to help providers and ICBs to understand key considerations around the potential use of delegation to providers.
153. If you have concerns about the continued hold impacting on your plans for 2023/24, or the longer term and wish to know more, please contact your regional teams.

Appendix 1 - existing mechanisms to enable more collaborative approaches to commissioning

Outcomes-based commissioning	Contract sets broad scope of what provider is expected to achieve, rather than the means of achievement.
Lead provider models	Single NHS trust or foundation trust takes on contractual responsibility for an agreed set of services, on behalf of a provider collaborative, and then subcontracts to other providers as required.
Conferral of discretions	Commissioning contract gives provider discretion in relation to the services provided under the contract; e.g. as to the allocation of resources between different services under the contract, and how those services are provided or subcontracted.
ICB committee or subcommittee including providers	An ICB board delegates exercise of certain ICB functions to one of its committees or sub-committees and appoints executives or nonexecutives from providers to membership of the committee or subcommittee exercising those functions. (Note – this must be in line with the ICB’s constitution and other governance arrangements, including in respect of conflicts of interest.)
Joint committees between ICBs and providers or solely between providers	A joint committee of an ICB and NHS trust(s)/foundation trust(s) could exercise functions those bodies have agreed to exercise jointly through the committee, allowing binding shared decisions. A joint committee solely of trusts and foundation trusts could similarly exercise trust functions which the trusts have agreed to exercise jointly, which may for example form part of lead provider or other contracting models.

These mechanisms are not mutually exclusive, and some can be used in combination.

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Meeting: Trust Board Meeting in Public

28 June 2023

Agenda item	Private Board Summary Report 31 May 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 31 May 2023.

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

- Standards of Behaviour and Conduct Report
- Buckinghamshire Healthcare Projects Limited Annual Business Plan
- Bed Business Case
- ICB Strategy
- Trust Asset Management
- MoU with Charity: Key worker accommodation
- Joint Charity working
- Maternity: Revised Governance Framework & Safety Report

Decision	The Board is requested to note the contents of the report.
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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	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