NHS
Buckinghamshire Healthcare
NHS Trust

Annual Report 2022/23

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Contents

Foreword from the Chair and Chief Executive ………….. 3

Performance Overview ……………………………………. 5
Purpose and activities ………………………………… 6
Strategy and objectives ……………………………….. 7
Performance appraisal ……………………………….. 11

Performance analysis …………………………………….. 57
How we measure performance …………………………. 58
Key issues and risks ………………………………… 58
Equality of service delivery …………………………….. 58
Sustainability ……………………………………………….. 62
Cyber security ………………………………………………. 63
Financial information …………………………………… 64

Accountability report ………………………………………… 67
Remuneration and staff report …………………………… 88
Directors' remuneration ………………………………………88
Salaries and allowance (subject to audit) ………………. 89

Financial statements ……………………………………….. 98

Appendices

Annual accounts for the year ended 31 March 2023 …… 100

Independent auditor's report …………………………… 154

Foreword from the Chair and 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 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 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 was 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 Report, we have outlined in more detail how we are seeking to transform healthcare through innovation as we work towards achieving our vision of delivering outstanding care from our hospitals and in people's homes, playing our part in

creating healthy communities across Buckinghamshire, and ensuring this Trust is a great place to work for all our colleagues.

David Highton, Chair
Dated:

Neil Macdonald, Chief Executive
Dated: 12/03/2024

Performance Overview

A patient receiving care in Florence Nightingale Hospice at Stoke Mandeville Hospital had a very special visitor – her beloved horse Passion.

According to Hayley: “The whole day was awesome, to see Passion walking toward me was unbelievable. I would like to say a huge thank you to everyone involved who made this happen, I didn’t believe it would be possible”

Liz Monaghan, Matron for Palliative and End of Life Care for the Trust said: “It was such an emotional day, many members of staff were in tears. There was something so touching about the tenderness shown by such a large and beautiful animal towards Hayley – it really did feel like Passion was saying goodbye. I feel very privileged to have been there to see it and extremely happy that the team could make this important moment happen for Hayley.”

Purpose and Activities

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated provider of acute hospital and community services for people living in Buckinghamshire as well as some people living across the borders in surrounding counties. We provide care to over half a million patients every year in our hospitals, community settings and in people's own homes. Our vision is to provide outstanding care, create healthy communities and make BHT a great place to work.

About the Trust

Our patients are at the heart of everything that we do, providing you with personal and compassionate care, every time. Our focus is on providing right care, right place, right time, first time and everything we do is aimed at delivering high-quality care when and where you need it.

We deliver this care in a range of ways; from community health services provided in people's homes or from one of our local bases, to hospitals at Stoke Mandeville, Wycombe, Amersham and Buckingham.

Our main hospitals

Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
Wycombe Hospital, Queen Alexandra Road, High Wycombe HP11 2TT

Our main community facilities

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

The Trust's headquarters are based at Stoke Mandeville Hospital.

We are also proud of the nationally recognised services that we provide. Stoke Mandeville Hospital is home to the internationally recognised National Spinal Injuries Centre; our stroke service is one of the best in the region and we are a regional centre for burn care, plastic surgery and dermatology.

We aren't complacent though and we continue to strive for success – building on our performance to improve our services for our patients and our community.

Details of the Trust's business model and environment, organisational structure, objectives and strategies can be found elsewhere within this Annual Report.

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

Our people and our culture

More than 6,000 people work for us. This includes clinical colleagues, such as doctors, nurses, midwives, health visitors, therapists, support workers and healthcare scientists, all supported by corporate and administrative colleagues. We are committed to ensuring that BHT embraces and celebrates diversity as we strive to tackle inequalities both within the workforce and in our local communities. We want all of our people to be listened to, safe and supported and are committed to ensuring that we have a culture that is inclusive and equitable.

All colleagues, whatever their role, are encouraged and expected to lead by example living by the Trust's CARE values of Collaborate, Aspire, Respect and Enable.

We **Collaborate** – working as a team

We **Aspire** – striving to be the best

We **Respect** – everyone, valuing each person as an individual

We **Enable** – people to take responsibility

Strategy and Objectives

Our vision is to deliver outstanding care, healthy communities and be a great place to work. Our mission is to provide personalised and compassionate care.

To deliver our vision and mission, we have three strategic priorities:

- Provide outstanding, best value care – care that is compassionate and inclusive and delivers the best possible outcomes in the most efficient way. People deserve nothing less.
- Take a leading role in our community, where we play our role in supporting people to live independent healthy lives at home.
- Ensure our people are listened to, safe and supported, creating a great place to work that is inclusive and compassionate. A workplace that learns and improves together and values the health and wellbeing of our colleagues because we know that happy, healthy people deliver the best care.

We want to be bold in how we deliver care to our patients. Over the next five years we will radically change the way we deliver healthcare and move away from the hospital being the first point of contact. Working with our partners, such as GPs, mental health services and social care, we will build and develop our community and primary care services so that patients can access health advice, support and care in their communities and closer to their homes.

We have set out our strategic framework and plans for how we intend to achieve our vision and during 2023/34 we will be focusing on six key objectives:

- Improving waiting times in our Emergency Department
- Improving safety
- Improving productivity
- Improving access and the effectiveness of our services for communities experiencing the poorest outcomes
- Improving the experience of our new starters
- Developing the operational and clinical management and leadership skills of those in key roles.

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

We also have ambitious transformation strategies for our estates and digital infrastructures (please see our website for further information). During 2022/23 we have made the following progress towards delivering these strategies.

Estates

In order to improve our estate so that our colleagues and patients have a better experience, we focused on the following initiatives during the year:

The Amersham Skin Centre is now open, which provides state of the art environments and procedure rooms for the treatment of dermatological and skin treatments. The facility is supplied with clean air via a net zero solution using heat pumps and modern building management systems supported by digital technology.

At Stoke Mandeville, the new Waddesdon Wing was completed in April 2023 which is now home to our obstetrics and gynaecology services as well as a digitised, state of the art, Children's Emergency Department.

Stoke Mandeville has transferred to a new high voltage electrical supply to guarantee the electrical infrastructure of the hospital. This three-year project, which was achieved in partnership with a number of organisations including Buckinghamshire Council, went live in January 2023.

The Wycombe site is progressing a new infrastructure project to take away the steam energy currently heating the site and producing hot water to its buildings. As part of the project a new energy centre is being built which houses hydrogen-ready combined heat and power pumps which are more environmentally friendly and energy efficient.

Digital

During 2022/23, we have delivered a number of digital transformation projects, many of which have focused on ensuring that our clinical teams have the data that they need to enable quick and accurate decision making to deliver safe and outstanding care. This includes the roll-out of Careflow – which are, in effect, digital whiteboards. Careflow enables clinicians and ward clerks to see in real time the most up-to-date information on patients in their care so they can decide the next steps in their health journey and support safe discharge.

In addition to giving colleagues access to up-to-date data on individual patients within their care, we have also upgraded our business intelligence systems so that clinicians and managers have an overview of what is going on across each site as well as at ward level. This enables them to understand if there are pressures in a particular service and also to have oversight of where we have empty beds and how many there are.

As well as supporting our colleagues, we have also been looking at ways to improve the patient experience by developing e-consent and a digital pre-operative surgical assessment tool. Further information on these initiatives can be found in the Performance Overview section of this Annual Report.

Continuous learning

The Trust is committed to continuous learning and has a three-year Quality Improvement (QI) Strategy to embed quality improvement across the organisation, with the key objectives set out below.

The Trust's improvement methodology is underpinned by the national '*Model for Improvement*' and *QSIR (Quality, Service, Improvement and Redesign)*. We also use other methodologies including *Lean* and *Appreciative Inquiry*.
A central team is in place to lead the implementation of the QI Strategy and support transformational change, with the aim to underpin all change with QI methodology.

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.

Governance

This year has also seen a change in the way that we are governed. Under the Health and Care Act 2022, from 1 July 2022 two core parts of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) became statutory bodies: an Integrated Care Board (ICB) which amongst others takes on the functions of the Clinical Commissioning Groups (dissolved on 30 June 2022) within the area; and an Integrated Care Partnership (ICP) which has responsibility for delivering a health and wellbeing strategy for the system together with local authorities and other key partners.

Partnerships

We work closely with the Buckinghamshire Place-based Partnership and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB).

Our partners in the Buckinghamshire Place-based Partnership include:

- Oxford Health NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Buckinghamshire Council
- FedBucks GP Federation

The Trust's strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to the Joint Local Health and Wellbeing strategy: Healthier, Happier Lives.

The Health and Wellbeing Board, which has developed the Healthier, Happier Lives strategy (https://buckinghamshire.moderngov.co.uk/documents/s19204/Health%20and%20Wellbeing%20Strategy.pdf), comprises of representatives from Buckinghamshire Council, the Trust, Oxford Health NHS Foundation Trust, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and voluntary and community sectors. Healthier, Happier Lives focuses on improvements throughout life so that residents start well, live well and age well. Together we are committed to improving health and social care in the long term and to reducing health inequalities for those living in areas with greater need and groups with poorer health.

Care Quality Commission

The Care Quality Commission (CQC) performed an unannounced inspection of our medical and surgical services in February 2022, followed by a well-led inspection in March. The results were published in July 2022, and we are pleased to report that the CQC have maintained our overall rating of ‘Good’, as well as ‘Outstanding’ for the ‘Caring’ domain.

The CQC identified several areas for improvement, some driven by known challenges in our estate, and reduced our rating for the ‘Safe’ domain to ‘Requires Improvement’. We acknowledge that coming out of such a tumultuous time, we have work to do to ensure the fundamentals of safe patient care are routinely in place and there is a lot of work underway by many towards this.

The CQC improved the Trust rating in the ‘Well-led’ domain to ‘Good’. This domain reflects the leadership and governance systems in place across the organisation and the progress that has been made in this area since the previous inspection in 2019. Of particular note, the report sites: “the Trust has an open culture where patients, their families and in general staff could raise concerns without fear”.

NHS England and Improvement

Following introduction in 2020, the NHS System Oversight Framework offered a new approach to providing focused assistance to organisations and systems. To provide an overview of the level and nature of support required and target support as effectively as possible, NHS England have allocated trusts and ICBs to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

For ICBs and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the integrated care board).

For trusts and ICBs in segment 3, NHS England regional teams will work collaboratively with them to undertake a diagnostic stocktake to identify the key drivers of the concerns that need to be resolved. Through this, NHS England aims to better understand support needs and agree improvement actions.

Those in segment 4 enter the new Recovery Support Programme. The Trust is currently in segment 3.

Performance Appraisal

This section provides a summary of the Trust’s performance during 2022/23. It includes updates on the five key drivers of the NHS System Oversight Framework (Report template – NHSI website (england.nhs.uk) which are grouped under the following themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Leadership and capability
- Finance and use of resources (update can be found in the Financial Statements section of this Annual Report)
- People

These drivers play a key part in helping the Trust achieve our vision of:

- Providing outstanding care
- Creating healthy communities
- Making Buckinghamshire Healthcare NHS Trust a great place to work

Details of how we measure our performance can be found in the Performance Analysis section.

OUTSTANDING CARE

Quality of Care, Access and Outcomes

During 2022/23 the Trust saw a significant increase in inpatient admissions with 63,188 compared to 55,708 in 2021/22 and an increase on pre-pandemic levels of 56,821 in 2019/20. 95.7% of these patients were discharged to their usual place of residence with the remainder going to an appropriate alternative residential setting or specialist care centre.

There were 96,562 referrals to our community teams in the year, an increase of 5.9% compared to 91,181 referrals in 2021/22. Our community teams had 614,842 contacts with patients during the year with our district nurses seeing making over 700 planned visits a day.

The operational performance of the Trust is measured against key constitutional targets and outcomes issued by NHS England.

These are:

- Emergency Department (also known as Accident & Emergency) wating time of four hours from arrival to admission/transfer/discharge
- Patients should not have to wait more than 18 weeks from being referred to treatment (RTT)
- All cancers – maximum 62 day wait for first treatment from referral
- Patients should not have to wait more than six weeks from referral for their diagnostic procedure

The sections below set out performance against the key regulatory standards where applicable with data from the beginning of April 2022 to the end of March 2023.

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 a significant 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 ambulances 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.

Outlined below are further examples of key initiatives that are already in place or being implemented during 2023/24:

Urgent Community Response

During 2023/24 we aim to increase the number of referrals to our Urgent Community Response (UCR) service. 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 ED. This could be due to a change in their clinical condition, an illness or a 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 Buckinghamshire Integrated 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 also 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.

The national UCR target is for 70% of urgent patients to be seen within two hours of referral. In 2022/3 the Trust exceeded this target seeing more than 80% of patients in a potentially 'crisis' situation within two hours.

Olympic Lodge

To ensure more beds were available in our main hospitals, we reopened Olympic Lodge in October 2022. A joint initiative with Buckinghamshire Council, Olympic Lodge is a specialist unit providing short term care for up to 32 patients assessed as fit enough to leave hospital but awaiting additional support arrangements. 316 patients have been admitted to Olympic Lodge between October and March 2023 – freeing up the equivalent of 14 wards in our acute hospitals. The unit closed at the end of May 2023 with plans to reopen in October 2023 to support winter pressures.

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 original national target was for there to be 50 ‘Hospital at Home’ beds per 100,000 population served which for Buckinghamshire equated to 276 beds. Based on the funding available, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board has agreed that there should be 160 beds open by the end of March 2024. The Trust currently has 52 beds open, with a target of delivering 160 beds by the end of 2023/24. The benefits to patients are that:

- They can receive hospital standard care (overseen by hospital teams) in their own home
- They 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

Referral to Treatment (RTT) in Elective Care

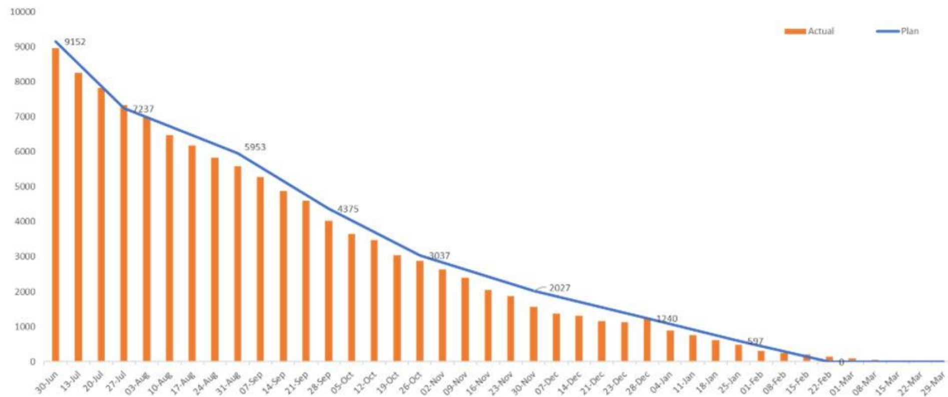
Elective (i.e., planned) activity in 2022/23 was at the same level as 2019/20 activity before the pandemic. After being referred by their GP, patients should not have to wait longer than 18 weeks for treatment. 59.2% of patients requiring a stay in hospital were seen within this time period during 2022/23 compared to 64.6% in 2021/22.

67.3% of patients, not requiring an admission to hospital, were seen within 18 weeks of referral during 2022/23 compared to 67.9% in 2021/22.

We are still dealing with the backlog caused by the COVID-19 pandemic as well as an increase in people coming forward for treatment. As a result, the total number of patients on our waiting lists increased from 35,901 in March 2022 to 41,267 by the end of March 2023. Our focus during the year has continued to be prioritising patients in most urgent need of treatment as well as those who have been waiting the longest, particularly those who have been waiting longer than 78 weeks.

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 both of these patients this was because of patient choice.

78 week waiters – 9,000 patients at risk of waiting 78 weeks in March 2023 to 2 patients actually waiting 78 weeks



We have also reduced the number of patients waiting over 52 weeks with 3,446 patients on the list at the end of March 2023 compared to 4,327 in March 2022. Efforts continue to reduce the waiting times for all patients aiming to eradicate waits of 65 weeks and above by the end of March 2024.

Outlined below of some of the actions the Trust is undertaking to further reduce waiting times.

Patient Initiated Follow-up (PIFU)

Traditionally, regular follow-up appointments are arranged within a specific time frame, e.g., every 6 or 12 months. There were 315,202 outpatient follow-ups undertaken during 2022/23 compared to 309,103 in 2019/20 – an increase of almost 2%. Some patients find these regular visits useful and reassuring but for others it can be frustrating or stressful coming to hospital if they don't feel they need to.

At the beginning of 2022, the Trust introduced Patient Initiated Follow-up (PIFU) for suitable patients. In practice this means the patient can arrange a follow-up with the clinical team looking after their care, when they feel they need it or if their symptoms get worse, within a given timeframe.

PIFU has benefits for both the patient and the Trust. It gives our patients more control over follow-up appointments, giving them access to support and guidance when they need it most, and for many people it means that they don't need to come to hospital as often. For the Trust, it means that there are fewer patients coming to hospital when they don't need to, freeing up appointments for those that do. It's also beneficial for the environment, reducing our carbon footprint by lowering the number of patients travelling to our hospitals unnecessarily.

We are currently managing 2% of our follow up appointments through the PIFU pathway, versus the 5% target set by NHS England, equating to c.5,000 patients. The National Spinal Injuries Centre, Ear Nose & Throat (ENT), Gastroenterology, Community Paediatrics and Pain Management services are actively using the PIFU pathway, and we are working with other specialities to be able to offer PIFU to a greater number of patients during 2023/24.

Surgery

The Trust is fully committed to reducing the length of time people are waiting for surgery. The number of patients who were at risk of waiting longer than 78 weeks was 8,962 in June 2022. Only 2 patients were actually waiting in excess of 78 weeks at the end of March 2023.

We have achieved this by innovating and changing the way we do things for the better. For example, we have also increased the number of operations we can safely carry out in one day.

We have also been looking at how we can use technology to improve efficiency. For example, we have digitised the pre-operative assessment process ('is a patient fit for surgery'). This captures the patient's medical history and enables the medical team to assess in advance whether they are fit for surgery or need to remain on the waiting list until they are avoiding last minute cancellations. The consent process has also been digitised which means that consent is now recorded electronically rather than on paper-based forms which is more efficient and accurate.

Community Paediatrics

One of the key pillars of the Health and Wellbeing strategy for Buckinghamshire is to ensure that all children have the best start in life.

The pandemic has increased the number of children requiring our support. It has had a profound impact not only on mental and emotional health but also on child development with schools and nurseries being closed and children missing out on key social interaction. We have also seen an increasing number of children being referred to the service after being diagnosed with conditions such as ADHD where a medication review is being required.

There is a national shortage of specialists in community paediatrics, particularly consultants. With our existing resource we can currently see, on average, 19 new patients a week when the demand is for up to 150 new referrals a month. As a result, at the end of March 2023, we had 244 children on our list who have been waiting up to 74 weeks to be seen.

The current waiting times are unacceptable at what is a key stage of a child's development. The service has developed a two-year plan to reduce waiting times and, at the same time, look for opportunities to review the best way of providing support to children and their families

In 2023/24 the priority is to recruit an additional 10 people to the community paediatric team. Given the national shortage of consultants, we have reviewed the way the service has delivered so that we have a range of professionals from psychologists to pharmacists as part of our multi-disciplinary team. This will enable us to see an additional 19 children a week – both new referrals and follow-up appointments – for neurodiagnostic assessments and medication reviews. By March 2024, we aim to reduce the waiting time to under 72 weeks.

The service will undertake reviews of all pathways for children to ensure the most benefit can be gained by the increased range of professionals available to support the journey of the child. The opportunity to use Patient Initiated Follow Up will be evaluated for families of the referral to treatment follow up list, to see if this can also be used to support developmental needs.

The establishment of the multi-disciplinary team will enable us to focus in 2024/25 on looking at how we can make further efficiencies and streamline the patient journey to further reduce waiting times and improve the experience for children, young people and their families. By the end of March 2025 our target is that no child will be waiting over 52 weeks.

Skin Centre

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

By bringing our dermatology and plastic services into a specialist skin centre, we will be 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.

Cancer

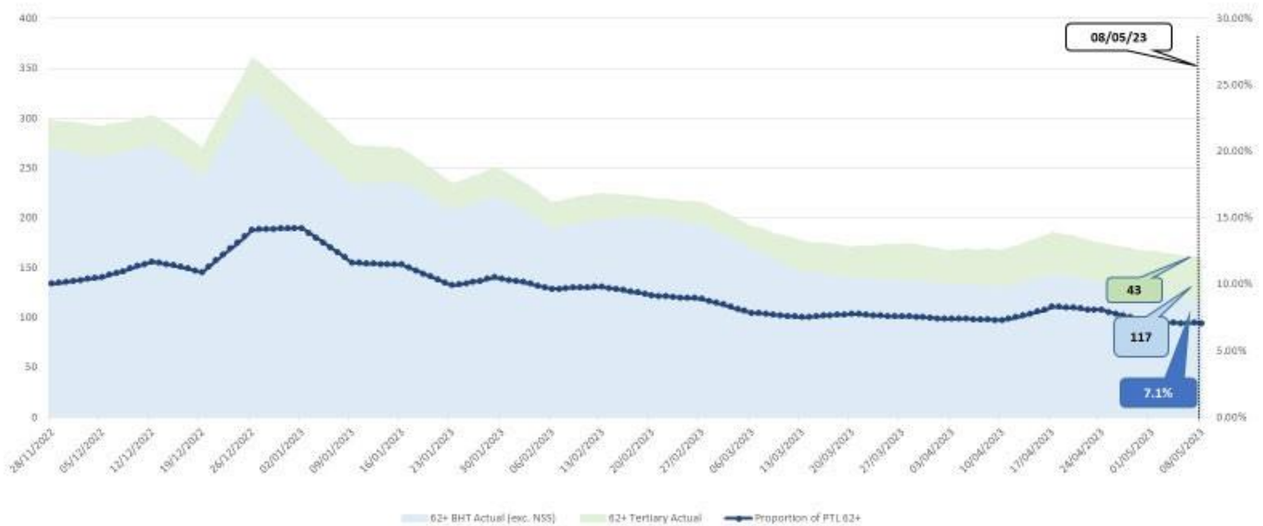
During 2022/23, we saw an 11% increase in the number of patients being referred compared to 2021/22 and 42% higher than pre-pandemic levels – this was anticipated as there was a big reduction in referrals during the pandemic.

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.

Diagnostic Tests

In March 2023, 45.79% of patients had their diagnostic procedure within 6 weeks, against a target of 95%. Demand increased throughout the year with a higher rate via the cancer and urgent referral pathway and we have continued to prioritise these patients. As a result, patients waiting for routine tests are waiting longer than they should.

Diagnostic activity levels have remained consistent since April 2021 with an average of around 11,000 patients seen each month. During 2022/23 we carried out 145,674 diagnostic tests or procedures, higher than the pre-pandemic levels of 142,690 in 2019/20. Referral rates continue to increase indicating additional capacity will be required in 2023/24,

particularly in radiology and endoscopy.

Endoscopy has introduced transnasal procedures which are quicker and less uncomfortable than a standard Oesophago Gastro Duodenoscopy (OGD), and therefore better tolerated by patients. This will also enable us to carry out an additional 180 procedures per month,

Our radiology team continues to work with local providers to provide additional CT and MRI capacity, with the aim of reducing waiting times to within 6 weeks by October 2023. We are working with clinical colleagues in services across the Trust, and specifically within ED, to ensure that all diagnostics undertaken add value to our patients' pathways to maximise available capacity to reduce waiting times.

Research and Innovation

Research

BHT's Research and Innovation (R&I) team recently ranked fourth for trial recruitment in England, according to National Institute for Health and Care Research (NIHR) data in December 2022. The team also ranked third in set up time, which means they are one of the most efficient hospital research departments in the Southeast of England.

The Research & Innovation team has increased the number of Buckinghamshire residents recruited to research trials from just under 3,400 people in 2021/22 to over 5,400 in 2022/23. People recruited by the Trust's team have taken part in important research and have contributed to 80 studies across 23 specialties. 33 new studies opened this year due to patient engagement and willingness to take part. These included the Harmonie study looking at how strongly babies can be protected from serious illness due to Respiratory Syncytial Virus (RSV) by giving them a single dose of antibodies. RSV affects approximately 90% of infants before their 2nd birthday and for most the effects will be mild cold like symptoms, but RSV is the leading cause of infant hospitalisations as it can lead to severe lung problems such as bronchiolitis and pneumonia.

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.

New Infusion Pumps

Thanks to the Cancer Care and Haematology Fund charity (CCHF), the Trust has purchased 65 new Plum 360 Infusion Pumps for use at Stoke Mandeville and Wycombe Hospitals.

Infusion pumps are complex machines used by nurses to deliver controlled amounts of anti-cancer chemicals very slowly into a patient's bloodstream during chemotherapy treatment. The new pumps are an innovative and progressive way to administer systemic anti-cancer treatments using new digital technology which is more comfortable for patients.

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.

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

Intellispace Critical Care & Anaesthesia (ICCA)

In July 2022 we launched Intellispace Critical Care & Anaesthesia (ICCA) in our intensive care units at both Stoke Mandeville and Wycombe Hospitals. ICCA is a digital application which enables charting, prescribing and clinical noting and is integrated with our existing patient administration, laboratory information and patient monitoring systems. This application replaces handwritten prescriptions, records of administrations and vital signs with a digital solution. It is an important step in our digital modernisation agenda and is anticipated to deliver significant benefits including more effective medicines management and auditability whilst releasing valuable staff time to care for patients.

Improving Patient Experience

Inpatient wards

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.

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 to extend their reach to 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 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 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 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.

Maternity

During 2022/23 4,577 babies have been born under the care of the Trust's maternity services - either at home, Aylesbury midwifery led unit or Stoke Mandeville labour ward.

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 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%

In March, antenatal and gynaecology outpatient services at Stoke Mandeville moved into a in a new purpose-built building, the Waddesdon Wing. The improvements to maternity and gynaecology facilities are part of a programme of building work taking place at the Trust to ensure that our hospital buildings and facilities offer the best healthcare environments for our patients care and colleagues.

Queen's Nurses

The title of Queen's Nurse is awarded to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

We are very proud that an additional five of our nurses were awarded this coveted title this year, bringing the total in Buckinghamshire to 37 with all five locality leads at the Trust holding the award.

Commenting on the achievement, Dr Crystal Oldman CBE, Chief Executive at the Queen's Nurses Institute, said: "I am absolutely thrilled to see the growing number of Queen's Nurses in Buckinghamshire Healthcare NHS Trust. Significantly, every locality lead in BHT now holds this title too. It is a mark of high-quality care and leadership, embracing innovation and supporting learning in each of these Queen's Nurses. This increasing number of Queen's Nurses in BHT also signals a provider organisation which supports this way of working and provides the environment and culture in which nurses can develop and flourish."

End of life

Our aim is to continue to improve our patients and families end of life experience across both inpatient and community settings and the following examples are evidence of the compassionate care and the collaborative working that our staff have achieved to meet this aim.

In April 2022, the Florence Nightingale Hospice at Home service expanded its service to help to facilitate discharges for patients in the last weeks of life to their home, this was in response to the difficulty in acquiring care in the community. To date the team have manged to facilitate 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 and all that had to be done at speed to ensure that the patient's preferred place of care could be met.

During the year, a new initiative was launched in the Florence Nightingale Hospice (FNH). 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 an 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 2023/24.

Creative arts

In December 2022, the Trust and Buckinghamshire Culture unveiled a new permanent art installation near the Emergency Department at Stoke Mandeville Hospital.

The two organisations, funded by Rothschild Foundation and Buckinghamshire Council, jointly commissioned artist Kerry Lemon, who presented the most successful pitch for a project that would use the creative arts to support wellbeing by working with people in a healthcare setting.

The artwork for the project was created through three workshops, led by Kerry and her mentee, BNU fine art student Ella Woodcock, where patients and colleagues from the National Spinal Injuries Centre (NSIC), Care of the Elderly and Children's wards were invited to create colourful works of art inspired by, and using materials from, surrounding trees in the local area.

Facelift for Emergency Department

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 cubical 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.

Improving outside spaces

The benefits of fresh air are well-known and we have been working hard to create attractive outdoor spaces for our inpatients that are well enough to be able to go outside and at our community sites.

This year, we were delighted to be able to unveil a new award-winning COVID Recovery Garden at our Brookside Clinic in Aylesbury. The garden was originally designed as a

submission for the RHS Tatton Park Show in July 2022, where it won the Silver-Gilt Medal, Best Construction and the People's Choice Awards. But, having been treated at Stoke Mandeville Hospital for Long-COVID, the garden's talented young designer Rachel Platt knew that she wanted to gift it to the Trust. Thanks to help from colleagues at Brookside Clinic and volunteers from RAF Halton the garden was moved from Tatton Park in early July 2022 and re-built in Aylesbury during August.

Not only does the garden provide a relaxing and welcoming space for patients and colleagues, but the garden is also being used as part of the personalised brain-injury rehabilitation programme run by our Community Head Injuries Service with some of their clients volunteering to help maintain the garden.

Thanks also to the Chiltern Rangers who have transformed the Stroke Unit Garden at Wycombe Hospital, providing a brilliant space for patients to use as part of their recovery and rehabilitation.

Volunteers

Volunteers continue to play an important role in the Trust. Our focus is on supporting the delivery of outstanding care to our patients, and we were delighted to increase number of active volunteers from c. 300 at end of March 2022 to c. 420 by March 2023. Of these, 80 are under the age of 26, due to our increasingly popular Young Volunteers' Programme.

Over the past year, we have continued to develop new roles for volunteers, including additional Meet and Greet roles, new ward-based roles, including in our ICU at Stoke Mandeville Hospital, and increased gardening roles across all our main sites to improve our environment. We have improved feedback and training opportunities for our volunteers, introducing a quarterly Volunteers' Forum.

The priorities of our Voluntary Services team for 2023/24 are to:

- continue to identify new areas in which volunteers can add value and enhance the experience of patients
- further increase the number of volunteers in the Trust and ensure that our volunteer team reflects the diversity of our communities
- find new ways to engage with and improve the experience of our volunteers.

Keeping Our Patients Safe

One of our key quality priorities 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.

In the 2022/23 annual NHS staff survey, the overall score relating to questions around the Trust's health and safety culture was 5.3 – an improvement on the 5.2 score for 2021/2 and slightly above the national average of 5.2%.

The Trust's electronic reporting system (Datix®) was upgraded during the year. 12,368 incidents were reported in 2022/23, an increase on the 11,898 incidents reported in 2021/22. High reporting of incidents, with the majority of no and low harm, is one indicator a good patient safety culture, and incident reporting is valued within the Trust as a way of identifying risks. All national patient safety alerts were completed on time

The Trust's Methicillin-resistant Staphylococcus Aureus (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 devices.

The Trust's national target for Clostridium difficile (C. difficile) for 2022/23 was set at 54 cases and we are pleased that the Trust exceeded this target by reporting 47 cases. 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.

There were 64 cases of E-coli in 2022/23 against a national expectation of 81 for our Trust. Work continues to reduce the number of cases in 2023/24.

Infection Prevention and Control (IPC)

Keeping our patients, and colleagues, safe remains our number one priority and it has been another challenging year for our IPC team who have not only had to deal with COVID-19, but a sharp rise in flu cases as well as seasonal norovirus. In May 2022, two infection prevention and control pathways were introduced: respiratory and non-respiratory to assist in managing the placement of patients across our sites. All colleagues and visitors are currently required to continue to wear surgical face masks at our healthcare settings (at the time of writing) and specialist Infection Prevention and Control (IPC) advice continues to play a critical role in how the Trust adapts to Living with COVID whilst also ensuring we stay prepared for any increase in cases. We marked World Hand Hygiene Day on 5 May 2022 which focused on public and patient engagement of hand hygiene this year, using the phrase "Don't 'Splash and Dash' when it comes to handwashing".

Summary Hospital-level Mortality Indicatory (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures.

The difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths for the Trust and is not a direct measure of quality of care. The expected number of deaths for each trust is not an actual count of patients but is a statistical construct which estimates the number of deaths that may be expected at a trust on the basis of average England figures and the characteristics of the patients treated there.

The SHMI value at the Trust is 0.95 against a target of 1.0 or below.

Blood Science Laboratories reaccredited by UKAS

We are pleased to announce that our Blood Sciences Laboratories (Haematology, Blood Transfusion, Biochemistry and Immunology) now have formal confirmation of UKAS accreditation. The Biomedical scientists and other laboratory colleagues have worked very hard over several years to align all processes with new International Organisation for Standardization (ISO) standards of quality.

The United Kingdom Accreditation Service (UKAS) is the sole national accreditation body for the United Kingdom and is recognised by the Government to assess organisations that provide conformity assessment services such as certification, testing, inspection, calibration, and verification against nationally and internationally agreed standards.

Critical Care Outreach Service

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 enabling a Trust-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) monitoring for vital signs. As part of a Quality Improvement project, three acute medical wards have been piloting NEWS trigger alerts which are sent to the

mobile phone of the nurse in charge. 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.

Sepsis remains a priority in the care of acutely ill patients. All patients admitted to the Emergency Department should undergo a sepsis screen and the Trust achieved its target of 75% of patients suspected of having sepsis receiving intravenous antibiotics within an hour.

Maternity

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 Southeast 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.

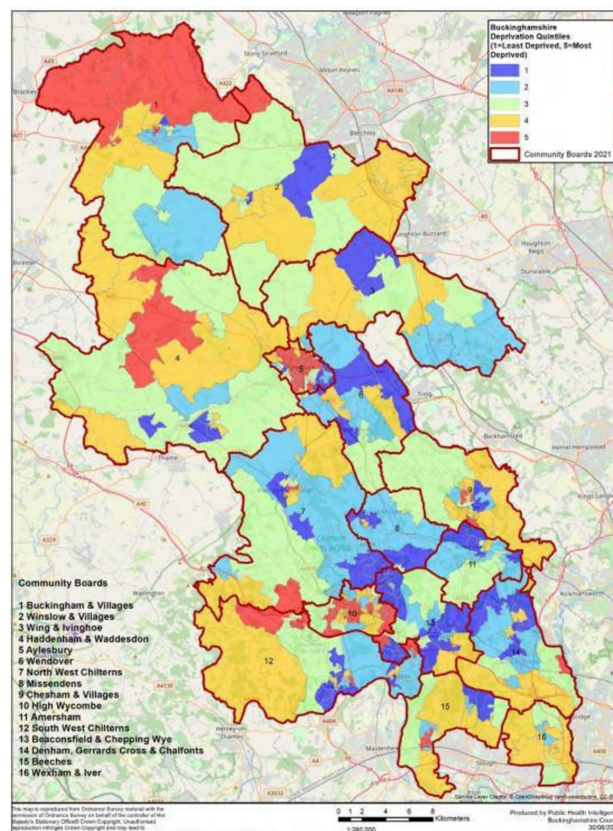
During 2023/24 we plan to achieve the ten safety actions of the national maternity incentive scheme and the national single delivery plan for maternity and neonatal services.

HEALTHY COMMUNITIES

Preventing Ill Health and Reducing Inequalities

The population of Buckinghamshire is predicted to grow to 635,000 by 2039 and whilst the number of people over the age of 65 will increase by 60,000, the working age population will only increase by 16,000. Whilst people are living longer, not all of those years are in good health. The average man is living to 82 years but only healthy to 69.6 years and the average woman is living to 85 years but only health to 70 years. 58% of people over the age of 60 have long term conditions and multi-morbidity i.e., living with several different long-term conditions is the new norm.

According to Public Health data, the poorest in Buckinghamshire have 60% higher prevalence of long-term conditions than the richest and with greater severity and are 59% more likely to die prematurely from cancer, 2.3 times more likely to die prematurely from cardio-vascular disease and 3.4 times more likely to die prematurely from respiratory disease.



In addition, in the more deprived areas of Buckinghamshire there is:

- Higher prevalence of low birthweight and infant mortality
- Lower levels of children developing well
- Higher levels of children in need and looked after children
- Lower uptake of health screening
- Higher emergency admissions for all causes

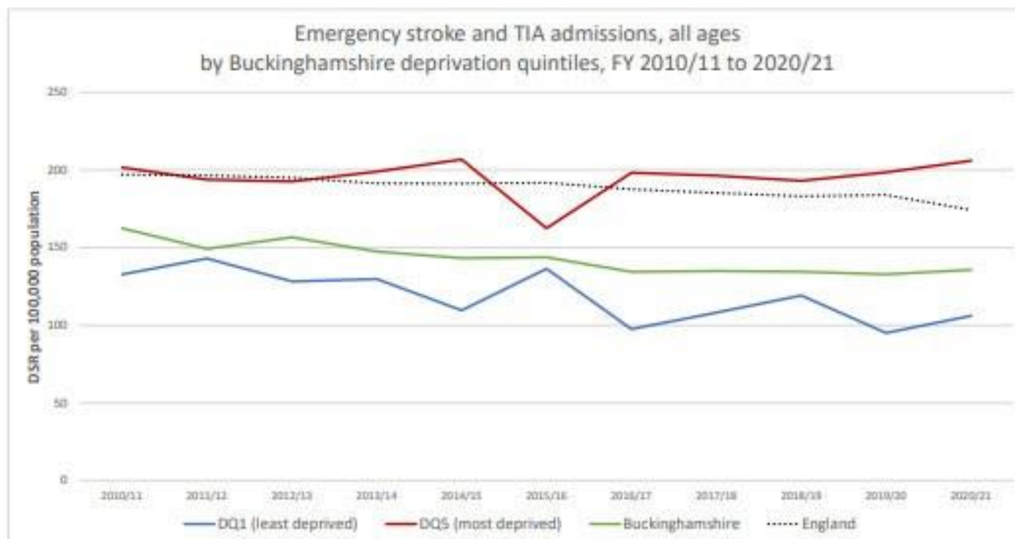


Figure 8: Emergency stroke and transient ischaemic attack admission rates for the most and least deprived quintiles in Buckinghamshire from 2010/11 to 2020/21.

In line with the Health and Wellbeing Strategy our strategic priority is to prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.

We know that good health is influenced by factors including lifestyle, genes, housing, income, employment, education as well as access to and quality of healthcare.

Working with our health and social care partners, we want to help the residents of Buckinghamshire to live well and stay well. As a Trust it is our responsibility to not only deliver outstanding healthcare which is accessible to all but also to play our part in health education and prevention and as a major employer in the county.

Helping Residents to Start Well, Live Well and Age Well

Vaccinations

In addition to providing vaccinations to its own colleagues, the Trust has been proud to continue offering COVID-19 and flu vaccinations to support the most vulnerable residents of Buckinghamshire – administering more than 2,500 vaccinations during 2022/23 to housebound patients, health and social care staff working in care homes, children and young people attending Special Education Needs (SEN) schools and inpatients in the Trust's hospitals

The Trust has been recognised nationally for the specialist vaccination clinics we have run including for those with a learning disability and or/autism (ASD). 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.

Post COVID-19 services

To help people to recover following COVID-19, and to prevent long-term health issues, we ran long-covid clinics in 2022/23. All patients referred to the service received a first consultation within 8 weeks with 85% of patients receiving a consultation within six weeks.

The 'LOLIPOP Study

The 'LOLIPOP' study was launched in January 2022 aiming to understand why some health conditions are more common in the South Asian community. As part of the research, the Trust is offering free health checks.

South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans. These differences are not explained by 'classic' risk factors, including insulin resistance and obesity, or known genetics factors.

Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to take part to provide information, undergo tests and give samples during a 90-minute assessment carried out by Wycombe Hospital's clinical research team. They will receive a report about their results and be referred to NHS care if the assessment identifies any concerns.

Since the research launched in January 2022, over 3,000 people have signed-up to take part, recruited from 60 different GP surgeries. Researchers will follow participants' health through NHS and other health–related records over the long term for 20 or more years to give a fuller picture of disease prevalence.

The research has already identified that 1 in 5 participants has a new high blood pressure reading, 1 in 3 a new high cholesterol level and 1 in 4 is diabetic.

The study – which aims to recruit 200,000 people over the next three years – is funded by the Wellcome Trust and overseen by Imperial College, the Medical Research Council and National Institute for Health Research.

Tobacco Dependency Advisors

There are nearly 8 million smokers in the UK costing the NHS £850 million per year to look after those admitted to hospitals, £1.1 billion per year in GP costs and £696 million per year in outpatient services. Treating tobacco addiction is the single most cost-effective lifesaving intervention provided by the NHS and costs a fraction of the amount it costs to administer statin therapy to patients with coronary artery disease.

The Trust has appointed two new Tobacco Dependency Advisers at Stoke Mandeville and Wycombe Hospitals, providing support and advice to help people who want to stop smoking. From January 2023 to March 2023 the advisors have supported 58 inpatients to try and stop smoking, with advice and in some cases replacement therapies and, of these, 43 asked for continued support once they had been discharged.

Smoking in pregnancy is the single most modifiable factor that can reduce preterm births and stillbirths (NHSE 2019). Smoking in pregnancy increases the risk of:

- miscarriage
- stillbirth
- premature birth
- a baby born smaller than it should be
- sudden infant death syndrome (cot death)

Women from deprived backgrounds are more likely to be smokers when they become pregnant. They are less likely to stop smoking during their pregnancy or after the birth of their baby (Royal College of Paediatrics and Child Health 2020).

Our target by the end of 2023/24 is that less than 5% of pregnant women are still smoking when they give birth. One of the ways we plan to achieve this is by providing immediate access to a smoking cessation advisor at midwife appointments.

Free blood pressure checks

During 'May Measure Month, the Trust offered free blood pressure checks at Wycombe Hospital. The NHS recommends that everyone aged 40 and over should get their blood pressure checked regularly to help prevent the risk of heart attacks and stroke.

The simple check just takes a few minutes. High blood pressure is a major preventable cause of death worldwide: if this hidden danger is picked up early, it can be treated successfully and life-threatening events such as stroke and heart attack prevented.

Spinal Muscular Atrophy

The Trust is taking part in the first pilot study of newborn screening for Spinal Muscular Atrophy (SMA) in the UK. SMA is a rare, but treatable, genetic disease affecting approximately 1 in 10,000 births, and it typically presents in infancy and early childhood. SMA is caused when part of the gene is found to be missing (deletions) or disrupted (mutations) and is not currently tested for in the newborn screening programme.

SMA progressively, and irreversibly, destroys the nerve cells in the brain and spinal cord, that control movement. SMA also leads to muscle weakness. The conditions can begin within the first 3 months of a child's life. In children with the most common and severe type of SMA, 95% of all motor neurons can be lost before the age of 6 months. Most children with this type of SMA, if untreated, will not survive beyond 2 years of age without permanent ventilator support. Many children who survive will not be able to sit or walk independently.

A challenging aspect of treating SMA is that the diagnosis is often only made once the child has serious clinical symptoms, such as movement problems, by which point many motor nerves will have been lost. There are now some new treatments for SMA that are being assessed by the National Institute for Health and Care Excellence (NICE). The treatments have been shown to benefit children with certain types of SMA who are treated at an early stage.

The newborn screening study aims to make it possible to detect SMA within days of birth allowing early identification, diagnosis and treatment at the earliest possible opportunity resulting in better outcomes. It is projected that during the course of the pilot, 70 babies a year could go on to lead healthier lives due to the early detection of the condition.

All babies born in the four NHS trusts within Thames Valley (Buckinghamshire Healthcare NHS Trust, Milton Keynes University Hospital, Oxford University Hospital and Royal Berkshire Foundation NHS Trust) are eligible to take part in this study. More than 1,400 families have taken part this year and the study will remain open until 2025.

Partnership Working

Opportunity Bucks

Buckinghamshire's response to the Levelling Up agenda, Opportunity Bucks, officially launched in early December 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, housing, health and the voluntary

sector, to focus on improving the lives and living conditions of the most vulnerable in our communities.

The Opportunity Bucks programme focuses on 10 wards in Buckinghamshire across 3 areas where people are experiencing the most hardship – Aylesbury, Chesham, and High Wycombe. The aim is to ensure the people living in these 10 wards can access the same level of opportunity that people in other parts of the county benefit from including a decent, warm home and good quality food, a feeling of being safe where they live and a quality job that pays enough money to support a good quality of life.

Onward Care

In partnership with Sodexo Health & Care, the Trust has started a six-month pilot for an innovative new service called Onward Care that that will support patients who live within a 30-mile radius of Stoke Mandeville Hospital. The aim of Onward Care is to support people who are at high risk of readmission to return home with confidence and help them to stay fit and well by providing a 12-week package of non-clinical support.

The Onward Care team works with patients to understand what's important to them and then identifies and liaises with appropriate charities, community, and support services to put together a personalised package of support during the 12 weeks and beyond. This could be anything from arranging to clean someone's home, to prevent a readmission if they have asthma or respiratory problems, organising food and other supplies or finding social activities to prevent loneliness.

As well as keeping in touch by telephone, and home visits when needed, the team can also help patients to stay well at home by using simple remote monitoring devices that measure things like number of steps and daily activity. With the patient's permission, sensors can also be fitted to fridges and kettles to give an indication as to whether they are keeping themselves hydrated and nourished. Sensors can also show which rooms are being used and will flag if there is no movement for a prolonged period meaning that the team can proactively call patients if it looks like their behaviour is changing.

Since the pilot was launched in December, 50 patients have been supported by the Onward Care team, 84% of whom have had no further unplanned readmissions. As an example, one patient with COPD who had six previous hospital admissions between September to December 2022, has had no further readmissions since being part of the Onward Care programme.

Buckinghamshire Health & Social Care Academy

The Buckinghamshire Health & Social Care Academy is a non-profit partnership organisation established by the Trust, Buckinghamshire New University, Buckinghamshire Council, University of Bedfordshire, Buckinghamshire Local Enterprise Partnership, Buckinghamshire College Group and the Buckinghamshire Primary Care Training Hub. The goal of the Academy is to optimise health and social care workforce education, training, and development by working in partnership to deliver the best possible care to the population of Buckinghamshire. For example, the Trust is working collaboratively with GP practices to provide pre-registration student nurses in Buckinghamshire a range of acute, community and

social care experiences as part of their training programme and we are sharing the Trust's library resources with GP Practices.

Health and Wellbeing Days for Older Residents

The Trust held its first older people's health and wellbeing day at Thame Community Hospital in October 2022. 35 people attended the event which set out to educate local residents about their health and wellbeing, as well as raise awareness of the local services available to support them. Available on the day were blood pressure monitoring, measurement of height and weight, continence, fitness and balance assessments as well as the chance to have their feet checked and massaged.

Also in attendance were representatives from partner organisations and charities such as Healthy Minds, Carers Bucks and Carers Oxford, Thame Hospital League of Friends and Age UK.

The health and wellbeing days are being rolled out to other community sites including an event which took place in Marlow in April 2023 and an event scheduled for Chalfont in June 2023.

Heart of Bucks

We know that certain communities are less likely to access our services, particularly preventative screening programmes that could identify cancer at an early stage. In November 2020, the Trust launched a new health initiative to improve cancer outcomes in partnership with Heart of Bucks (a community foundation which awards grants and loans to support essential local charities and community groups) and what was then the Buckinghamshire Clinical Commissioning Group. The programme has now been rebranded as the "Let's talk about Cancer Fund".

As a result of the programme, three bids for funding were accepted during 2022 with the following results to dates:

UCARE

UCARE is Urology Cancer Research and Education and promotes awareness of urological cancers – bladder, kidney, penile, prostate, testicular.

The group requested funding to develop a series of videos targeting individuals with learning disabilities and in particular their carers. They also used funds to develop specific leaflets co-designed with these groups to promote awareness along with bespoke videos for individuals with mental health issues. The self-help videos are available for free now on the organisation's website as an ongoing resource. 1500 individuals have been reached directly by the promotional team and more each day are accessing the content online. There has been positive feedback from carers, many of whom said that they hadn't considered cancer screening as relevant and said that the videos had improved their confidence in identifying symptoms which require further medical investigation.

Healthy Living Centre

The Healthy Living Centre (HLC) is a community hub based in Southcourt & Walton Court Aylesbury with outreach into Castlefield & Oakridge in Wycombe and Vale in Chesham. As such this single organisation reaches into the 5 most deprived wards in Buckinghamshire. They run cafes, drop-in centres and a nursery and their aim is to reduce health inequalities.

Funding by Heart of Bucks has helped HLC to promote nationally run cancer awareness weeks, such as cervical, lung, prostate, breast and bowel cancer, as well as promoting the importance of regular basic health measures such as blood pressure checks.

Chiltern Prostate Cancer Group

This group promotes awareness and supports individuals affected by prostate cancer either those with the disease or their carers.

Funding was provided to run two events promoting free PSA testing to communities based in Chesham and a second targeting BAME groups in Wycombe. 318 men attended and underwent testing. Of these 27 had results in the ‘red’ range, prompting a fast-track cancer referral. These men were asymptomatic and would not have been picked up without such testing.

A further grant has been awarded to enable the Chiltern Prostate Group to run further events during 2023/4, particularly targeted at men from the Afro-Caribbean population who are at much higher risk.

Homeless clinics

Social, economic environment and physical environment are major drivers of ill health and one factor determining this can be having a home. People become homeless for a variety of reasons; however, homelessness can have a major impact on health, with the average age of death for people experiencing homelessness as 45 for men and 43 for women (Crisis UK, 2022).

Whilst a proof of address is not required to register with a GP, a lack of a fixed abode can be a potential barrier. This, alongside a general distrust of authority figures and service providers due to fear of victimisation, may result in the homeless not seeking medical help.

To try and combat this, the Trust has been collaborating with the Aylesbury Homeless Action Group (AHAG) and Wycombe Homeless Connection (WHC) to provide a routine outpatient service for their clients. Clinics have been running alternatively at Wycombe and Stoke Mandeville Hospitals on a monthly basis since May 2022.

People attending the clinics have presented with medical concerns ranging from issues arising from their current lifestyle (smoking, excess alcohol consumption, skin conditions) to lack of access to long term required medication.

With the support of partners Medirest and Sodexo, each patient attending the clinic has been given a free hot meal and drink. The local Aylesbury Women’s Institute has also provided knitted hats and scarves for each attendee.

Buckinghamshire Healthcare
NHS Trust

Patient Feedback

Movers and Shakers events

Wycombe Multicultural Organisation (WMO) is a community charity that provides support and services that will improve the educational, economic, social, physical and spiritual wellbeing of the c. 6,000 people in High Wycombe and the surrounding areas from African Caribbean heritage backgrounds. During the summer, WMO organised a series of 'Movers and Shakers' events to help attendees understand how to prevent healthcare issues and how to recognise if they needed to go and see a healthcare professional. The Trust provided clinical experts to go and speak to the group covering topic including memory clinics, diabetic retinopathy/ophthalmology, urine infections and how to keep your heart healthy.

Chairman of the WMCO, Brian Lewis, said: "We wanted to organise a 6-week gathering for our senior citizens to test if there was a demand for it and were pleasantly surprised at the fantastic turnout. Each week we arranged for a discussion on common health issues affecting our senior citizens followed by a fitness programme and then finally a traditional Caribbean lunch. The feedback was very positive with 100% rating the health discussions as excellent, useful and insightful."

Employment Opportunities

Encouraging young people with Special Education Needs and Disabilities (SEND)

When the Trust was approached by Buckinghamshire Skills Hub to inspire young people with special educational needs and disabilities (SEND) about local careers, we enlisted the help of Emily Wakefield, our Therapy Lead for Discharge to Assess (D2A).

Emily, who is herself neurodivergent, diagnosed with combined ADHD and sensory hypersensitivity, generously shared her insight in a short film which was produced to mark Disability History Month. Not only does Emily send out an inspiring message to young

people: she has helped the Trust demonstrate best practice as an employer and also reveals very practical ways in which colleagues can support each other.

Working with schools and colleges

Our new Schools Engagement Team was formed in December 2022. Its aim is to inspire the next generation of our BHT family through our Bright Futures @BHT programme: helping the Trust create healthy communities through promoting local employment opportunities and showcasing us as a great place to work.

This is the first time the Trust has had a dedicated point-of-contact for school and college careers leaders and teachers and young people needing support with their next steps.

The team identified three key priorities:

1. **Relaunch and expand work experience opportunities across the Trust**

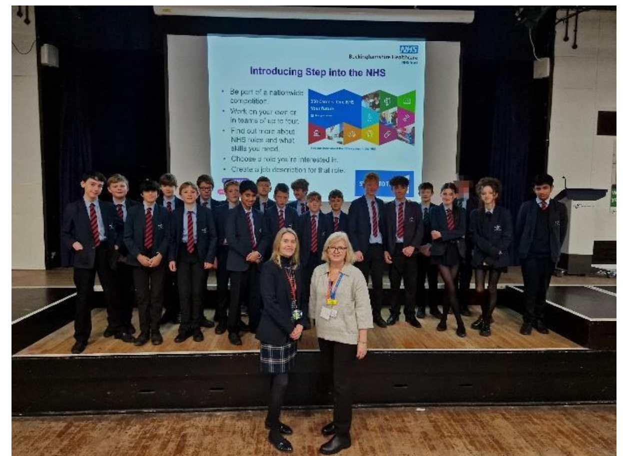
- Developed an easy-to-access online application process offering two-day experiences to 16-18 year olds living in our local community.
- Produced a new guide for colleagues hosting work experience, a new student guide to work experience at BHT and a pre-placement virtual induction.
- Ran a pilot over February half-term to test the new programme.
- From January to end of March 2023 the team received 134 applications across 15 clinical and non-clinical areas.

2. **Develop outreach activities with local schools and colleges**

- Identified Careers Leaders in all secondary schools across the local authority.
- Took part in the Buckinghamshire Skills Hub National Apprenticeship Week webinar streamed on 7 February to 96 participants.
- Created a network of BHT Careers Ambassadors to support events: 79 registered on the dedicated MS Teams channel.
- Showcased BHT at the Bucks Skills Show during National Careers Week on 7 and 8 March attended by 4,700 school students from 30 schools plus over 500 additional career/job seekers.
- Participated in 16 careers outreach events in local schools and colleges, ranging from a Year 7 Careers Detectives activity to launching the Step into the NHS competition.

3. Develop in-house careers events and resources

- Created an overview of apprenticeship pathways at BHT and in the NHS.
- Created an ‘Understanding the healthcare sector in Buckinghamshire’ resource to make labour market information accessible to young people.
- Planned a series of ‘Discover careers in …’ after-school events in the post-graduate centre spotlighting different professions across BHT.
- Further developed the Trust’s careers webpage [BrigHT Futures @BHT - Welcome to Buckinghamshire Healthcare (buckshealthcare.nhs.uk)]



GREAT PLACE TO WORK

People, Leadership and Capability

NHS People Promise

During what has been another extremely challenging year, we have maintained our priority focus on looking after our people. Our colleagues are our greatest asset and without a motivated and healthy workforce we cannot deliver the outstanding care we aspire to provide.

Our leaders have a key role to play in ensuring our colleagues are engaged and motivated and we are very pleased that in the latest CQC inspection the Trust's rating for 'Well-led' improved from 'Requires Improvement' to 'Good'". In the latest annual NHS staff survey, all questions relating to our Line Managers have improved, some by as much as 4%, with a number of Trust scores in this area now being the highest they have been for 5 years. This contributed an overall score of 7.0 compared to 6.7 the previous year.

Our guiding principles are to ensure that we deliver on every aspect of the NHS People Promise. **This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.** The themes and words that make up the NHS People Promise have come from those who work in the NHS. People in different healthcare roles and organisations have made it clear what matters most to them, and what would make the greatest difference in improving their experience in the workplace.

In 2022, the Trust was delighted to become one of 23 national People Promise Exemplar sites which has provided a unique opportunity to accelerate improvements for our colleagues. We are working with NHS England to bring to life the People Promise with a significant focus on staff retention as this is a key measure in determining whether we are being successful.

The Trust target for turnover is 12%. The turnover rate declined in year, and was 12.5% in March 2023, which is the lowest rate since March 2022 when it was 14.8%.

The highest proportion of leavers (37.9%) had less than one year's service. During 2023/24 we will be focusing on improving the first-year experience of our colleagues, as well as the continuation of our Trust wide People Promise Exemplar retention programme.

At the start of the People Promise programme, it was unforeseen that we would be affected nationally by the cost of living crisis. We recognise that nationally there is a correlation between pay and people's decision to leave. To mitigate this, we have implemented a number of initiatives to lessen the impact of the cost of living crisis for our colleagues:

- Cost of Living listening events open to all colleagues
- Cost of Living brochure sent to all colleagues to their home address

- Dedicated Cost of Living page on the Trust's intranet
- Financial wellbeing personalised online assessment (created by Affinity Health) with signposting to appropriate support
- Financial webinars – to support all colleagues with financial wellbeing
- The launch of a lift sharing app – KINTO Join
- Subsidised £1 meals for colleagues at our three largest sites
- BHT Emergency Domestic Support Fund supported by the Trust's charitable fund to provide one-off payments of up to £500 in the case of a domestic emergency such as a washing machine that needs replacing
- Free sanitary products supplied in departments
- Collaboration with Citizens Advice Bucks to offer Money Matters sessions

In this section, please find an update on our progress during the year against each element of the People Promise.

We are compassionate and inclusive

We are meeting our annual Public Sector Equality Duty (PSED) obligations for our colleagues, alongside an overview of our Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) plans.

In 2020, the Trust committed to two key objectives to progress racial equality:

- The ethnic make-up of our Board and senior leaders will be 24% from Ethnic Minorities, reflecting that of our workforce by 2022
- Our recruitment processes will be fair, with equal outcomes for Ethnic Minority colleagues and white applicants by the end of 2021

Both commitments have now been achieved. 28.6% of colleagues in senior roles are from a Black Minority Ethnic (BME) background and 42.9% of senior managers are women.

Continuous improvements have been made in relation to equal outcomes from recruitment processes for the fifth consecutive year. Our workforce ethnicity profile data demonstrates that we have more colleagues from ethnic minorities in Bands 8a and above this year compared to last year – 19.4% versus 18.4%.

Both our rate of disclosure and the recruitment ratio for disabled vs non-disabled applicants improved this year. Declaration rates improved from 2.8% in 2021 to 3.8% in 2022 with an improvement in the recruitment ration from 1.27 to 1.11 over the same period.

According to the latest staff survey, the proportion of colleagues who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age was 63.4% for white colleagues, 50.5% for those from a BME background and 56.6% for colleagues with a long-term health condition or illness.

Whilst we have made good progress we recognise that we still have a long way to go and have introduced a number of initiatives this year to ensure BHT is a great place to work for all our colleagues

Allyship Development Programme

The Trust received national funding in 2022 to implement an allyship development programme across the organisation, which was launched in July. The Allyship Development Programme is a 4-week immersive learning experience aimed at providing senior leaders

with a better understanding of the lived experiences and needs of colleagues from marginalized groups. The programme supports leaders to use this knowledge to actively challenge exclusion, advocated for colleagues and lead on the creation of inclusive practices within their areas to improve equalities for our colleagues and our patients. Since its launch, 96 senior managers have completed the programme with further sessions planned in 2023/24.

Reciprocal Mentoring

In addition to the Allyship Development Programme, the Trust also launched a Reciprocal Mentoring scheme during 2022/23 in which senior managers are partnered with a more junior colleague from an under-represented group. For our senior managers this is another opportunity to gain greater insight into the lived experience and development needs of their colleagues and for our junior colleagues, this is an opportunity to be coached and mentored by a member of the leadership team.

Staff networks

We now have nine staff networks for our colleagues, and these have continued to meet virtually with regular meetings for allies and members:

- BHT EMBRACE (ethnic minority colleagues)
- BHT Disability (colleagues with long-term health conditions or disability)
- BHT Belonging (LGBTQ+ colleagues)
- BHT VIBES (a multi-faith and spiritual network)
- BHT Carers (colleagues with carer responsibilities)
- KALINGA Filipino Healthcare Professional Organisation Bucks
- BHT One in Four (supporting colleagues to talk about mental health)
- BHT Women's Network
- BHT Armed Forces Network was launched in March 2023

The networks continue to provide a voice for colleagues and help the Trust to co-design inclusion transformation projects. All networks have a member of the Trust's Executive Committee as a sponsor to act as a network champion and ally and be the voice at Board and other senior meetings. The executive sponsor coaches and mentors the network chair and supports their network with shaping its objectives, increasing membership and raising awareness across the Trust.

Promoting inclusion and diversity

During the 2022/23 The Trust held a number of events to promote inclusion and diversity in the Trust. These have included:

- **Pride Month –** a series of events including a Pride party, rainbow lights at Trust sites and the raising of the new progress flag at Stoke Mandeville Hospital in recognition of the growing LGBTQ+ community.
- **Black History Month** – throughout October we celebrated Black History Month 2022. Activities included salsa sessions to celebrate Cuban National Day of Culture, webinars and a workshop on the impact of systemic racism with an intersectional lens by the NHS England Southeast Black, Asian and Minority Ethnicities network.

- **Diwali Celebrations** – the Embrace Network organised a drop-in Diwali celebration in October 2022 at Stoke Mandeville and Wycombe Hospitals to celebrate and raise awareness for the Festival of Lights celebrated by Hindus globally.
- **1st Filipino Convention and Regional Summit –** in November 2022, the Kalinga Network organised a conference to celebrate Filipino culture and recognise achievements in healthcare.
- **I r o l Wom ’s D y** – the Trust celebrated International Women’s Day (IWD) in March 2023 with communications featuring inspirational colleagues who ‘Embrace Equity’ (the national theme for IWD2023). A series of virtual events were held, including a talk from Amanda Pritchard, NHS Chief Executive, to celebrate and highlight the work underway to progress gender equality and make a positive difference for women working in health and care.
- **Living Library** – to promote understanding of colleagues living with a difference of some kind, Library Services held an event which provided an opportunity to borrow a ‘human book’ with colleagues hearing first hand of the experiences of their peers.

Supporting colleagues with a disability

Whilst less than 5% of our colleagues have formally declared that they have a disability, we know that the figure is much higher and are encouraging colleagues to come forward so that we can provide them with advice and the additional support they may need. We have centralised the reasonable adjustment process for specialist equipment in Occupational Health, so that resources come through more quickly.

Colleagues in our Occupational Health and Wellbeing teams have undertaken additional training to enable them to support colleagues with dyslexia or who are neurodiverse. One of our Occupational Health colleagues is currently studying for Level 4 Workplace Needs Assessment Programme, which will allow them to undertake 1:1 screening and identify recommendations and strategies to support colleagues to cope with any challenges they may face and succeed in their role.

In 2021/22 we received national funding to pilot Empowerment Passports, a digital platform, across the Buckinghamshire, Oxfordshire and Berkshire West ICB for colleagues with disabilities or long-term conditions. The aim of the pilot is to use the Empowerment Passport platform to support and improve working practices for colleagues with unique challenges (mental health, neurodiversity, physical disabilities, and/or long-term health issue). The pilot has now been extended to October 2023 with 84 colleagues in the Trust already signed up to the programme.

The Trust is currently raising awareness around invisible disabilities, which includes a wide range of conditions including diabetes, depression, autism, dyslexia, anxiety, hearing loss, visual difficulties and dyspraxia. We know that some colleagues have an invisible disability. By choosing to wear a sunflower pin, they can alert colleagues that a little help or consideration may be needed. Since the pins were launched in March 2023, more than 100 colleagues have taken up the opportunity to wear a sunflower pin.

Promoting Kindness

Kindness to yourself, your colleagues and your patients is something which the Trust actively promotes. We know that kinder cultures leader to safe care and better outcomes. The Kindness into Action Masterclass is being made available to colleagues across the

Buckinghamshire, Oxfordshire and Berkshire West. 57 managers from the Trust have already enrolled on to the programme with further training sessions planned for 2023/24.

We are recognised and rewarded

Ensuring our colleagues have felt valued for the amazing work they do has been particularly important during what has been another challenging year. In recognition of the additional pressures that colleagues have been under, the Trust awarded every permanent colleague two additional 'Wellbeing Days'. In addition, as part of Random of Kindness Week, every colleague received a voucher for a hot drink at Costa.

Awards

What gets recognised gets repeated. When we acknowledge specific good work by individuals and teams, we set expectations for performance as well as motivating individuals and teams to continue to deliver outstanding care.

The CARE Values Awards, along with our other recognition programmes (long service, annual awards, thank you cards and our newly introduced e-cards), are an important way of recognising and valuing our colleagues, reinforcing our values, and promoting what good looks like for BHT.

Every month individuals or teams are nominated by patients, members of the public or colleagues to receive a CARE award. In 2022/23 we received 254 nominations.

In addition, we run annual awards to recognise individuals and teams who have gone above and beyond to deliver outstanding care, help to create healthier communities or make the Trust a great place to work. In 2022 we received 220 nominations.

Excellence Reporting

Excellence reporting was introduced into the Trust in late 2016. Since then we have recorded over 4,000 examples where colleagues have seen excellence at work and logged it as something to be celebrated, a way of showing appreciation and a means of sharing alone. We also know that celebrating success has a measurable impact on colleagues' experience at work. Those teams that take the time to be appreciative of each other and regularly share positive outcomes will be happier at work – and we know that this means they will also be giving better patient care, whether working in a clinical or a support team. In 2022/23, 1188 excellence reports were submitted and we were delighted to share a selection of these, and past examples, in our 'Celebration of Excellence in Healthcare in our BHT Family' publication which was distributed to our colleagues in December.

We each have a voice that counts

Staff Survey

The results of the latest national NHS staff survey (published 9 March 2023) show that the Trust is one of the top trusts in the country for how well we support colleagues with their health and wellbeing.

Over 3,500 staff took part in the survey with the score for '*my organisation takes positive action on health and wellbeing*" increasing from 67.5% to 71.1% compared to a national average of 55.6%.

The overall score for staff engagement increased from 6.9 to 7.0 which is close to the best-in-class national score of 7.3. In fact, the Trust scored above average in all 9 of the themes covered by the staff survey, which are aligned to the NHS People Promise, with 8 areas significantly better than comparable trusts.

What is disappointing, however, is the increase in colleagues who have personally experienced discrimination, physical violence or verbal abuse from patients, their families or members of the public, up from 25% to almost 30%.

However, we also recognise that as a Trust we still have a long way to go in some areas as, whilst we may be better than comparable trusts, it's still not where we want to be. In particular, we are concerned that the experience reported by colleagues who are Black, Asian, and Minority Ethnic backgrounds or who have a long-term health condition or disability is worse than our white colleagues or those without a long-term health condition and addressing this remains a key priority for us. It is also unacceptable that whilst there has been a slight improvement this year, there are still 10.3% of colleagues reporting that they have experienced bullying and harassment from their managers and 18.3% from their colleagues.

Overall, the results of the staff survey show us that that despite another year of significant change and unprecedented operational pressures, that we are moving in the right direction with colleagues telling us that they are passionate about the job they do, feel that they can make a positive difference to improving the work of their team and that the care of patients is the Trust's number one priority.

Freedom to Speak Up Guardian Service

Leading the Freedom to Speak Up Guardian Service, 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.

Understanding why people leave us

To help us to ensure that our retention strategy is focusing on the things that really matter to colleagues, it's important that we understand why people choose to leave the organisation. To ensure we gain greater insight into reasons for leaving, we have introduced an exit survey run by our Electronic Staff Records team so that we can hear directly from the individual who may feel more comfortable completing an independent survey rather than sharing with their managers their reasons for resigning. This has led to a 24% increase in exit survey responses compared to the same period the previous year. In addition, we have launched a 'resignation inbox', providing colleagues with an opportunity to reach out seek support.

We have also reviewed and revised our exit policy to focus on retaining colleagues when this is right for them and for us, and ensuring that those who do leave have a 'good ending' and may therefore return one day and speak positively about the organisation to potential new employees.

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 Freedom to Speak Up Guardian 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, including, but not limited to:

- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapists
- Society of Radiographers
- The Royal College of Midwives
- The Royal College of Nursing
- UNISON
- Unite

We are safe and healthy

In 2022/23 we focussed on implementing an active wellbeing outreach strategy delivered by qualified and experienced practitioners from our wellbeing service, 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 can now be seen reflected in the most recent national staff survey results, with the score for the question '*my organisation takes positive action on health and wellbeing*" increasing from 67.5% to 71.1% compared to a national average of 55.6% and only 0.3 % below best in class.

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. We also have 35 trained Trauma Risk Incident Management practitioners (specific training allowing colleagues to understand the effects that traumatic events can have upon people and offer practical advice and assistance), 13 trained Mindfulness Ambassadors and 73 Mental Health First Aiders.

Sickness absence

The Trust's sickness absence target is 3.5% and by the end of March 2023 we had achieved 3.7% (a reduction from 6.1% at the end of 2021/22) This is an achievement given the impact that COVID-19 was still having on absence rates during the first quarter of the year. Sickness absence is reported daily, and HR, Occupational Health and Wellbeing teams can identify key trends and proactively support. For example, in both mental health and musculoskeletal issues we have seen positive results through dedicated resource in Wellbeing Counsellors and Occupational Health Physiotherapists during 2022/23.

Mental Health and Wellbeing

As we recover from the impact of COVID-19, we know the 'psychological tail' to events like this can be long. Whilst stress type referrals into the wellbeing team continue to be high, we regard this positively, particularly when we can see our corresponding sickness absence for mental health remaining relatively low. This demonstrates colleagues are reaching out for support proactively, which enables then to stay well and either in work or supported safely back to work.

Our menu of wellbeing 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 expending our Mindfulness interventions. We have also had successful partnerships with Lindengate and Horsehead charities to offer off site restorative sessions to colleagues. We also have a 'duty counsellor' available each weekday for a drop-in service.

This year we also created the opportunity for individuals or teams to request wellbeing support via the DATIX system where needed, for example for support after an incident.

Musculoskeletal (MSK)

MSK includes injuries and diseases affecting the muscles, bones and joints of the limbs and spine. Following the recruitment of an additional MSK physiotherapist to our Occupational Health Team, wait times have reduced and support is readily available for colleagues. We

have also improved our reasonable adjustment process, which is now centrally managed by Occupational Health, to ensure colleagues receive the required support as soon as possible.

Healthy lifestyles

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

New Wellbeing Hub

We have opened a new central Health and Wellbeing Hub for all colleagues at Stoke Mandeville, with outreach offered across all our sites. This includes dedicated confidential counselling rooms and physiotherapy treatment rooms, as well as vaccination clinics and onsite Occupational Health nurses.

We have also been able to utilise adjacent land to open a new wellbeing garden for colleagues. This is a great space – divided into social areas and reflective spaces.

No Excuse for Abuse

In 2022, 173 physical assaults and 219 incidents of verbal abuse were reported by colleagues – both in our hospitals, at community sites and in people's homes. These figures are significantly up on the previous year when 85 physical assaults and 159 incidents of verbal abuse were reported. Abuse takes many forms – not just physical violence. Our colleagues are also facing high levels of racist and sexist verbal abuse which can take a huge toll on someone's wellbeing. In time, this kind of abuse wears people down and can lead to increased sickness and absence and in some cases valuable healthcare professionals leave their jobs for good.

The Trust recently launched a 'No Excuse for Abuse' campaign to highlight the impact that abusive behaviour can have on NHS colleague and to ensure that the public knows that we will not tolerate physical or verbal abuse. We have updated our security policy to strengthen the measures in place to protect not only healthcare and support colleagues but all other patients and visitors who access Trust services who expect to be treated in a safe and respectful environment.

We are also trialling a number of initiatives, such as the wearing of bodycams in our Emergency Department, to ensure that our colleagues can work without fear for their own safety.

Improving the environment

The Trust has been working hard to improve the working environment for its colleagues – both inside and out

Thanks to the support of the Marlow Hospital League of Friends, there is now a brand-new kitchen and recreation area for teams who work at the hospital.

Local community groups, including Lacey Green and Loosley Row Community Action Groups, Princes Risborough Rotary Club and Loosley Row Garden Group, have fundraised over £2000 toward creating the 'Peace Garden' at Stoke Mandeville. The garden now provides colleagues with a restful and peaceful place to take a break from their busy working environments.

There are now gardens at each of our main sites where colleagues can take a break from their busy working environments with the 'Secret Garden' at Amersham to be completed. A huge thanks to all the volunteers who help us to maintain these beautiful areas.

We are always learning

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 - part of the 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 colleagues accessed coaching with 17 new coaches trained.

Clinical education

Clinical education is key to ensuring our colleagues maintain safe clinical practice. In 2022/23 a total of 461 pre-registration healthcare students undertook placements in the Trust both in our acute sites and in the community. 308 were undertaking adult nursing, 44 child nursing and 109 midwifery programmes. Additionally, we supported elective placement opportunities for 35 students from outside of our region.

Advanced Clinical Practitioners (ACP) are registered healthcare professionals that have completed a master's level degree programme that has been mapped to Health Education England's Multi Professional Framework for Advanced Practice. ACPs can be found across a range of professional backgrounds and settings including Nursing, Midwifery and the Allied Health Professions. The Trust currently has 22 ACP trainees.

Reflect and Review

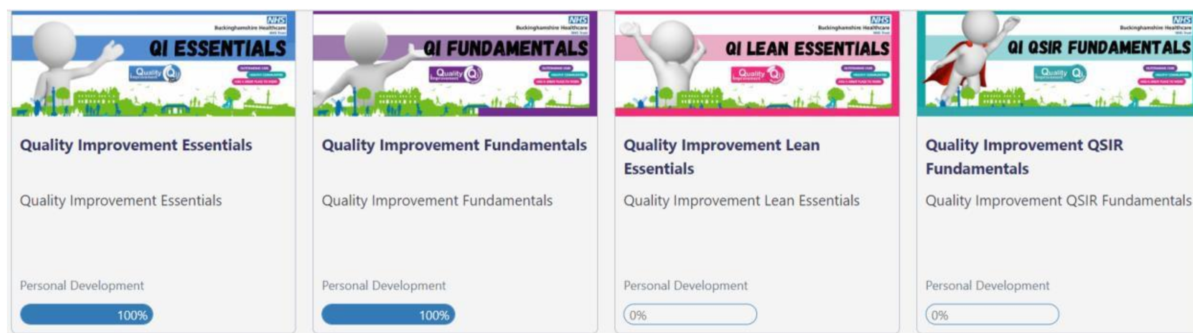
This year we relaunched our monthly forum for clinical and non-clinical colleagues across the Trust to learn from examples of excellent patient care and examine areas for improvement in a safe space. The name 'Reflect and Review' describes a process by which we examine previous events, look at what went well and where we could improve and then aim to use these insights to improve as an organisation, to provide outstanding care, to develop healthy communities and to make the Trust a great place to work.

iAspire

iAspire is the Trust's new training, performance and talent management hub, providing colleagues with a modern, intuitive, agile platform giving them better access to development opportunities, including appraisals, all in place. The system is currently used by 40+ other NHS organisations meaning it is tailored to our needs as a healthcare provider ensuring the best possible user experience.

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 *QSIR*, a core element of this is Plan, Do, Study, Act (PDSA) which encourages continuous learning and improvement from implementing small tests of change. We also use other methodologies including *Lean* and *Appreciative Inquiry* (AI) and we have a targeted programme to build QI capabilities across the Trust at all levels. AI promotes learning from what has gone well.



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 our doctors in training with the number of trainee doctor registered QI projects increasing from 7 to 43 during the year.

Library and Knowledge Services

Library and Knowledge Services enable Trust colleagues to access evidence to support a wide range of Trust activities including learning, research and clinical care. In 2022/23 the Trust launched a new horizon scanning service called Medical Conferences on the Horizon, which identifies upcoming medical conferences for BHT colleagues to identify opportunities to showcase best practice nationally by submitting conference abstracts and poster presentations.

As part of the Trust's commitment to inclusion, we improved the accessibility of our services by signing up to the free RNIB Book Share Scheme which enables learners who have a physical or learning disability affecting printed book use to borrow books in accessible formats.

Restorative Just Culture

Restorative Just Culture (RJC) aims to create an environment to better support colleagues when things go wrong and to encourage learning from incidents. In most cases, this means a shift from identifying a specific individual to blame to understanding the incident and whether systematic issues have contributed in any way.

RJC is not a replacement for HR process and where there are clear conduct issues, these are dealt with in line with usual Trust policies. What it does, however, is create an environment of psychological safety where issues can be raised without fear of escalation or blame. The aim is to create a culture of continued learning and quality improvement with the goal of providing great patient care.

Whilst moving towards a learning and just culture is a long-term strategy, the Trust has taken a number of steps to ensure that it has commenced on its journey, including reviewing and renaming the Trust's disciplinary policy to the Standards of Behaviour and Conduct Policy and establishing an independent triage panel to approve any standards of behaviour and conduct cases before they are referred to a formal process. All cases are anonymised before being submitted for review to the panel with no identifiable date related to the staff involved.

We work flexibly

We understand the importance of treating everyone as an individual and endeavour to support their different needs and lifestyles. One of the main reasons cited by people leaving the Trust in 2022/23 was not being able to achieve work-life balance (26%) so a key focus area in 2023/24 will be to improve awareness, equity, and the opportunity to work flexibly.

Flexible retirement

This year we have focused on improving awareness of flexible retirement options, specifically to increase the number of colleagues that retire and return. We have held listening events to identify how we can make this process easier.

To enable our colleagues to find a flexible retirement solution that suits their lifestyle and supports their work life balance and wellbeing, we have communicated a wide range of pension seminars to assist in preparation and planning for retirement.

Promotion of flexible and agile working

Following the impact of COVID-19, which gave momentum to our plans for agile and flexible working e.g., through more dedicated agile working spaces and an increased rollout of laptops. This was supported by the new Agile Working Policy, ratified in July 2022. We are building on the new ways of working that this has enabled for many of our colleagues, with the continued development of this being a key focus for 2023/24.

We also implemented the opportunity to discuss flexible working from the point of interview (rather than **six months** post-employment as before).

We are a team

Induction events for new colleagues

BHT Connecting Event provides an opportunity for our new colleagues to meet other new colleagues as well as exploring what benefits, learning and career development opportunities are available at the Trust. Following a success pilot in March 2023, the BHT Connecting Event will now be held every quarter with 80 people already registered for the June event.

Expanded Mediation Service

The Trust has had an internal mediation service in place for a number of years. In line with our Just Culture approach, we have expanded our cohort of colleagues who are trained, accredited mediators so we can offer an increased amount of support for formal mediations. Also, a number of those trained work in roles that enable them to apply their new mediation skills informally on a daily basis, to encourage early resolution of conflict.

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 teams 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 could 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.

Recruitment

Our greatest asset is our people and the recruitment of committed, high quality individuals to join our organisation remained a priority this year. We recruited a total of 1,490 new colleagues. The table below represents the whole-time equivalents by staff group.

Staff Group	**Sum of Full Time Equivalents**
Additional Professional Scientific and Technical	37
Administration and Clerical	229
Allied Health Professionals	67
Healthcare Assistant	196
Healthcare Scientist	15
Medical and Dental	333
Nursing and Midwifery	197
Support Staff	277
Grand Total	**1,353**

The Trust's target is to have no more than 10% vacancies at one time. In March 2023 the overall vacancy rate was 4.8%. Within Nursing & Midwifery, which makes up the largest percentage of our workforce, the Trust ended the year with a vacancy rate of 6.2%, well below the Trust's target vacancy rate of 8.5%.

Also, thanks to efficiencies and improvements within our recruitment service and effective collaboration with our clinical teams, our candidate 'time to hire' is now at 48 days, compared to a high of 60 days in June 2022.

The recruitment of registered nurses remains a key priority and we recruited 383 nurses this financial year, 163 of which were international recruits. This recruitment drive enables us to substantially drive down our overall vacancy rate.

We want to ensure that our international colleagues feel welcomed into the BHT family and we have a comprehensive induction programme in place for them, both professionally with our enhanced preceptorship programme, but also personally to help them to settle into a new life in a new country. We have a new target to recruit 100 international nurses to BHT in 2023/24. This year we also welcome our first international midwifes, radiographers, podiatrists and physiotherapists. In 2023/24 we will continue to develop our international recruitment for all staffing groups.

We have also made some improvements to our onboarding process. This work is a key priority for 2023/24, with a particular focus on people's experience within the first year of joining the Trust.

We have continued with our 'assessment day' recruitment process for Healthcare Support Workers and in this financial year have offered positions to 211 people. We are looking at how we can replicate the success of this to other staffing groups.

Performance Analysis

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.

How We Measure Performance

Our performance management framework is based on the NHS Single Oversight Framework and recognises that a high-performance culture will only be achieved when performance is managed in a positive way. The framework aims to ensure that striving for excellence is an integral part of the organisation's culture.

The NHS Single Oversight Framework for 2022/23 reflects changes in the Health and Social Care Act 2022 which aimed to make it easier for health and care organisations to deliver joined-up care. The framework provides a mechanism by which performance of the Trust is monitored centrally and consists of a set of 'oversight metrics'. These are split into a small number of themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Leadership and capability
- Finance and use of resources
- People

A 'Ward-to-Board' approach is applied and monitored through the Trust's divisions before being presented to the Board. The monthly Integrated Performance Report to Board outlines the performance of the Trust against key measures and identifies successes and risks for the organisation within the areas of quality, people and money. These reports are available on our website as part of the information provided for Trust Board meetings in public (www.buckshealthcare.nhs.uk/aboutus/ourtrustboard).

In addition to this, we continue to use national data where available to compare our performance against other trusts; this includes the national annual staff survey, patient and clinical audits.

Key issues and risks

Whilst the Trust has made significant progress over 2022/23 in reducing waits for treatment following the backlogs driven by COVID this will be a multi-year programme of work to deliver a sustainable delivery model. Detailed improvement plans are in place across the various operational standards looking at recruitment and retention of staff, workforce redesign, estate redesign, productivity improvements and working with partners. There are risks to delivery of these plans given limited capital expenditure available which will inhibit the development of highly productive estate to support better, more rapid care for patients and from potential prolonged periods of industrial action that will require cancellation of a large amount of activity to accommodate.

Equality of Service Delivery

The pandemic brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities and those with a disability or with underlying health conditions being disproportionally impacted by COVID-19. It is evident that, not only is there an issue with some parts of our community not accessing health care and prevention services, but also that they have a worse experience when they do so.

Supporting healthy communities is one of our three strategic priorities. This is not only about helping Buckinghamshire residents to stay healthy and live independently for longer but is

about providing employment opportunities and ensuring that there is equality of service access as well as delivery. Examples of how we are supporting healthy communities can be found in the Performance Overview section of this report.

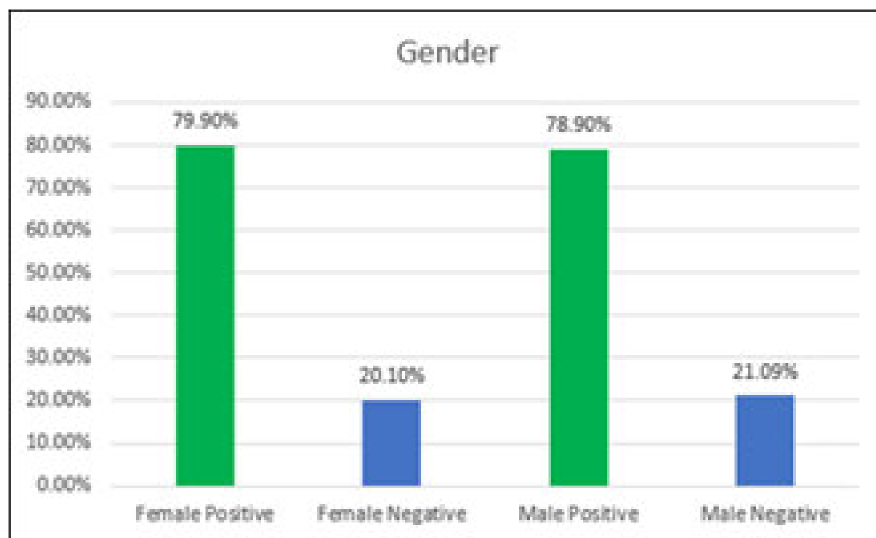
Customer Satisfaction Scores by protected characteristics

The 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.

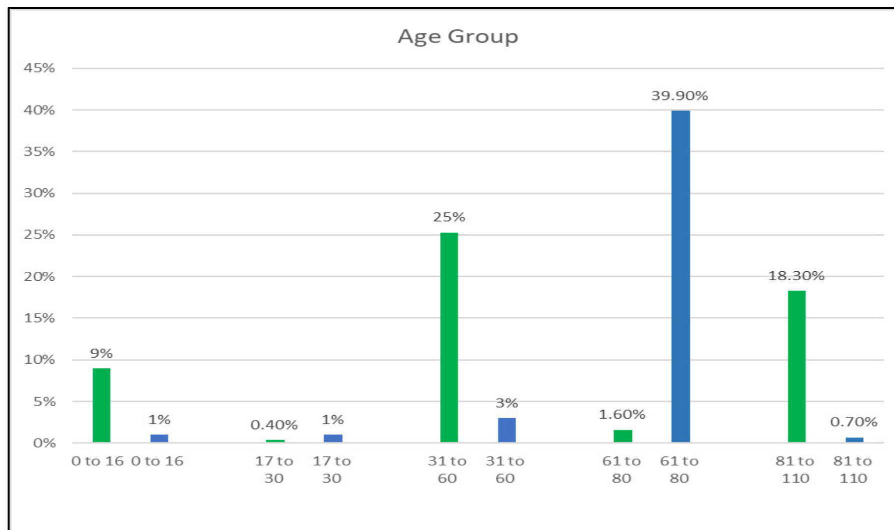
One of the questions asked is ‘Overall how was your experience of our service?’. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics.

The following charts show the response rates, which have increased significantly compared to last year, and satisfaction in 2022/23 by gender, age and ethnicity.

Gender Responses – 97,865

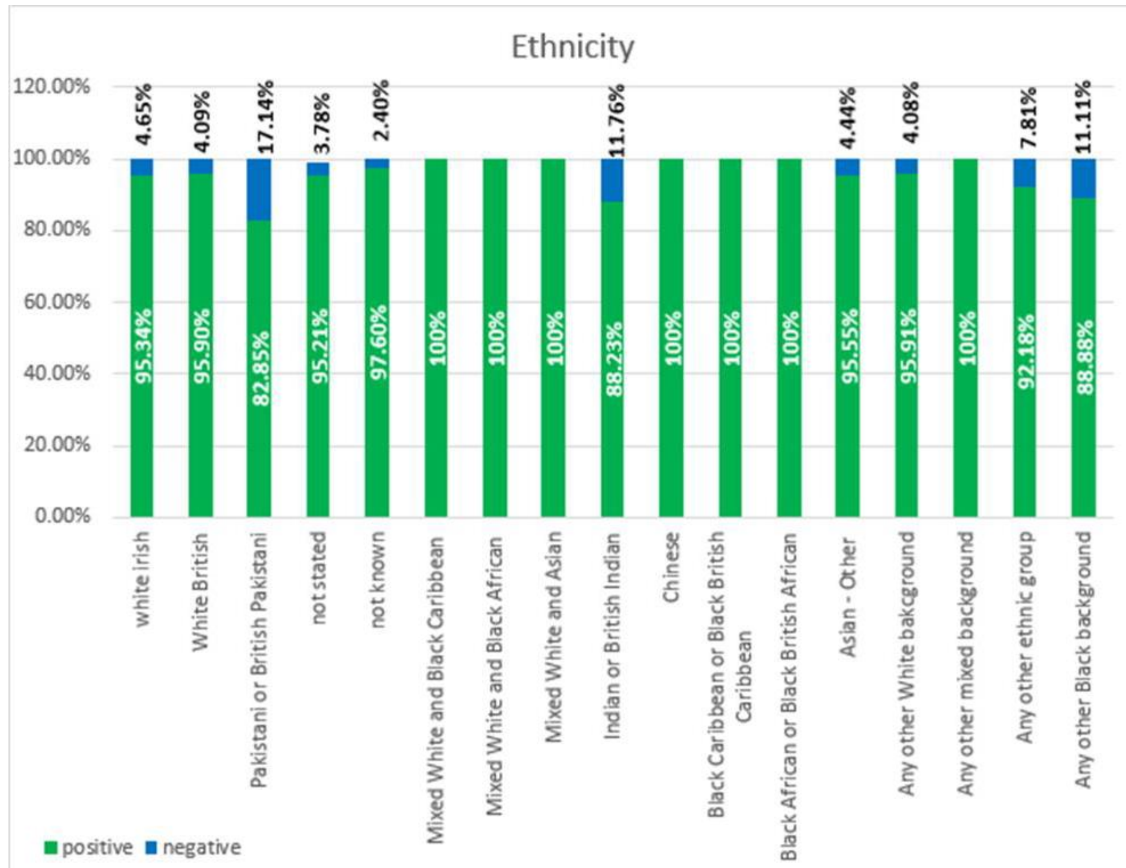


The response rate was broadly similar for male and female patients with both genders responding to around 7%. Female patients accounted for 56% of all responses received and were slightly more satisfied with the service they received with 79.90% responding positively. Female patients using the Trust’s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



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 and the lowest response rate from all groups of 1.4% is from patients aged 17 to 30. Those aged 30 and under, including parents responding for paediatric patients responded to 11%, whilst those aged over 30 responded to 89% overall.

Patients aged over 60 were most satisfied with the service they received whilst patients aged 17 to 30 reported a poor experience.



100% of respondents from a number of ethnic groups gave a positive rating of care, including mixed white and Asian, Chinese and Black Caribbean. 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 belonged to those, to understand more about people's experiences and develop action plans to address any issues identified. Based on the report's findings, further engagement with this community will be undertaken in 2023/24 to explore the issues raised in more detail and work together on areas identified for improvement.

Clear and accessible communication

The Trust Communications Advisory Panel (CAP) is a group of volunteer patient, carer and disability group representatives who ensure that the information created and provided for patients is written and presented in a consistent style and tone appropriate for patients and their families or carers.

CAP is working together with the communications team to transfer patient information from what has been primarily a paper-based set of leaflet resources to a digital set of information on the Trust website. In doing this, however, CAP is mindful that not all patients and carers can access information via digital channels and the panel champions the development of appropriate, alternative accessible sources of information in addition to these.

Over the last 12 months the panel has assessed over 170 patient information leaflets; provided feedback on posters, flyers & infographics, and has made recommendations for specific and standard patient letters. On a monthly basis, as well as reviewing patient information leaflets, the group provides feedback on a different section of the website. It also inputs into signage and wayfinding proposals. In the year ahead CAP will continue to support our patients to be able to access authoritative, easy to read information that improves their knowledge and helps them better manage their health.

Following input from CAP into patient information documents a staff member commented: "I appreciate the time CAP members have taken to read and make suggestions on our department's patient information leaflets. When you write a leaflet, you are often too close to it and therefore miss very easy grammatical mistakes or areas of the leaflet you can improve so simply. Please thank CAP members on our behalf."

Comments from CAP member volunteers:

- "The detail within the patient information leaflets and the way they are now written has certainly improved since CAP started. I know some of the leaflets contain medical terms but they are less frequent than they used to be and medical terms are now only used when really necessary."
- "I do feel we are starting the make a real difference. The website is much improved from what is was and being able to make suggestions that we feel may help the general public is priceless. We are getting there."

- "I am very proud to be part of CAP. Not everyone gets the opportunity to make suggestions or give feedback to big organisations like this and we do. It is a pleasure to be able to do this and know that we are being listened to."

Sustainability

Since the Paris agreement in 2016, the countries of the United Nations have been mobilised to act on the amount of carbon emissions that are being released into our atmosphere. The effects of climate change are far reaching and impact the foundations of population health as well as health on a more individual level. This of course will have direct implications for the operations of the Trust as well as the patients it treats.

Without change there will be increases in the intensity of heatwaves which increase heat stress and related conditions, and heavier precipitation events with increase in associated water borne diseases.

Following the Paris agreement, the UK government committed to reducing emissions to Net Zero by 2050, with incremental carbon budgets from today until the final target date. Following on from this, the NHS has subsequently produced its Net Zero Roadmap document – '**Delivering a Net Zero National Health Service**' – setting out its plan for reducing emissions over the next 20-25 years.

The NHS's carbon emissions are currently equivalent to 4% of England's total carbon footprint of which the Trust is a typical contributor. Over the last 10 years, the NHS has implemented measures to reduce its impact on climate change, which will also lead to benefits in clinical outcomes.

The NHS has committed to net zero emissions for the care they provide (NHS Carbon Footprint) by 2040, and zero emissions across their entire scope of emissions (NHS Carbon Footprint Plus) by 2045.

During 2022/23 the Trust commissioned a Net Zero Carbon Audit to understand how its carbon output had changed and improved over the last two years since it developed its roadmap, published in 2021.

The demands on healthcare are ever increasing and the methods of delivery becoming ever more technologically based and complex. The number of medical devices has increased over the two-year audit period with increases in diagnostic devices, many coming online in response to the pandemic. This has had an impact with an increase in carbon output of 50%. The increasing digitisation and spend in IT has similarly increased carbon output by c. 300 tonnes. At the same, some of the energy efficiency improvements that we have introduced may have increased our carbon input ahead of alternative energy sources being available but have decreased our gas consumption. For example, the heat pumps we have installed burn more electricity and therefore have an increased carbon output but have reduced gas consumption with electricity being cleaner than gas.

Some intervention areas fluctuate year on year depending upon specific activity undertaken. For example, the Trust has built a new Innovation Centre and Children's Emergency Department at Stoke Mandeville Hospital and a new energy centre at Wycombe Hospital. As a result of the construction work, carbon output has increased from 122 tonnes in 2019 to 919 tonnes in 2021.

Despite this activity, the Trust has reduced its carbon output by 360 tonnes since 2019. Carbon reduction gets harder to deliver the more efficient an organisation becomes. This challenge is made harder by the fact that the Trust is only fully in control of circa 20% of its emissions, 60% being influenceable, and 20% not yet able to be removed, but requiring either future solutions to be found or offsetting.

The key changes over the last two years are:

- Emissions from natural gas consumption have increased slightly (from 7,767 tonnes to 8,349 tonnes), driven by an increase in consumption by Wycombe, Stoke Mandeville and Amersham Hospitals.
- The use of medical gas has increased, particularly in the treatment of COVID-19 patients, resulting in an increase in carbon emissions.
- The use of anaesthetic gas has decreased, particularly of Desfulrane. In 2019, the Trust was using 86.2 litres, equating to 318,222 kg of CO2e. This was reduced to 16.08 litres in 2021, equating to 59,362 kg of CO2e. The Trust ceased all use of Desflurane in 2023.
- An increase in use of medicines and medical devices has increased carbon emissions from these categories.
- Emissions from electricity have reduced following a reduction in usage driven at Wycombe and Amersham Hospitals. This was as a result of the full replacement of all light fittings with LEDs.
- The Trust has installed its own anaerobic digester and onsite clinical waste treatment plant at Stoke Mandeville Hospital which will reduce general and recyclable waste by 80% and reduce heavy goods vehicles collecting waste from 19 to 3 times per week.

To achieve net zero by 2040, the Trust is looking to increase its annual reduction in carbon output. Plans include replacing all light fittings with LED devices at Stoke Mandeville Hospital as well as looking into the viability of solar panels.

Cyber Security

There were two issues with cyber security in 2022/23.

It was brought to the Trust's attention that the Trust, along with a number of other NHS organisations, has inadvertently been using a tracking tool on its website which can be used by Facebook's parent company, Meta, for its own business purposes.

The Trust apologised that Meta Pixel had been active on the website without the privacy notice being updated to reflect this. We are not aware that Meta was using this information for marketing purposes. Immediate action was taken to remove the Meta Pixel from our website.

The provider of the Trust's financial system, Advanced, was the subject of a 'ransomware' cyber-attack. As a result of immediate action by Advanced, the Trust's connection to the system was severed and Trust systems were not impacted. The Trust's business continuity plans were enacted until connection could be restored.

The Trust continues to prioritise cyber-security.

Financial information

In preparing the financial statements, the Directors have considered the Trust's overall financial position and expectation of future financial support. The Trust has compiled the 2022/23 accounts on a going concern basis as there has been no expectation raised in the public arena that healthcare services will not continue to be provided from the Trust's sites across Buckinghamshire. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.

2022/23 financial year

The Trust consolidates its results with those of its wholly owned subsidiary, Buckinghamshire Healthcare Projects Ltd, and its associated Charity. It is performance measured against the Group results. In 2022/23 the Group has delivered an unadjusted deficit of £8.7m. However, the impact of a number of technical adjustments needs to be taken into account to arrive at the financial performance against which the Trust is measured. These adjustments, together with the results of the Trust as a single entity, are laid out in the Statement of Comprehensive Income and Note 45 to the Accounts. Once these adjustments are taken into account, the reported deficit is £14.2m compared to an initial planned deficit of £17.6m, which was later revised, in agreement with the ICB, to £14.3m. The key drivers to the improvement in performance against plan were increased income for the work being undertaken while maintaining the cost base. NHSE has been kept up to date throughout on the considerations taken into account for the year end reported position.

Non-current assets

The Trust is required to report the 'current value' of its non-current assets. In assessing the current value, it takes into account the advice of experts, where appropriate. A desktop valuation was undertaken during March 2023 by the Trust's advisors Cushman and Wakefield, a firm of specialist valuers. The impact of this valuation has been included in the accounts. The Trust is not aware of any material differences between the carrying value of its properties and their market value in their current condition.

We were fortunate again to benefit from support from the Trust's charity (being Buckinghamshire Healthcare NHS Charitable Fund),Scannappeal and the Cancer Care and Haematology Fund. No restrictions were placed on any of the equipment.

Examples of some of the facilities and equipment that these generous donations have enabled include:

- Robotic Surgery, IS4000 DA VINCI
- Fujifilm Mobile Xray
- Paxman Scalp Cooling

Pension liabilities

Past and present employees of the Trust are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme and is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust of participating in the scheme is equal to the

contributions payable to the scheme for the accounting period. Further details can be found in the notes to the Trust's financial statements.

Cash flow

The Trust's banking is conducted through the Government Banking Service (GBS). A weekly cash flow forecast is used to aid cash management; and cash forecasts for the full financial year are reported to the Trust Board on a monthly basis.

The Trust had year-end cash balances of £17m which is a reduction of £34m from the prior year. The reduction largely reflets the deficit plan. In preparation for the year-end accounts a substantial focus was placed on processing 2022/23 creditors payments for both revenue and capital.

Better Payment Practice Code

The Better Payment Practice Code (BPPC) measures the level of valid NHS and non-NHS trade creditors paid within 30 days of the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later. The target is for 95% of invoices to be paid within this timescale. The Trust's performance for 2022/23 is shown in Note 41 to the Financial Statements.

The Trust is signed up to the 'Prompt Payments' code, which encourages organisations to act responsibly in making payments to their suppliers in a timely way.

During 2022/23 the Trust paid 70,215 invoices totalling a value of £393,213k. Of this, the Trust paid 89.4% of invoices on time, and 89.5% of invoice by value (63.5% on time and 77.7% on value in 2021/22) which is an improvement from the prior year.

The Trust is working to improve its performance under the Better Payments Practice Code and has an action plan in place to address this.

Looking ahead

For 2023/24, the Trust has submitted a financial plan to NHS England and NHS Improvement (NHSE) with a planned deficit of £12.15m. This will require strong financial management and close working relation relationships with local and national commissioners.

The Trust continues to fully participate in the ICS planning process including the submission of the forward five year financial and operating plans and is leading on some of the significant workstream areas. The Trust's savings target remains challenging in the current climate, and our active participation in the ICS helping to ensure that the full impact of changes is understood in both the short and long term for the system as a whole. There will be a continued focus on minimizing levels of expenditure, including reducing the requirement for higher cost temporary staffing.

Activity trajectories have been developed in line with national planning requirements. The analysis to date has identified areas where some short term external capacity will be required while substantive recruitment is completed.

Achievement of the Trust's 2023/24 financial plans requires delivery of ambitious budgets and a challenging Cost Improvement Programme, as well as the achievement of

challenging system savings and efficiencies. The plan assumes £36.3m efficiencies. This remains a challenging plan to achieve given the need to deliver significant increases in activity to support recovery, alongside the delivery of material efficiencies. If the Trust's financial deficit is materially greater than planned in 2023/24 then further cash support will be needed.

Whilst the Trust has in 2022/23 invested a total of £28.6m in capital across property, IT and medical equipment (£43m in 2021/22) this capital investment is only a fraction of the required capital investment needed with years of asset sweating and historic under investment. In March 2021, the Trust completed a five-year property appraisal (7-Facet Survey) which demonstrates a backlog maintenance requirement of £210m.The Trust operates with some of the oldest estate in the NHS, Stoke Mandeville was built pre-NHS in the 1830s as a cholera hospital, 60% of the Trust owned buildings are more than 30 years old. This limits our ability to deal with increasing demands for capacity and flow. Not uncommon with a NHS Trust estate dating to the 1800s, the poor condition is a significant challenge leading to increased operating costs plus issues of obsolescence, lack of resilience, and environmental failures. The new clinical strategy demands a far better estate than is available at present.

There are particular challenges in respect of the tower complex at the Wycombe Hospital which is very near the end of its lifecycle and requires a number of inspections to determine the safety and remaining life for safe healthcare in the building. The building is in poor condition and is included in the hospital replacement programme planning. The work is at a point where substantial sums of money are required to continue the investigation to finally determine the future of the building structure.

For 2023/24, the Trust has a capital plan of £29.7m which is largely being committed to urgent and essential works. The Trust will apply for national funding as and when it becomes available to supplement this sum for diagnostic, elective and emergency capacity. The Capital Management Group has discussed the initial prioritization of the capital envelope and will need to continue to refine this. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage. For purposes of our forward look for the subsequent four years £20m of capital allocation has been assumed through the ICS.

Declaration

I confirm adherence to the reporting framework in respect of the Performance Report.

Signed

Date: 12/03/2024

Chief Executive

Accountability Report

During 2022/23 across Stoke Mandeville and Wycombe Hospitals, the Trust had twelve people donating corneas. In addition, there were also four consenting organ donors who enabled eight recipients to receive lifesaving or life-changing transplants.

Over the last year the Trust has installed new NHS Organ Donor lift wraps at Stoke Mandeville Hospital to match the ones at Wycombe Hospital. Also two patient storyboards about corneal donation have been installed - one next to the Organ Donor Memorial, at Stoke Mandeville Hospital and the other is at Wycombe Hospital in the main reception.

Corporate Governance Report

Directors Report

Trust Board

The Trust Board provides strategic leadership to the organisation. It sets the strategic direction, fosters the appropriate culture, monitors performance and ensures management capacity and capability. It outlines the vision of the organisation, championing and safeguarding its values, keeping the safety of patients at the centre of its work and ensuring obligations to all key stakeholders are met. By ensuring the effective and efficient use of resources it safeguards public funds.

Non-Executive and Executive Directors both have responsibility to constructively challenge the decisions of the Board. Non-Executive Directors have a particular duty to hold the Executive Directors to account, ensuring appropriate challenges are made. As well as bringing their own expertise to the Board, Non-Executive Directors scrutinise the performance of management in reaching goals and objectives and monitor the reporting of performance. They need to satisfy themselves as to the quality and integrity of financial, clinical and other information, and ensure that the internal controls of risk management are robust.

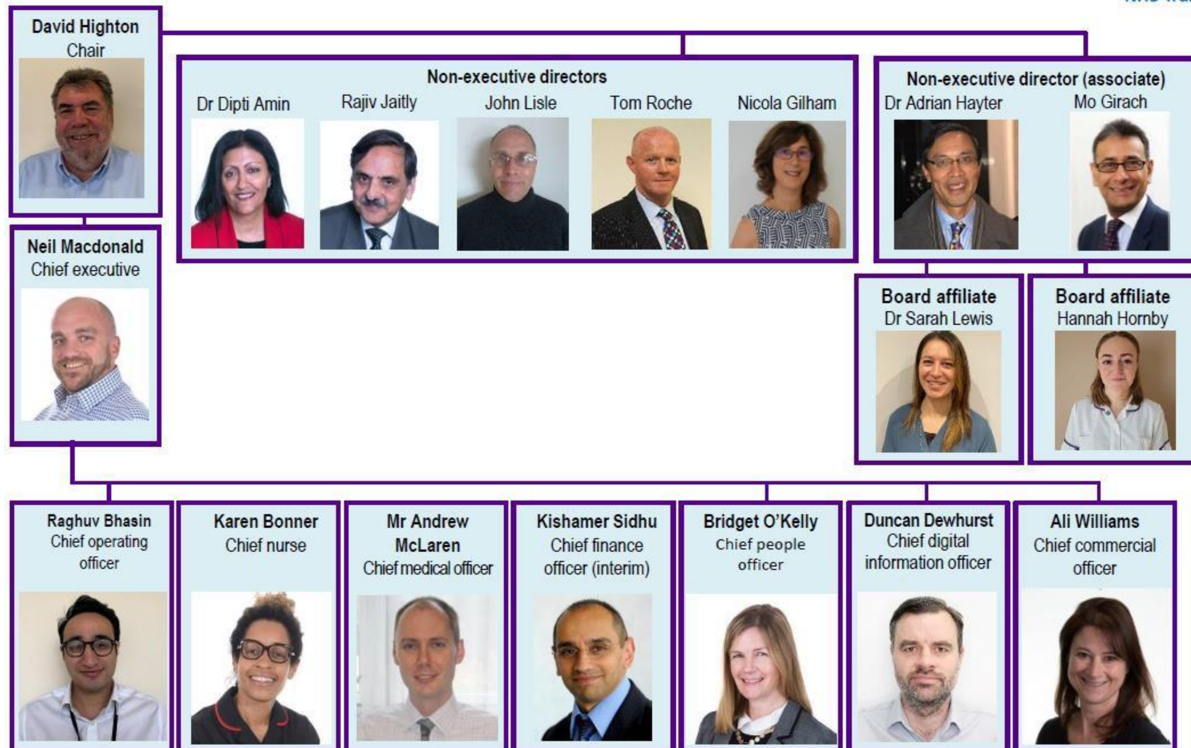
The Trust Board meets 10 times per year in public, details of which are available in advance on the Trust's public website which also contains agendas, minutes and reports. Our Trust Board - Buckinghamshire Healthcare NHS Trust (buckshealthcare.nhs.uk)

The Trust Board formally operates within its Terms of Reference, the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions.

The maintenance of an effective Board is supported by the Trust Board development programme with seminars on key themes held on a monthly basis. During 2022-23 these included effective chairing of meetings, safe maternity services, cyber security, major service change and reconfiguration, countering fraud and bribery, workshops related to the electronic patient record plan and estates and the work of our Trainee Leadership Board on the carbon net zero agenda.

Our Board members in 2022-23 and their roles are shown below:

-



The following changes took place during 2022-23:

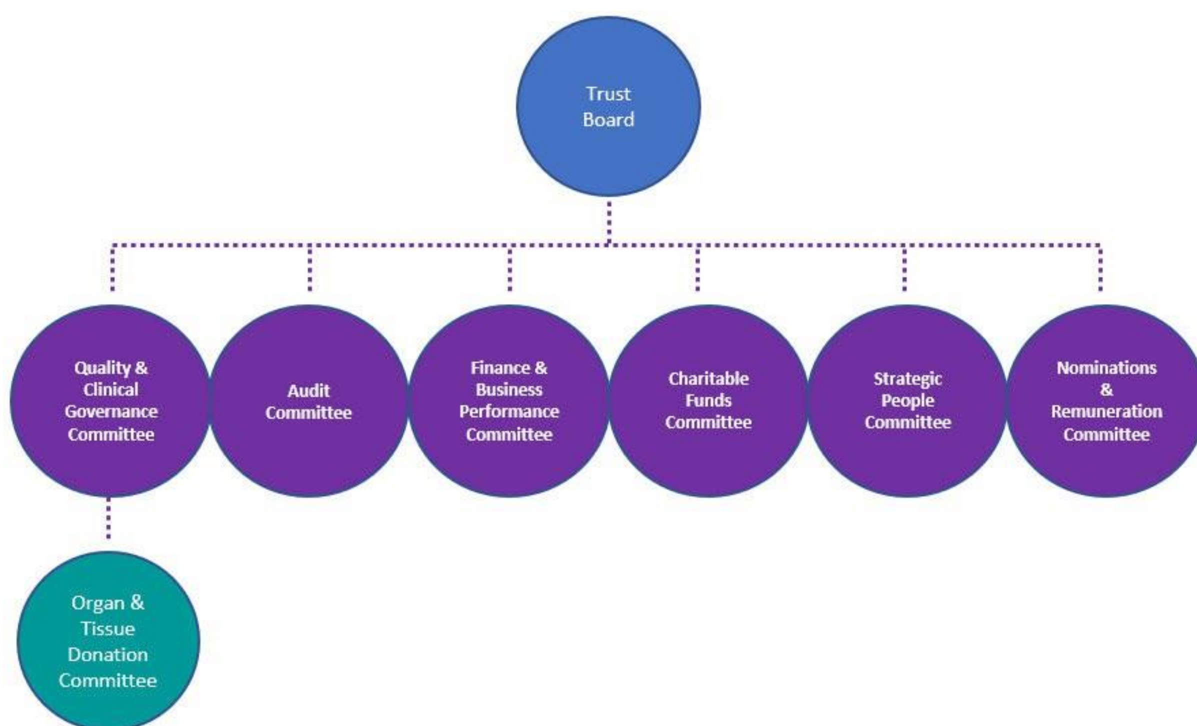
- Duncan Dewhurst joined the Board on 11 July 2022 as Chief Digital Information Officer in place of Ian Roddis, Interim Chief Digital Information Officer.
- Barry Jenkins left his role as Chief Finance Officer on 27 November 2022. Kishamer Sidhu joined the Board on 28 November 2022 as Interim Chief Finance Officer in his place.
- Hannah Hornby joined the Board on 1 September 2022 as Board Affiliate (non-medical) to replace Sandra Silva.
- Dr Sarah Lewis joined the Board on 1 February 2023 as Board Affiliate (medical) to replace Dr Mark Johnson.

The following changes have taken place since 31st March 2023:

- Non-Executive Directors Rajiv Jaitly and Dipti Amin left on 14 June 2023, replaced by Lise Llewellyn who joined on 15 June 2023 and Nicola Frayne who joined on 10 July 2023.
- Associate Non-Executive Director Mo Girach left the Trust on 31 May 2023, replaced by Elaine Siew who joined on 3rd October 2023.
- Kish Sidhu left his role as Interim Chief Finance Officer on 21 July 2023 and was replaced by Jon Evans who joined on 17 July 2023.

Trust Board Committees

The figure below illustrates the structure of the Board and its Committees



A governance framework and associated processes are in place across the organisation to ensure that information flows clearly to the Board, providing assurance where possible and highlighting risks identified through gaps in control or gaps in assurance. The structures around governance and performance are currently undergoing a review.

The Board has delegated scrutiny of assurance process relating to workforce, quality and finance to four Committees:

- Audit Committee
- Finance & Business Performance Committee
- Quality & Clinical Governance Committee
- Strategic People Committee.

The Committees work together to provide an integrated approach to governance which is supported by common membership of Board members across the committees. Each has a Non-Executive Director as Chair and Non-Executive Directors form part of the membership. Each of the Committees has Terms of Reference and a plan of work which are reviewed annually and used as the basis of an annual assessment of Committee effectiveness.

There are two other Board Committees which are also described below:

- Nominations and Remuneration Committee
- Charitable Funds Committee.

Audit Committee

This supports the Trust Board by critically reviewing the governance and assurance processes on which the Board places reliance. This therefore incorporates reviewing governance, risk management and internal control (plus the Board Assurance Framework); oversight of the Internal and External Audit and Counter Fraud functions. The Committee also undertakes detailed review of the Trust's Annual Report and Accounts in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014.

In 2022/23 the Committee was chaired by Rajiv Jaitly, Non-Executive Director and Senior Independent Director and met bimonthly (plus a specific meeting to review the Annual Report and Accounts prior to the Trust Board being asked to approve these). Four other Non-Executive Directors were also members: Dr Dipti Amin, Nicola Gilham, John Lisle and Tom Roche.

Finance & Business Performance Committee

The purpose of the Finance & Business Performance Committee is to provide the Board with assurance concerning all aspects of financial, commercial and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. It provides the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and with information and recommendations on key issues. The Committee also has oversight of the Trust's performance management framework and, as required, focuses on specific issues where the Trust is experiencing challenges with its operational performance.

During 2022/23, the Committee met monthly and was chaired by Nicola Gilham, Non-Executive Director.

Quality & Clinical Governance Committee

The Committee provides the Board with assurance concerning all aspects of quality relating to the provision of care and services in support of getting the best clinical outcomes, ensuring safety, and providing the best experience for patients. It assures the Board directly and through consultation with the Audit Committee that the structures, systems and processes are in place and functioning to support an environment for the provision and delivery of excellent quality health services. It also assures the Board that where risks and issues exist that may jeopardise the Trust's ability to deliver excellent quality healthcare, these are being managed in a controlled and timely way.

During 2022/23 the Committee met monthly and was chaired by Dr Dipti Amin, Non-Executive Director.

Strategic People Committee

The Strategic People Committee aims to provide assurance to the Board in the areas of workforce development, planning, performance, engagement, equality, diversity and inclusion and assure the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high-performing and motivated workforce that is supporting business success. The Committee also receives assurance around health and safety processes and compliance. Reports from the Trust's Freedom to Speak up Guardian (FTSUG) set out activity, learning and resulting actions.

The Committee was chaired by Tom Roche, Non-Executive Director, in 2022/23 and met on a bi-monthly basis.

Nominations & Remuneration Committee

On behalf of the Trust Board this Committee reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change.

The Committee meets as required and, during 2022/23, was chaired by David Highton, Trust Chair.

Charitable Funds Committee

This aims to ensure that the Buckinghamshire Healthcare NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors. This includes reviewing and agreeing the Charitable Fund Annual Report and financial accounts, for approval by the Trust Board.

In 2022/23 the Committee was chaired by Nicola Gilham, Non-Executive Director.

Further information on the Charitable Funds Committee and related activities can be found in the Charitable Funds Annual Report which is available via the Trust website. Velindre NHS Trust (charitycommission.gov.uk)

Executive Management Committee

Also important to the governance process is the Executive Management Committee (EMC) and its sub-committees. EMC is the key decision-making and risk committee. It is chaired by the Chief Executive and attended by the Executive team, Associate Director of Communications and a representative from the Divisional Triumvirates (Divisional Chair, Divisional Director or Head of Nursing).

Meetings of EMC enable key clinical and managerial issues to be discussed, debated, developed, scrutinised, monitored and agreed and/or approved. Other senior leaders in the organisation attend as required. EMC is authorised to make decisions on any matter that is not reserved for the Trust Board or its Board Committees in line with the Trust Standing Financial Instructions; key issues are reported to the Trust Board as part of the monthly report from the Chief Executive.

In addition to EMC, there are a range of other forums, structures and processes in place to oversee and manage any issues relevant to particular aspects of risk and governance.

Transformation Board

The Transformation Board was established to provide assurance that the Trust's transformation plans are delivered successfully and that associated benefits related to quality, people and finance are realised. The Transformation Board supports EMC in providing a dedicated forum for Executive Directors and Divisional Triumvirates to discuss and debate such programmes alongside senior clinical and corporate colleagues and provides support and direction for escalated issues and risks to support delivery of plans.

Declarations of Interest

The Trust Board and Board Committees routinely ask that any interests relevant to the agenda items be declared at each meeting. In addition, a Register of Directors' Interests is maintained by the Trust Board Business Manager, presented to Board on an annual basis and published on the Trust website https://www.buckshealthcare.nhs.uk/.

Reports to the Information Commissioner's Office
Information on personal data-related incidents where these have been formally reported to the Information Commissioner's Office can be found in the Annual Governance Statement later in the Corporate Governance Report.

Statement of Directors' Responsibilities
Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken all steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Annual Governance Statement

Scope of responsibility
As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Buckinghamshire Healthcare NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that Buckinghamshire Healthcare NHS Trust ('the Trust') is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Buckinghamshire Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Buckinghamshire Healthcare NHS Trust for the year ending 31 March 2023 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk
The Trust has a Risk Management Policy and a Risk Management Strategy, both of which are endorsed by the Board. The Risk Management Policy was last reviewed in 2022 and the Risk Management Strategy is currently under review.

The way in which leadership is given to the risk management process
Risk management is recognised as everyone's responsibility and all staff are expected to cooperate in the management of risk to maintain their own safety and the safety of all others in the organisation. The Risk Management Strategy sets out the corporate and individual accountability for risk management through the Trust Board and Board Committees as follows:

- The role of the Trust Board in reviewing the management of extreme risks; the Board receive details of these through regular reporting including that related to organisational risk, performance (through the integrated performance report) and finance.
- The role of the Audit Committee in monitoring the effectiveness of the system for managing risk; the Committee receive organisational risk reports including details of the Corporate Risk Register and Board Assurance Framework at every meeting and, through these reports, is able to provide assurance to the Board on the Trust's application of risk management processes.
- The role of the Finance, Quality and People Board Committees in monitoring risks pertaining to their purpose; these Committees regularly receive and consider the strength of assurance reflected within the risk management system and the actions being taken to manage risks.
- The role of the Executive Management Committee in moderating scores of those risks included on the Corporate Risk Register; the Committee reviews the Corporate Risk Register and the Board Assurance Framework and is responsible for challenging the effectiveness of operational risk management, moderating risks to ensure consistency and ensuring adequate controls are in place.
- The Risk & Compliance Monitoring Group in reviewing risk registers and making recommendations to the Executive Management Committee.

Board Committees are chaired by Non-Executive Directors and the Audit Committee, which has a pivotal role in providing assurance over risk management processes within the Trust, has a membership of only Non-Executive Directors. Through their position as Chairs and Audit Committee members, the Non-Executive Directors all have a responsibility to provide robust challenge to the executive management of risk and to seek reasonable assurance of adequate control.

The Chief Executive, as the Accountable Officer for the Trust, has overall responsibility for effective risk management in the organisation. The Trust Risk Management Policy sets out in detail the roles and responsibilities of the Chief Executive and other Executive Directors. These include the following:

- The Chief Nurse leads on the process for the strategic development and implementation of organisational risk management, is accountable for the development of strategic clinical risk and for ensuring there is a robust system in place for monitoring compliance with the Care Quality Commission (CQC) standards.
- The Chief Nurse is also the Director of Infection Prevention and Control for the Trust and, together with the Patient Safety Officer, is responsible for managing patient safety, complaints, patient information and medical legal matters.
- The Chief Finance Officer has delegated responsibility for maintaining financial controls including overseeing the adoption and implementation of the Standing Financial Instructions and is the lead for counter fraud. The Chief Finance Officer also liaises with Internal and External Audit services who undertake programmes of audit with a risk-based approach.
- The Chief Medical Officer is the Responsible Officer for Medical Revalidation.
- The Chief Operating Officer is the Accountable Planning Officer for Emergency Preparedness, Resilience and Response (EPRR)
- The Chief Digital Information Officer is the Senior Information Risk Owner (SIRO). The SIRO is accountable to the Chief Executive with specialist support from the Information Governance team and Caldicott Guardian to ensure the management of confidentiality and security risks to Trust information and records.
- The Chief People Officer is accountable for the strategic management of the Trust's People strategy and equality and diversity compliance and employment processes.

- The Chief Commercial Officer has delegated responsibility for the management of Health & Safety risks and compliance with relevant legislation/regulation.

Collectively, the Executive Directors share responsibility for identifying and implementing control of strategic risks as well having individual accountability for risks within their specific portfolios. Each Executive Director will have governance mechanisms in place for the delivery and risk management of relevant services.

In addition, specific responsibilities are allocated to senior individuals within the organisation including:

- The Divisional Triumvirate (Divisional Chair, Divisional Director and Head of Nursing) share accountability to the Chief Operating Officer for identifying, managing and communicating risk within their respective divisions.
- The Trust Board Business Manager is the lead for the Board Assurance Framework on behalf of the Chief Executive.
- The Counter Fraud team is accountable to the Chief Finance Officer. The Local Counter Fraud Specialist (LCFS) undertakes the operational management and recording of fraud, bribery and corruption risks in the Trust.

The way in which staff are trained or equipped to manage risk in a way appropriate to their authority and duty

The Trust has a range of systems in place to prevent, manage and mitigate risks and measure associated outcomes. In addition to the Risk Management Policy, a comprehensive range of risk management policies and guidance are made available to staff including those related to incident reporting and investigation, risk assessment and health and safety. Other measures in place to support colleagues in their ability to manage risks include:

- Risk-related training in specific areas as part of the corporate induction and mandatory training programme.
- Availability of advice related to the management of risk in specific areas from a range of in-house professional and specialist staff. In addition, certain types of risk are addressed by the engagement of external expertise. For example, the risk of fraud is managed and deterred by the appointment of an external Local Counter Fraud Specialist (LCFS).
- Clinical and corporate teams are encouraged to consider learning related to risk management from both internal and external sources. There are processes in place to share learning following reported incidents and best practice. A proportion of these will relate to how services predict and manage the elements of clinical and business risk that are a factor in the day-to-day delivery of healthcare services.
- The Trust has an embedded learning culture supported by excellence reporting which highlights key episodes of excellent work achieved by colleagues and is part of monthly reporting to the Trust Board. Such a culture is also supported by the implementation of national clinical standards, the delivery of improvements from local and national clinical audits, the Medical Examiner review of deaths process, and the focus on learning from all untoward incidents.
- An annual compliance with legislation activity is undertaken.

The risk and control framework

The key elements of the risk management policy

Risk management is described as the systematic identification, description, assessment and management of risk in a given context and all colleagues are expected to follow the processes outlined in the Risk Management Policy and utilise the incident reporting system.

Following identification, risks are scored using a standardised risk scoring matrix. Risks scoring 8 or above and new/emerging risks are reported at monthly Service Delivery Unit (SDU) governance meetings for inclusion in local risk registers. Risks scoring at 12 or above will be reported to divisional governance meetings for inclusion in divisional risk registers. Risks scoring 15 or above will be reported monthly to the Risk and Compliance Monitoring Group. A similar process is followed for those corporate services sat outside of clinical divisions.

The Risk and Compliance Monitoring Group meets on a monthly basis and will make recommendations to the Executive Management Committee regarding risks to be escalated/de-escalated from the Corporate Risk Register. Urgent review of emerging or escalating risks are brought to the attention of the Associate Chief Nurse outside of these meetings by the Divisional Triumvirate.

On a bi-monthly basis, the Corporate Risk Register is presented to the Executive Management Committee and then onto Audit Committee and the Trust Board. Discussion at the Executive Management Committee will consider risks across the broader system and strategic risks, along with other known or emerging risks that may not yet be recorded. Where an operational risk has significant implications for delivering a Trust objective, this will be reflected in the Board Assurance Framework.

The Quality & Clinical Governance, Finance & Business Performance and Strategic People Committees are presented with their profile risks on a regular basis throughout the year. These meetings have a significant role in gaining assurance in relation to risk management within the Trust, ensuring challenges at service level are discussed, supported and managed.

At the end of each Board and Board Committee meeting, the Trust Board Business Manager summarises the emerging risks; those that have been highlighted through reports received and discussions during the meeting. These triangulated with those risks within the Corporate Risk Register and Board Assurance Framework and presented to the Trust Board through the Committee Chair reports. Any risks not already reflected are presented to Audit Committee alongside meeting minutes with associated actions to ensure oversight of these.

The Risk Management Policy and Risk Management Strategy both describe the Trust Board's risk appetite statement which was considered last by the Board in June 2022 and is scheduled for review in June 2023. The previous review was facilitated through an externally-led workshop and also involved setting an individual appetite for such risk to each of the strategic objectives and this information is displayed in the Board Assurance Framework report.

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

The Trust has the lowest tolerance for risks that materially impact on the safety of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money. The Trust has the

greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.

Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.

Trust Board Risk Appetite Statement, June 2022

The Trust has an established Board Assurance Framework (BAF) through which the Board is provided with a mechanism for satisfying itself that its responsibilities are being discharged effectively and informs the Board where the delivery of strategic objectives are at risk due to gaps in control/assurance. During 2022, Board Assurance Framework reporting was reconfigured to align with the BHT Strategy 2025 strategic objectives and to reflect the relationship with the Corporate Risk Register and the oversight of principal risks by specific Board Committees.

Documented within the Board Assurance Framework for each of the principal risks are the strategic threats, potential effects should the risk materialise, controls and assurance records in place and any gaps in assurances with actions to address these. Inherent and residual risk ratings are presented alongside the Board's appetite for risk in that area. The Board Assurance Framework ensures that appropriate internal and external assurances are put in place in relation to the management of all high-risk areas and a level of assurance is provided for each of the risks.

Key elements of the quality governance arrangements

The Trust's quality governance arrangements are managed by the Quality & Clinical Governance Committee, it's sub-groups and committees and via a number of associated systems and processes.

Clinical audit is supported by a central team and the Quality & Clinical Governance Committee receives assurance on the design and the delivery of the clinical audit programme through a range of reporting including a quarterly update from the Clinical Effectiveness Group.

The investigation of incidents, and learning from these, is predominantly managed within Divisions and is discussed at divisional and specific governance meetings. Serious Incidents (SIs) are discussed and monitored through the executive-led Serious Incident Executive and Divisional Management (SIEDM) Panel. The Trust Board has monthly oversight of SIs through performance reporting and via the Quality & Patient Safety Group. Full details of maternity SIs are received by Board quarterly. A wide range of mechanisms are in place to support learning from both incidents and the results of quality audits and these include:

- Chief Nurse and Chief Medical Officer led monthly newsletters and weekly bulletins highlighting the top quality and safety messages.
- A 'Reflect and Review' monthly forum for clinical and non-clinical colleagues to share examples of excellent patient care and examine areas for improvement.
- Academic half days.
- Formal and informal training and simulation sessions and experiential learning.

Complaints are managed by the central complaints team in partnership with Divisional colleagues. The number of new complaints and percentage of complaints responded to

within the required timeframe is considered monthly by the Trust Board. In 2022/23 the Trust compliance with responding to complaints from the public within 25 days of receipt improved from 28% in April 2022 to 78% in February 2023, supported by a revision of the Trust's complaints policy and procedures and focussed recruitment. In early 2023, Internal Audit undertook a review of compliance with such internal complaints processes for which a partial assurance opinion was received. Further changes to systems and processes are subsequently being made in line with recommendations.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Compliance with these requirements is ultimately assessed via CQC inspections and the Trust was subject to such an inspection in February 2022. This was an unannounced inspection of medical and surgical services at Stoke Mandeville and Wycombe Hospital. The final report was published in July 2022 and the Trust retained it's overall rating of Good. The Trust was rated as 'good' in the effective, responsive and well-led domains, as 'requires improvement' in the safe domain and maintained an 'outstanding' rating for the caring domain. The Trust Board maintains oversight of the subsequent 'Must Do' and 'Should Do' CQC action plan.

Quarterly engagement meetings with CQC continued throughout 2022/23. Outside of formal inspections, the Trust monitors compliance with CQC registration requirements independently, primarily through a programme of regular in-house assurance visits/inspections. In 2022, the Clinical Accreditation Programme was launched and rolled out which measures and provides assurance on quality, safety, patient and colleague experience and leadership across the organisation. In addition, the Trust introduced daily temperature checks and weekly and monthly quality audits through a digital application (Tendable).

On an annual basis the Trust conducts a comprehensive review of compliance with all regulation and legislation, including CQC requirements. This process includes identifying any gaps in compliance, setting actions to address these and monitoring progress with achieving such actions and is led by the Executive team. The process also allows the Trust to understand and assure the robustness of its compliance with regulatory and legislative duties. A new compliance dashboard was introduced in 2022 specific to Health & Safety legislation to improve Board oversight in this area.

The quality of performance information is primarily assessed by the Internal Audit programme. In 2022-23 this included review of CQC oversight controls, clinical audit, complaints and serious incidents. Changes to systems and processes were made in line with subsequent recommendations.

On a monthly basis, the Trust Board consider the Integrated Performance Report which encompasses key metrics regarding quality, people and finances aligned with the NHS System Oversight Framework and the Trust strategic priorities. Board Committees are responsible for oversight of metrics within the remit of the Committee and the use of statistical process control charts and accompanying narrative facilitate this. The Quality & Clinical Governance Committee consider the quality metrics on a monthly basis and request deep dives into any areas of concern. People metrics are considered by the Strategic People Committee with the Finance & Business Performance Committee considering key performance metrics.

How risks to data security are managed and controlled

Risks to data security are managed in accordance with the NHS Information Governance classification framework and the Data Security and Protection Toolkit (DSPT) requirements. Any gaps in controls are identified as risks and recorded, scored and reviewed in line with

the Trust risk management policy. Additional oversight of cyber related risks is provided by the Cyber Information Security Officer (CISO).

Following an independent audit of Trust compliance with the Data Security and Protection Toolkit (DSPT) commissioned by NHS Digital, the Trust demonstrated low compliance to these standards. Subsequently an action plan to address areas of non-compliance was produced and reviewed regularly by the Board throughout 2022-23. In June 2022, a partially compliant submission was made and in December 2022, the Trust was awarded 'Approaching Standards' status by NHS England. Investment continues to be made to ensure further gains will be delivered in this area throughout 2023-24.

Major organisational risks

In 2021, the Trust published BHT Strategy 2025 which set out three strategic priorities; outstanding care, healthy communities and great place to work and nine strategic objectives. The risks to achieving these objectives are set out within the Board Assurance Framework which was revised in 2022. The principal risks facing the organisation, those with the potential to prevent the achievement of key objectives during the year 2022-23, were as follows:

Failure to provide care that consistently meets or exceeds performance and quality standards
This incorporates risk related to long elective waits, the provision of safe emergency, maternity and neonatal care and overall management of risk and clinical governance within the organisation. Key contributors include inadequate infection prevention and control due to estates infrastructure, data quality and digital immaturity, demand and capacity for services (including primary/social care capacity), variation in productivity of clinical service lines and a lack of understanding and consistency in clinical governance and risk management across the organisation.

Failure to deliver our annual financial plan
This reflects the underlying Trust organisational financial deficit, structural financial challenges, inflationary pressures and a mismatch in the demand and availability of capital funds.

Failure to work effectively and collaboratively with external partners
This risk reflects the Trust's ambitions as an anchor institution alongside some local uncertainty as structures and relationships within the local Integrated Care System develop and mature.

Failure to provide consistent access to high quality care for Children and Young People
This reflects long waits for some community services alongside a significant increase in demand for such services, particularly related to educational needs, insufficient funding and an inability to recruit specialist staff.

Failure to support improvements in local population health and a reduction in health inequalities
This risk reflects inequalities in access to care and the potential for continued growth in the health inequality gap. Digital immaturity and a failure to effectively utilise data to manage local population health is a key contributor.

Failure to deliver our People priorities
The five people priorities relate to recruitment and resourcing, culture and leadership, supporting our staff, workforce planning and development and productivity. Key contributors to this risk are identified as insufficient levels of appropriately skilled staff, national cost of

living and resultant recent industrial action. Following the pandemic and subsequent sustained operational pressures, low morale is recognised as impacting negatively on colleague wellbeing and retention levels.

Failure to provide adequate buildings and facilities
This incorporates risk related to both estates and digital for which a lack of available capital is a significant contributor to both. The age of the estate and the lack of digital maturity are recognised as a standalone risk and also a key contributing factor in a number of other risks faced by the organisation.

Failure to learn, share good practice and continuously improve
This reflects some gaps in learning following incidents and the organisation not consistently being a place where new innovation and new ideas can be easily implemented.

The Board Assurance Framework, alongside the Corporate Risk Register, is considered by Trust Board and Board Committees as part of a regular report on overall organisational risk which was newly introduced in 2022-23. The Board Assurance Framework provides details on strategic threats for each of the risks, potential effects should the risk materialise, existing controls and assurance records and subsequent gaps in assurance with mitigating actions. Overall review and moderation of risks as well as progress with mitigating actions are monitored by Board and Board Committees as well as through monthly meetings with Executive leads in line with the Trust Risk Management Policy.

CQC well-led framework

Following the inspection of medical and surgical services in February 2022, CQC conducted an inspection against the well-led framework in March 2022. The Trust was rated as 'good' for well-led which was an improvement on the previous rating (requires improvement).

Risks to compliance with the NHS provider licence

In May 2022 the Trust Board completed the required self-certification for 2021-22 that the Trust could meet relevant obligations set out in the NHS provider licence. These include;

- Effective systems to ensure compliance with considerations of the licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6)
- Compliance with governance arrangements (condition FT4)

The required self-certification has been undertaken for 2022-23 and will be presented to Board with full compliance.

The Trust has appointed EY LLP to be its external auditors for 2022/23. However, due to national challenges, the audit was not able to be completed in line with the national timescale for submission of audited accounts. NHS England have been kept fully informed of progress.

The Directors Report provides further information on Board and Board Committee structures, roles and responsibilities.

The Trust remains in Segment 3 of the Single Oversight Framework with an action plan in place to support movement to Segment 2.

The key ways in which risk management is embedded in the activity of the organisation

As identified, the Trust Risk Management Policy sets out the processes by which risk is managed in the organisation. Alongside this, a range of supporting systems and processes are in place to embed risk management activity into the day-to-day activity of the Trust.

These include:

- Through the Trust induction and mandatory training programme which includes information governance, safeguarding, fire safety, infection prevention and control, health and safety and manual handling.
- Incident reporting is openly encouraged across the Trust with promotion of just culture and appreciative inquiry. Lessons learned from incidents and investigations are shared and disseminated. More information on this can be found in Performance Review section of this Annual Report.
- The patient safety team has robust lines of communication with the Executive Directors, Director for Medical Education and the Freedom To Speak Up Guardian (FTSUG) to ensure that conditions where colleagues feel safe to report incidents are fostered and maintained.
- Risk is regularly discussed at a wide range of forums including the Trust Board and Committees and divisional and service delivery unit (SDU) level governance meetings.
- Emergency preparedness systems are in place to ensure the Trust is able to respond, take action to control and mitigate risks at SDU, divisional and organisational levels.
- Risk management is incorporated into the Trust planning and Cost Improvement Programme (CIP) through the Quality Impact Assessment (QIA) process.

The way in which the Trust ensures that workforce strategies and staffing systems are in place

The Trust complies with the NHS Developing Workforce Safeguards through a number of methods:

- A review of safe staffing levels is led by the Chief Nurse and this is presented to the Board on a quarterly basis. These reviews follow the National Quality Board 2016 guidance and cover three components: evidence-based tools, professional judgement and quality outcomes. In addition, supplementary papers are considered which focus on maternity and medical staffing.
- The Trust Board reviews all people metrics on a monthly basis as part of a wider review of quality, safety, performance and finance metrics to ensure that challenges and risks are understood as part of the wider context of service delivery. This is supported by daily staffing reviews, key governance meetings within the people directorate and the Strategic People Committee.
- The Trust has as annual workforce plan that is submitted centrally along with the annual financial and activity plans. The Trust Board discusses all of these plans prior to their submission.
- Where there are critical service risks related to staffing and the safe delivery of care, these are escalated to the Trust Board, and external regulators as required, along with associated mitigations. Information from relevant risk registers are utilised as part of this process.
- A workforce representative is present at all Silver Command meetings when the Trust command and control structure is stood up.
- Recognising the continued impact of COVID-19 on the physical health, mental health and wellbeing of our colleagues, the Trust continues the significant focus on its health and wellbeing offering. The Trust has enhanced the counselling resources available in the wellbeing service to support demand and enable more ‘outreach’ across the Trust to provide quick and easy access to all. The dedicated physiotherapy resource to support musculoskeletal health conditions has also been expanded.

- The NHS People Plan, including the People Promise, remains a key thread through the work of the Trust in supporting the strategic priority to be a ‘Great Place to Work’. In 2022, the Trust was selected as one of 23 exemplar sites for the NHS England People Promise Exemplar Programme.

The Trust has a range of mechanisms in place for colleagues to raise concerns which includes accessing the Freedom To Speak Up Guardian. During 2022, the freedom to speak up service was expanded through the implementation of an outreach model and the introduction of a number of part time guardians. Initial results of the expansion demonstrate increased contacts with the service and better representation at staff networks (see below). The Trust also has a Guardian of Safe Working Hours in post dedicated for medical staff to raise concerns. At Board level, dedicated Speaking Up Champion and Wellbeing Guardian roles are filled by Non-Executive Directors.

Care Quality Commission (CQC) registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

Register of interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance (https://www.buckshealthcare.nhs.uk/publications/reports-and-data/).

In August 2022 a proactive exercise was undertaken jointly by Internal Audit and the Local Counter Fraud Specialist into Declarations of Interest and Private Practice and changes to Trust policies and processes were implemented as recommended.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Obligations under equality, diversity and human rights legislation

A number of control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

- Cover sheets for all papers that are presented to the Executive Management Committee, all Board Committees and Trust Board include a section for the author to make Committee and Board members aware of any specific equality impact or implication.
- Executive and Non-Executive Directors have undertaken Allyship training and have become a sponsor for one of our staff networks.
- The Trust currently supports eight staff networks, more information on which can be found in the Performance Review section of this Annual Report:

    - BHT EMBRACE (BME colleagues).
    - BHT Disability (colleagues with long-term health conditions or disability).
    - BHT Belonging (LGBTQ+ colleagues).
    - BHT VIBES (a multi-faith and spiritual network for all colleagues).
    - BHT Carers (colleagues actively caring for other family members).

    - BHT One in Four (supporting colleagues to talk about mental health).
    - BHT Women's Network
    - KALINGA (Filipino Healthcare Professional Organisation Bucks)

- Equality, diversity and inclusion training has been provided to every new joiner to the Trust via the induction programme. Additional inclusion training is available via the internal 'Peaks' management and leadership development programme.
- All Trust policies and relevant business cases include an equality impact assessment.

The Trust's Public Sector Equality Duty (PSED) report has been published and is available on the Trust website (https://www.buckshealthcare.nhs.uk/publications/equality-and-diversity-reports/).

A number of control measures are in place to ensure the Trust meets and complies with all relevant obligations including:

- All Trust policies have an integral compliance and monitoring section with annual monitoring requirements.
- Monthly review of workforce related data by the HR and Workforce Group.
- Employee Relations Tracker for ongoing monitoring of cases with annual overview of this through PSED, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting.
- Annual review of the Trust equality, diversity and inclusion objectives.
- At least an annual review of WRES and WDES reports by Trust Board and at a Divisional level.
- Completion of equality impact assessments as per above.

The Trust is planning to publish its 'Diversity and Inclusion Manifesto' as part of the Trust People Strategy in 2023/24.

Obligations under the Climate Change Act and the Adaption Reporting requirements

The Trust has undertaken risk assessments, has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme and ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. To progress towards the NHS ambition to become carbon net zero by 2024, the Trust published its Net Zero Roadmap in 2021 and the first audit of progress against this plan in November 2022.

During 2022/23 our Trainee Leadership Board undertook a project focussed on understanding the current performance of the Trust in relation to net zero targets and where further gains could be made. Subsequent recommendations were presented to the Board and an implementation plan put in place. These related to the use of medical gases and single use items and a reduction in patient travel; areas considered to have the most significant potential impact on carbon reduction.

Review of economy, efficiency and effectiveness of the use of resources

The Trust is required to demonstrate that it achieves value for money for taxpayers by demonstrating economy, efficiency and effectiveness in the use of resources available. The Trust's governance processes provide assurance regarding use of resources with regular scrutiny by the Capital Management Group, Executive Management Committee, Finance &

Business Performance Committee, Audit Committee and Trust Board. The executive-level Transformation Board provides assurance that transformation plans are delivered successfully and associate benefits relating to quality, people and money are realised. Governance for divisional performance is through monthly review meetings.

In 2022/23 the Group delivered an adjusted £14.2m deficit against its statutory reporting position which is consistent with the revised £14.3m deficit plan agreed with NHS England. Related to capital, the Group reported a £26.3m expenditure against its revised allocation of £26.3m for 2022/23.

The 2023/24 budget has been agreed with a full year deficit plan of £12.1m and a capital plan of £27.9m. The budget includes significant efficiencies of £36.6m. The efficiency plan remains challenging given the need to deliver increased activity to support continued recovery from the pandemic and meet ongoing significant operational pressures.

External auditors are required to provide an opinion on whether they are satisfied that, in all significant respects, the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness for its use of resources for the year ending 31 March 2023. The Trust has appointed EY LLP to be its external auditor for 2022/23. However, the appointment was delayed due to national challenges with the audit market, which meant that the audit could not be completed within the national timescale. NHS England have supported this process and have been kept fully appraised with progress.

The draft Head of Internal Audit Opinion for 2022/23 is that the organisation has an adequate and effective framework for risk management, governance and internal control. However, further enhancements to the framework have been identified to ensure that it remains adequate and effective. During the year no reports were presented with minimal assurance. Six reports were issued with a partial assurance opinion (negative) and six with a reasonable assurance opinion (positive). The details of all reports are considered by the Audit Committee who also monitor the implementation of actions to address identified weaknesses. The Executive Management Committee collectively considered all reports with a negative opinion and maintained a strong focus on supporting the implementation of management actions throughout the year.

The Trust also commissioned an internal audit review into the management of its capital spend in relation to the building of the new paediatric emergency department at Stoke Mandeville Hospital. This highlighted some issues with respect to our capital programmes and as such, the Executive Management Committee and Finance & Business Performance Committee took on greater scrutiny of capital programmes. Recommendations from the review continue to be worked through.

In view of the need to regain and retain financial grip and control following the pandemic whilst also deliver significant operational and workforce targets, in 2022 the Healthcare Financial Management Association (HFMA) published a Financial Sustainability self-assessment for Trusts to complete to consider whether appropriate processes were both in place and working effectively. Following completion of the self-assessment and an independent review of associated evidence by Internal Audit, the Trust demonstrated good compliance across all domains. Where areas for improvement were identified, relevant actions were articulated and implemented. This tool will be used on an ongoing basis to consider financial sustainability in the organisation, overseen by the Audit Committee.

Information governance

Any serious incidents that meet the required threshold are reported to the Information Commissioner's Office via the Data Security and Protection Toolkit. For the period 2022/23 there were two serious incidents which were notified to the Information Commissioner's Office (ICO). These related to a phishing email and data being disclosed in error. In both cases, the ICO confirmed no further action was required.

Data quality and governance

A number of measures are in place to assure the quality and accuracy of data including that which relates to elective waiting lists:

- The Trust has an Elective Care Access Policy which encompasses a number of Standard Operating Procedures for waiting list management at all stages of a referral to treatment pathway. The policy outlines the responsibilities of key colleagues including those related to the auditing of data quality.
- The Trust also has a Data Quality Policy which supports the principles of the information governance agenda in the element of quality assurance and as produced to achieve and maintain high quality data throughout the Trust. The policy describes the approach to data quality and outlines the role and responsibilities of the Data Quality Group.
- A weekly validation process is in place involving operational, management and information leads to assure the quality of local and national waiting times including the Referral to Treatment (RTT) pathway and ensure this information is both up to date and correct.
- A regular checking process is in place for RTT patients who have been removed from the waiting list following a non-patient interaction/validation. This is to assure data quality but also identify opportunities for improvement and/or training that support continued implementation and alignment with the Elective Care Access Policy.
- Within cancer services, patient level information is reviewed daily as part of multidisciplinary team meetings and tracing processes to support patient pathway management.
- Following the pandemic, additional clinical harm reviews were conducted across multiple services and patients were prioritised accordingly. Due to the volume of patients affected, clinical and non-clinical teams work closely together to ensure patients continue to be prioritised appropriately and risk of clinical harm minimised. More information can be found in the Performance Overview section of the Annual Report.

Data quality is also assessed through the Internal Audit programme. In 2022/23, specific audits were undertaken related to waiting list management policies and data (records) management. Changes to systems and processes were made in line with subsequent recommendations.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the Executive managers and clinical leads within Buckinghamshire Healthcare NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this Annual Report and other performance information available to me. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Finance & Business Performance Committee, Quality & Clinical Governance Committee and Strategic People

Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The draft Head of Internal Audit Opinion for 2022/23 states that "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". The last sentence of the opinion reflects that six reports received a partial assurance opinion (waiting list management, CQC, clinical audit, data management, major contract management and complaints) and five received a reasonable assurance opinion (serious incidents, business cases, payroll, financial systems and risk management and assurance framework). The Audit Committee approves in the Internal Audit annual plan and receives details from each of the reviews undertaken. Summary reports of relevant Internal Audit reviews are also submitted to the Executive Management Committee during the year.

Significant internal control issues
One Never Event was reported by the Trust in 2022/23, a retained foreign object post procedure. This incident was investigated and cross referenced to a similar event which occurred in 2021 in order to review the robustness of existing safety recommendations. The investigation has been completed, approved by Commissioners (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and the report shared with the patient concerned. Assurance has been provided by the Division of Surgery and Critical Care that all identified actions have been implemented.

During 2022/23 the Trust saw an increase in cancer referrals. Across the Trust, an average of 56.6% cancer patients received their first treatment within 62-days of diagnosis compared to a target of 85%. This has improved from 47% in 2021/22 and, supported by a programme of work, the number of patients waiting over 62 days continues to reduce.

The Trust remains in Segment 3 of the Single Oversight Framework with an action plan in place to support movement to Segment 2.

Conclusion
The significant internal control issues which have been identified in 2022/23 are described above, namely operational performance and one Never Event.

Signed

Chief Executive Date: 12/03/2024

Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations with an annual turnover in excess of £36 million to prepare an annual slavery and human trafficking statement. This is a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business.

We published a statement regarding slavery and human trafficking on our website in July 2022. Modern slavery declaration - Buckinghamshire Healthcare NHS Trust (buckshealthcare.nhs.uk)

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed

Chief Executive　　　　Date: 12/03/2024

Remuneration and staff report

Director's renumberation

The Secretary of State for Health determines the remuneration of the Chair and Non-Executive Directors nationally. Remuneration for Executive Directors is determined by the Trust's Nominations & Remuneration Committee. Membership of the Nominations & Remuneration Committee during 2022/23 comprised the following Non-Executive Directors:

Voting members
Mr David Highton (Chair) Dr Dipti Amin, Mrs Nicola Gilham, Mr Rajiv Jaitly, Mr John Lisle and Mr Tom Roche

On behalf of the Trust Board this reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change. The Committee is chaired by David Highton, Trust Chair, and meets as required.

The Executive Directors are employed within a standard employment contract which provides for a six-month notice period. On termination of employment the Director would be entitled to contractual severance terms, such as pay in lieu of notice and redundancy.

The voting Non-Executive Directors are appointed for a set term of office. Their original date of appointment, date of expiry and extended date of tenure (if applicable) are set out below:

Name	Date of appointment	Date of expiry	Extended date of tenure	Date of leaving
Mr David Highton (Chair)	January 2022	January 2025	-	-
Dr Dipti Amin	June 2015	June 2021	June 2023	-
Mrs Nicola Gilham	August 2019	August 2022	August 2025	-
Mr Rajiv Jaitly	June 2015	June 2021	June 2023	-
Mr John Lisle	April 2021	March 2024	-	-
Mr Tom Roche	Feb 2019	Feb 2021	Feb 2025	-
Mr Mo Girach(Non Voting)	April 2021	May 2023	-	-
Dr Adrian Hayter (Non Voting)	April 2021	March 2023	March 2024	

There are no rolling contracts. In 2022/23 there have been no significant awards or compensation payments made to past Directors, and no amounts are payable to third parties in respect of any Director.

Salaries and Allowances (subject to audit)

Table 1 – Single total figure table

Name and title	Date(s) of Service		2022-23						2021-22					
			(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
			Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
	Appointment	End of Term of Office	£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
Chairman Mr David Highton	January 2022		45 - 50	-	-	-	n/a	**45 - 50**	10 - 15				n/a	**10 - 15**
Chairman Mrs Hattie Llewelyn- Davies *	March 2014	December 2021	-	-	-	-	-	**-**	25 - 30					**25 - 30**
Non-Executive Director Mr Rajiv Jaitly	June 2015		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Non-Executive Director Dr Dipti Amin	June 2015		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Non-Executive Director Mr Tom Roche	February 2017		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Non-Executive Director Mrs Nicola Gilham	August 2019		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Non-Executive Director Mr John Lisle	April 2021		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Associate Non-Executive Director Mr Adrian Hayter	April 2021		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15				n/a	**10 - 15**
Associate Non-Executive Director Mr Mo Girach	March 2021		10 - 15	-	-	-	n/a	10 - 15	10 - 15				n/a	**10 - 15**
Chief Operating Officer Mr Dan Gibbs *	September 2019	September 2021	-	-	-	-	-	-	65 - 70	-	-	-	15 - 17.5	**80 - 85**
Chief Operating Officer Mr Gavin Macdonald *	October 2021	March 2022	-	-	-	-	-	-	60 - 65	-	-	-	-	**60 - 65**
Chief Executive Mr Neil Macdonald	March 2018		200 - 205	-	-	-		**200 - 205**	200 - 205					**200 - 205**
Chief Finance Officer Mr Barry Jenkins	August 2019	November 2022	155 - 160	-	0 - 5	-	42.5 - 45	**170 - 180**	150 - 155		0 - 5		37.5 - 40	**195 - 200**
Interim Chief Finance Officer Mr Kishamer Sidhu **	November 2022		85 - 90	-	-	-	-	**85 - 90**	-	-	-	-	-	-
Chief Operating Officer Mr Raghuv Bhasin	March 2022		130 - 135	-	-	-	35 - 37.5	**165 - 175**	5 - 10	-	-	-	5 - 10	**10 - 20**
Chief Nurse Ms Karen Bonner	March 2020		125 - 130	-	-	-	57.5-60	**180 - 190**	120 - 125				25 - 27.5	**145 - 150**
Chief Medical Officer Mr Andrew McLaren	April 2021		200 - 205	-	-	-	82.5 - 85	**275 - 285**	195 - 200	-	-	-	47.5 - 50	**242.5 - 250**
Director of Strategy Mr David Williams *	April 2015	February 2022	-	-	-	-	-	**-**	115 - 120	-	-	-	25 - 27.5	**140 - 145**
Chief Digital Information Officer Mr Duncan Dewhurt	July 2022		105 - 110	-	-	-	35-37.5	**140 - 150**	-				-	**-**
Chief People Officer Ms Bridget O'Kelly	August 2017		125 - 130	-	-	-	50-52.5	**175 - 185**	120 - 125	-	-	-	5 - 7.5	**125 - 130**
Chief Commercial Director Ms Ali Williams	December 2018		145 - 150	-	-	-	37.5-40	**180 - 190**	120 - 125	-	-	-	27.5 - 30	**150 - 155**

n/a - Non-Executive Directors are not entitled to pension
n/a* - Prior Year or part year comparators not available
* - Not employed by the Trust in 2022/23 but included for comparasion
** - Interim CFO Mr Kish Sidhu left the Trust in July 2023 and replaced by Mr Jon Evans

As per Table 1, performance related pay was made to the Director of Finance. There were no other performance related payments in 2022/23.

ull ls of r ors' p s o f s r g v low:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name and Title	Real increase in pension at NPA	Real increase in pension lump sum at NPA	Total accrued pension at National Pension Age (NPA) at 31 March 2023	Lump sum at National Pension Age (NPA) related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2023	Real Increase in Cash Equivalent Transfer Value*
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
Chief Finance Officer Mr Barry Jenkins	2.5 - 5	-	25 - 30	-	294	348	24
Chief Nurse Ms Karen Bonner	5 - 7.5	3.25 - 3.5	55 - 60	120 - 125	936	1,044	61
Chief Medical Officer Mr Andrew McLaren	5 - 7.5	8 - 8.25	65 - 70	150 - 155	1,271	1,426	105
Chief Operating Officer Mr Raghuv Bhasin	2.5 - 5	-	10 - 15	-	65	92	7
Chief People Officer Ms Bridget O'Kelly	2.5 - 5	-	55 - 60	-	742	830	49
Chief Commercial Director Ms Ali Williams	2.5 - 5	-	10 - 15	-	100	145	22
Chief Digital Information Officer Mr Duncan Dewhurt	2.5 - 5	-	5 - 10	-	59	86	12

Staff Numbers & Cost
[subject to audit]

The Trust employed over 5,600 whole-time equivalent (WTE) staff in the year 2022/23 on permanent contracts (note 1) of employment. Workforce numbers have increased during the year to help assist with unprecedented demands. The increase in staffing numbers has also led to an increase in Staff costs. The level of Other staff, which includes people on our bank of temporary staff, has remained largely static.

The number of staff employed within each staff grouping is shown below:

	2022-23			2021-22		
Average Staff Numbers	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	895	781	114	836	740	96
Administration and estates	1,288	1,187	101	1,273	1,126	147
Healthcare assistants and other support staff	863	727	136	856	738	118
Nursing, midwifery and health visiting staff	2,376	1,970	406	2,278	1,871	407
Scientific, therapeutic and technical staff	1,085	970	115	1,057	962	95
Other	12	12	-	8	8	-
TOTAL	6,519	5,647	872	6,308	5,445	863
Number of employees (WTE) engaged on capital projects	49	17	32	0	0	0

Expenditure on staff costs is shown below:

	2022/23 £000	2021/22 £000
Salaries and wages	260,668	233,492
Social security costs	25,900	23,683
Apprenticeship Levy	1,211	1,126
Employer's contributions to NHS pensions	44,198	40,280
Temporary staff (including agency)	47,851	46,272
Total gross staff costs	**379,828**	**344,855**
Of which costs capitalised as part of assets	3,087	6

Disclosures

The Trust is required to make the following disclosures:

Staff composition – The Trust is required to analyse the number of persons of each sex who were directors, senior managers and employees.

Category	**2022-23**			**2021-22**
	Female	**Male**	**Total**	**Total**
Directors	5	11	16	16
Senior managers	119	77	196	183
Other staff	5392	1343	6735	6435
TOTAL	5397	1354	6751	6451

Staff turnover percentage – staff turnover by staff group is shown below. Overall staff turnover has decreased from 2021/22 to 2022/23.

Staff group	**2022-23**	**2021-22**
Add Prof Scientific and Technic	18.4%	20.8%
Admin & Estates	13.3%	15.2%
Allied Health Professionals	13.4%	15.4%
Healthcare Assistants	16.7%	19.6%
Healthcare Scientists	17.5%	13.5%
Managers	13.8%	8.3%
Medical Staff	6.2%	7.1%
Nursing & Midwifery Registered	12.1%	16.0%
Support Staff	12.0%	14.8%
Trust	**12.5%**	**14.8%**

Banding of Senior Managers - The breakdown of Senior Managers, by band, is shown below:

Managers/Senior Managers		
	31 March 2023	31 March 2022
Agenda for Change Banding	Headcount	Headcount
Band 7	62	57
Band 8	119	112
Band 9	15	14
Non-Agenda for Change Contracts	6	6
Total	202	189

The bandings above do not directly correlate by the disclosure by sex due to the definition of Board members, senior managers and managers applied.

Percentage change in remuneration of highest paid director

The percentage change from the previous financial year in respect of the highest paid director is 0% (2021/22 0%) and the average percentage change from the previous financial year in respect of employees of the trust, taken as a whole is 4% (2021/22 4%).

Pay multiples
[subject to audit]

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director against the 25th percentile, median and 75th percentile of remuneration of the organisation’s workforce. Total remuneration is further broken down to show the relationship between the midpoint of the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation’s workforce.

The banded midpoint remuneration of the highest paid director in the financial year 2022/23 was £202,500 (2021/22 £202,500). This was 4.76 times (2021/22 4.9 times restated) the median remuneration of the workforce, which was £42,552 (2021/22 £41,119 restated). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	30,248	42,552	61,685
Salary component of total remuneration (£)	30,222	42,547	61,685
Pay ratio information	6.69:1	4.76:1	3.28:1
2021-22			
Total remuneration (£)	29,590	41,119	59,404
Salary component of total remuneration (£)	29,542	41,113	59,404
Pay ratio information	6.84:1	4.92:1	3.41:1

6 employees (2021/22 4) were paid more than the highest paid Director. Remuneration by midpoint of band, ranged from £30,247 to £202,500 in 2021/22 (£29,590 to £202,500 in 2021/22 restated).
Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions.

The information below details exit packages including redundancy paid to Trust employees (subject to audit):

There were no compulsory redundancies in 2021/22 or 2022/22.

There were 21 Other departures, which consisted of Contractual payments in lieu of notice, with a total cost of £67k. One of these departures was agreed in 2021/22 but the resulting payment was not allowed for in the Accounts. The highest amount was £14k and the lowest value was less than £100. The median value was £1.2k.

Off Payroll employees

The Review of Tax Arrangements of Public Sector Appointees report was published by the HM Treasury in 2012[1], which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that assure the tax arrangements of those people employed by the Trust, but not through payroll, for a period of more than six months at a cost of more than £245 per day.

The Trust is required to provide disclosures on how many of those arrangements it had in place at 31 March 2023, and new engagements during the period 1 April 2022 to 31 March 2023 (see Table 1 below).

Table 1: Contractual arrangements off-payroll costing >£245 per day	Number
Number of existing engagements as of 31 March 2021	3
Of which, the number that have existed:	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

[1] Review of tax arrangements of public sector appointees - GOV.UK (www.gov.uk)

Table 2: Contractual arrangements off-payroll costing >£245 per day	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	2
Number of new engagements which include contractual clauses giving the Buckinghamshire Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

All 'off-payroll' engagements are subject to a risk assessment as to whether assurance is required on the individual's tax affairs.

In addition, the Trust is required to provide the disclosure in the table below regarding the number of Board Members or Managers with financial responsibility employed on such a basis.

Number of off-payroll engagements of Board Members, and/or Senior Officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "Board Members, and/or Senior Officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	0

NHS Sickness Absence Figures for NHS 2022-23

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
a	b	c	d	e
5,649	60,686	10.7	2,061,708	98,447

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse
Period covered: January to December 2022

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

The information above has been subject to audit.

Declaration

I confirm adherence to the reporting framework in respect of the Accountability Report.

Signed

Date: 12/03/2024

Chief Executive

Financial statements

Thank you to The Cancer Care and Haematology Fund (CCHF), a charity set up to help those with cancer and haematology-based diseases in Buckinghamshire, as it has provided a New Year boost to our cancer information and support service. The charity is providing £5,000 a year to ensure the Cancer Information and Wellbeing Service can continue to give everyone being treated with cancer in Buckinghamshire access to good quality, comprehensive and appropriate help and support.

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Date 12/03/2024 Chief Executive

Date 12/03/2024 Chief Finance Officer

Buckinghamshire Healthcare NHS Trust

Annual accounts for the year ended 31 March 2023

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£000	£000		
Operating income from patient care activities	3.1	566,310	545,628	566,209	545,542
Other operating income	4	36,612	40,309	34,953	40,423
Operating expenses	5.1	(593,881)	(559,451)	(593,387)	(558,934)
Operating surplus/(deficit) from continuing operations		**9,041**	**26,486**	**7,775**	**27,031**
Finance income	10	1,185	207	999	65
Finance expenses	11	(10,263)	(9,693)	(10,263)	(9,693)
PDC dividends payable		(8,166)	(6,597)	(8,166)	(6,597)
Net finance costs		**(17,244)**	**(16,083)**	**(17,430)**	**(16,225)**
Other gains / (losses)	12	(539)	(70)	(135)	(505)
Surplus / (deficit) for the year from continuing operations		**(8,742)**	**10,333**	**(9,790)**	**10,301**
Surplus / (deficit) for the year	45	**(8,742)**	**10,333**	**(9,790)**	**10,301**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(2,004)	(6,999)	(2,004)	(6,999)
Revaluations	7	5,692	4,500	5,692	4,500
Total comprehensive income / (expense) for the period		**(5,054)**	**7,834**	**(6,102)**	**7,802**
Surplus/ (deficit) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(9,790)	10,301	(9,790)	10,301
Buckinghamshire Healthcare Projects Ltd		109	92	-	-
Buckinghamshire Healthcare NHS Trust Charitable Fund		939	(60)	-	-
TOTAL		**(8,742)**	**10,333**	**(9,790)**	**10,301**
Total comprehensive income/ (expense) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(6,102)	7,802	(6,102)	7,802
Buckinghamshire Healthcare Projects Ltd		109	92	-	-
Buckinghamshire Healthcare NHS Trust Charitable Fund		939	(60)	-	-
TOTAL		**(5,054)**	**7,834**	**(6,102)**	**7,802**

The Trust is performance-measured against a reported position adjusted for certain technical items. The make-up of its adjusted financial performance is shown below.

Adjusted financial performance				
Surplus / (deficit) for the period (before consolidation of charity)	(9,681)	10,393	(9,790)	10,301
Add back all I&E impairment reversals	(4,019)	(5,725)	(4,019)	(5,725)
Surplus / (deficit) before impairments and transfers	**(13,700)**	**4,668**	**(13,809)**	**4,576**
Remove capital donations / grants / peppercorn lease I&E impact	(458)	(5,721)	(458)	(5,721)
Adjusted financial performance surplus / (deficit)	**(14,158)**	**(1,053)**	**(14,267)**	**(1,145)**

Statements of Financial Position

		Group		Trust	
		31 March 2023	31 March 2022	31 March 2023	31 March 2022
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	13	310	680	310	680
Property, plant and equipment	14,15	350,554	338,887	350,463	338,866
Right of use assets	18	6,785	-	6,785	-
Other investments	19	8,010	8,442	-	-
Receivables	23	3,859	4,105	3,928	4,137
Total non-current assets		**369,518**	**352,114**	**361,486**	**343,683**
Current assets					
Inventories	22	10,464	8,101	9,919	7,627
Receivables	23	35,112	31,453	33,867	30,472
Cash and cash equivalents	25	19,134	52,369	16,907	51,091
Total current assets		**64,710**	**91,923**	**60,693**	**89,190**
Current liabilities					
Trade and other payables	26	(73,713)	(82,792)	(72,371)	(81,281)
Borrowings	28	(5,653)	(4,555)	(5,653)	(4,555)
Provisions	29	(366)	(1,497)	(366)	(1,497)
Other liabilities	27	(3,036)	(5,417)	(3,036)	(5,417)
Total current liabilities		**(82,768)**	**(94,261)**	**(81,426)**	**(92,750)**
Total assets less current liabilities		**351,460**	**349,776**	**340,753**	**340,123**
Non-current liabilities					
Borrowings	28	(38,475)	(41,191)	(38,475)	(41,191)
Provisions	29	(1,220)	(1,255)	(1,220)	(1,255)
Other liabilities	27	(183)	(201)	(183)	(201)
Total non-current liabilities		**(39,878)**	**(42,647)**	**(39,878)**	**(42,647)**
Total assets employed		**311,582**	**307,129**	**300,875**	**297,476**
Financed by					
Public dividend capital		381,309	371,807	381,309	371,807
Revaluation reserve		38,824	35,427	38,824	35,427
Other reserves		-	2,730	-	2,730
Income and expenditure reserve		(118,765)	(112,105)	(119,258)	(112,488)
Charitable fund reserves	21	10,214	9,270	-	-
Total taxpayers' equity		**311,582**	**307,129**	**300,875**	**297,476**

The notes on pages 8 to 54 form part of these accounts.

Name: Neil Macdonald
Position: Chief Executive Officer
Date 12/03/2024

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**371,807**	**35,427**	**2,730**	**(112,105)**	**9,270**	**307,129**
Surplus/(deficit) for the year	-	-	-	(9,681)	939	**(8,742)**
Impairments	-	(2,004)	-	-	-	**(2,004)**
Revaluations	-	5,692	-	-	-	**5,692**
Public dividend capital received	9,502	-	-	-	-	**9,502**
Other reserve movements	-	(291)	(2,730)	3,021	5	**5**
Taxpayers' and others' equity at 31 March 2023	**381,309**	**38,824**	**-**	**(118,765)**	**10,214**	**311,582**

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**354,511**	**40,656**	**-**	**(122,498)**	**9,330**	**281,999**
Surplus/(deficit) for the year	-	-	-	9,713	620	**10,333**
Other transfers between reserves	-	(2,730)	2,730	-	-	**-**
Impairments	-	(6,999)	-	-	-	**(6,999)**
Revaluations	-	4,500	-	-	-	**4,500**
Public dividend capital received	17,296	-	-	-	-	**17,296**
Other reserve movements	-	-	-	680	(680)	**-**
Taxpayers' and others' equity at 31 March 2022	**371,807**	**35,427**	**2,730**	**(112,105)**	**9,270**	**307,129**

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**371,807**	**35,427**	**2,730**	**(112,488)**	**297,476**
Surplus/(deficit) for the year	-	-	-	(9,790)	**(9,790)**
Impairments	-	(2,004)	-	-	**(2,004)**
Revaluations	-	5,692	-	-	**5,692**
Public dividend capital received	9,502	-	-	-	**9,502**
Other reserve movements	-	(291)	(2,730)	3,021	**-**
Taxpayers' and others' equity at 31 March 2023	**381,309**	**38,824**	**-**	**(119,257)**	**300,876**

Statement of Changes in Equity for the year ended 31 March 2022

Trust	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**354,511**	**40,656**	-	**(122,789)**	**272,378**
Surplus/(deficit) for the year	-	-	-	9,621	**9,621**
Other transfers between reserves	-	(2,730)	2,730	-	**-**
Impairments	-	(6,999)	-	-	**(6,999)**
Revaluations	-	4,500	-	-	**4,500**
Public dividend capital received	17,296	-	-	-	**17,296**
Other reserve movements	-	-	-	680	**680**
Taxpayers' and others' equity at 31 March 2022	**371,807**	**35,427**	**2,730**	**(112,488)**	**297,476**

Statements of Cash Flows

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus		9,041	26,486	7,775	27,031
Non-cash income and expense:					
Depreciation and amortisation	5	21,759	19,203	21,737	19,197
Net impairments	7	(4,019)	(5,725)	(4,019)	(5,725)
Income recognised in respect of capital donations		(615)	(6,858)	(2,147)	(7,538)
(Increase) / decrease in receivables and other assets		(3,618)	259	(3,998)	965
Increase in inventories		(2,364)	(1,267)	(2,293)	(1,035)
Decrease in payables and other liabilities		(5,191)	(2,499)	(4,955)	(3,169)
Decrease in provisions		(1,181)	(2,031)	(1,181)	(2,031)
Movements in charitable fund working capital		(505)	406	-	-
Other movements in operating cash flows		(1,532)	(680)	-	-
Net cash flows from operating activities		**11,775**	**27,294**	**10,919**	**27,695**
Cash flows from investing activities					
Interest received	10	1,014	65	999	65
Purchase of intangible assets	13	-	(7)	-	(7)
Purchase of PPE and investment property		(34,476)	(42,051)	(34,384)	(42,056)
Sales of PPE and investment property		73	114	73	114
Receipt of cash donations to purchase assets		615	-	615	-
Net cash flows from charitable fund investing activities		171	142	-	-
Net cash flows used in investing activities		**(32,603)**	**(41,737)**	**(32,697)**	**(41,884)**
Cash flows from financing activities					
Public dividend capital received		9,502	17,296	9,502	17,296
Capital element of lease liability repayments		(1,232)	(624)	(1,232)	(624)
Capital element of PFI, LIFT and other service concession payments		(4,135)	(8,218)	(4,135)	(8,218)
Other interest		(5)	(20)	(5)	(20)
Interest paid on lease liability repayments		(105)	(120)	(105)	(120)
Interest paid on PFI, LIFT and other service concession obligations		(10,137)	(9,563)	(10,137)	(9,563)
PDC dividend paid		(6,294)	(6,770)	(6,294)	(6,770)
Net cash flows used in financing activities		**(12,406)**	**(8,019)**	**(12,406)**	**(8,019)**
Decrease in cash and cash equivalents		**(33,234)**	**(22,462)**	**(34,184)**	**(22,208)**
Cash and cash equivalents at 1 April - brought forward		**52,369**	**74,831**	**51,091**	**73,299**
Cash and cash equivalents at 31 March	24	**19,135**	**52,369**	**16,907**	**51,091**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable fund reserve

This reserve comprises the ring-fenced fund held by the NHS Charitable Fund consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

This year, 2022/23, the Trust has reported a deficit of £14.2m of expenditure over income (after technical adjustments). Income from commissioners was largely based on a simplified fixed block income basis introduced as a response to the COVID-19 pandemic.

Whilst the Trust carries no loans with the Department of Health and Social Care, the historic cumulative deficit at 31st March 2023 remains at £92.4m and as a result the External Auditor is obliged to issue a referral to the Secretary of State for Health and Social care under Section 30 (1)(b) of the Local Authority and Accountability Act 2014 reporting that the Trust has technically breached its statutory duty to breakeven over the rolling period.

For the year ahead the Trust has submitted a £12.1m operating deficit as a plan for 2023/4. This equates to 2% of 2023/24 total income. This planned position is underpinned by a £36.2m total cost improvement programme (CIP), representing 6.4% of 2023/24 planned operating expenditure. This position is part of a collective financial challenge faced by the Buckinghamshire, Berkshire and Oxfordshire system in 2023/24 as it strives to return to financial balance while still delivering the highest standards of healthcare for its local population.

Management have prepared a cash forecast for the going concern period to March 2025 which shows sufficient liquidity for the Trust to continue to operate. The minimum forecast month end cash balance at the end of each month in the going concern period shows a minimum balance of £1.9m. This cash position is predicated on access to revenue support financing from NHS England. NHS England have confirmed that cash support for Trusts in deficit is through Provider Deficit Revenue Support Public Dividend Capital (PDC). The Trust has applied for £12.5m of Revenue Support PDC in 2023/24 and plans to receive a further allocation in 2024/25.

In conclusion, these factors, together with the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis in the preparation of the accounts.

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the corporate Trustee to Buckinghamshire Healthcare NHS charitable fund (registered number 1053113). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary under IAS 27 Consolidated and Separate Financial Statements as it falls within common control. The Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the Trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

The Charity is not required to report under International Financial Reporting Standards. It is required to comply with UK Generally Accepted Accounting Practice and there will be differences in Accounting Standards and Policies between the two. As a part of the consolidation exercise, areas which may be affected by the divergence in Accounting Standards, particularly around valuation of assets and liabilities, were assessed, and there was no resultant requirement to restate the Charity's results.

The valuation of the investment portfolio of the Charity is considered material within the Trust's Accounts. Therefore the Charity is considered to be under common control, with a requirement for consolidation. The main financial statements therefore have consolidated comparators. This investment in Note 19 represent the ring-fenced funds held by the NHS Charitable Fund consolidated within these accounts. These reserves are restricted to the objects of the Charity (charitable purpose).

Other subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and 'fair value less costs to sell'.

The Buckinghamshire Healthcare Projects Ltd (BHPL), is a wholly owned subsidiary company considered to be under common control for consolidation, the comparators are also consolidated. The main financial statements therefore have consolidated comparators. This balance represents the ring-fenced funds held by the BHPL consolidated within these accounts.

Where there have been transactions between the Trust and the Charity, and the Trust and BHPL the impact of these transactions needs to be removed to avoid 'double-counting'. For example, where the Charity or BHPL has expenditure with the Trust, which the Trust has recorded as income, both entries need to be removed to avoid over-inflating the results. However, where the Charity has provided funding against Trust expenditure which has been recharged, the expenditure will only be shown in the Charity's figures so has been consolidated.

The main financial statements and key notes show both the 'Group' position and the 'Trust' position, whereas certain notes the Group only position is represented. Where the 'Trust' is not disclosed in the notes this due where there no differences between 'Group' and 'Trust' or the differences are immaterial.

There will be specific Accounting Policies which may not be applicable to the Trust, but which may affect the recognition and valuation of financial transactions within the Charity's and BHPL's Accounts. In particular:

a. All incoming resources are recognised in full as soon as three factors are met:

Entitlement - when the Charity or BHPL becomes legally entitled to the receivable;

Certainty - when there is reasonable certainty that the incoming resource will be received, and

Measurement - when the monetary value can be measured with sufficient reliability.

This is of relevance to legacies. When confirmation has been received from representatives of the estate that payment of the legacy will be made or property transferred and, once all conditions attached to the legacy have been fulfilled, the incoming resource will be recognised.

b. Expenditure is recognised when a liability is incurred. Grant commitments are recognised when a constructive obligation arises that results in payment being unavoidable. Liability for unconditional grants is recognised when approval is given by the Trustee. Where the Trustee pledges support for the cost of an ongoing project the costs are accrued within the Charity as the costs are incurred on the project.

c. Investment fixed assets are shown at market value.

Quoted stocks and shares are included in the Statement of Financial Position at bid price, excluding dividends.

Other investment fixed assets are included at the Trustee's best estimate of market value.

All gains and losses are taken to the Income Statement as they arise. Realised gains and losses on investments are calculated as the difference between sale proceeds and opening market value (or cost at date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or cost at date of purchase if later).

Due to the exposure to market value of investments the Charity's, and therefore the Group's, exposure to risk with regard to financial assets is different to that of the Trust. Market values of investments can go down as well as up.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by the local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives some additional income to reimburse specific costs incurred.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The Charity's accounting policy on recognising income is disclosed in full in note 1.3.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Other operating income includes education and training funding from the Health Education for England.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period, this has become more significant as a result of the COVID-19 pandemic.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Assets under construction are valued at cost incurred on their development to the financial year end.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.
This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- payment for the fair value of services received;
- repayment of the finance lease liability, including finance costs, and
- payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Services received

The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Useful lives of property, plant and equipment
The range of remaining lives are detailed below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	69
Dwellings	29	46
Plant & machinery	3	25
Information technology	3	17
Furniture & fittings	10	16
Right of Use Assets	2	55

Note 1.10 Intangible assets
Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.
Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Useful lives of intangible assets

	Min life Years	Max life Years
Internally generated information technology	3	6
Software licences	5	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Certain financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities after initial recognition at fair value are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets measured at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability. The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term. Irrecoverable VAT is excluded from the asset value and expended as revenue as and when incurred.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised. Where an implicit rate cannot be readily determined, the trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset and revaluations are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period.

Where land and buildings assets are revalued, current values in existing use are determined as follows:

• Land and non-specialised buildings – market value for existing use

• Specialised buildings – depreciated replacement cost.

Leased plant and machinery and furniture and fittings are shorter-term leases and so the cost model is applied and these are measured at depreciated at historic cost.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Depreciation

The depreciation of right of use assets is based on the lesser of the lease term and the useful life of the asset, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets in line with IFRS 16, Leases.

Revaluation gains/losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating
expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the
asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive
Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Useful lives

The useful life of a right to use asset is usually equivalent to the lease term. However, if the trust expects to acquire the asset at the end of the lease term then the useful life will be determined in the same manner as owned property, plant and equipment as described in note 1.9 above

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.7% in real terms (prior year: minus 1.3%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 30 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 31 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 31, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-Trusts-and-foundation-Trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, for both the Trust and its subsidiaries, the amounts are stated net of VAT.

Note 1.19 Corporation tax

The subsidiary's corporation tax is calculated at 19% of the estimated taxable profit for the year. The charge for the year is £8k (£22k 2021/22) and this is reflected in group expenses.

Note 1.20 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Group position presented in these financial statements has two entities consolidated; Buckinghamshire Healthcare Projects Ltd (BHPL), and Buckinghamshire Healthcare NHS Trust Charitable Funds. BHPL is a wholly owned subsidiary company considered to be under common control for consolidation, the comparators are also consolidated. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those charitable funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Trust Board is Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund (registered number 1053113). The valuation of the investment portfolio of the Charity is considered material within the Trust's Accounts. Therefore the Charity is considered to be under common control, with a requirement for consolidation. The main financial statements therefore have consolidated comparators. This balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are restricted to the objects of the Charity (charitable Purpose).

The PFI contract pertaining to Amersham and Wycombe contains significant break clauses at year 30, 40 and 60. It is management's judgement that the costs associated with the contract be modelled until year 30, this would be an end date of September 2030. This is the period for which projections can be estimated reliably against the contractual arrangements and the operator's financial model. Any future contract extension or termination would be subject to robust value for money assessments to ensure that the selected option does not financially disadvantage the organisation. This judgment is not static and will need to be revisited and updated as necessary on an annual basis as part of the annual accounts process

Staff unable to utilise their full holiday entitlement in 2022/23 have been permitted to carry all, or part, of their outstanding leave forward into the next financial year. As consistent with the previous year management has accrued for the cost of unutilised leave. This accrual is estimated using available annual leave records and calculated rates of pay. Any leave carried forward would have been approved by the Chief People Officer ensuring that service demands are balanced.

Note 1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

In order to calculate the carrying value of the Trust's provisions, expenditure and valuation of the Trusts' land and building's, there are a number of areas which are required to be estimated and where there may be some uncertainty depending on the method used.

The Trust engages professional valuers to assess the Existing Value in Use (EUV) of the Trust's Land and Buildings as well as the length of time over which the asset could be expected to be used.

The primary source of estimation uncertainty regarding PPE is the judgement in determining the most appropriate assumptions applied in deriving the valuation for both EUV and DRC assets.

Such key factors include assumptions around floor areas, BCIS rates, obsolescence factors for DRC and the market rents and applicable yields for EUV.

The Trust's estimation of its non current asset values and useful economic life involves estimation and judgement. During 2022/23 a valuation of all the Trust's land and buildings was carried out by an external professional valuer as at 31 March 2023. Specialised buildings are valued based on a depreciated replacement costs (DRC) basis with non specialised buildings valued based on Existing Use (EUV). The valuation provided has been used for closing net replacement costs. The valuation exercise was carried in March 2023. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2021('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust. The assessed value of the land and buildings is £252m but in recognition of the potential for market conditions to move rapidly in response to changes economy the date at which valuation is carried out is important.

Note 2 Operating Segments

The Trust operates in only one segment - namely the provision of healthcare services.

The Trust's main commissioners were NHS England, Clinical Commissioning Groups (CCGs) up to the 30th of June 2022 and the Integrated Care Boards (ICB) from 1st of July 2022 which are considered to be under common control. The Trust's income from NHS England, CCGs and ICBs for patient care activities during the period was £566,310k (2021/22 £545,628k).
The balance to total income is other operating income of £36,612k (2021/22 £40,309k).
No other single customer accounted for more than 10% of the Trust's income.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	**2022/23**	**2021/22**
	£000	**£000**
Acute services		
Block contract / system envelope income*	426,528	421,542
High cost drugs income from commissioners (excluding pass-through costs)	34,394	33,204
Other NHS clinical income	8,457	4,221
Community services		
Block contract / system envelope income	38,070	41,574
Income from other sources (e.g. local authorities)	17,229	14,250
All services		
Private patient income	2,642	3,077
Elective recovery fund	12,483	11,795
Agenda for change pay offer central funding	11,230	-
Additional pension contribution central funding**	13,523	12,225
Other clinical income	1,754	3,740
Total income from activities	**566,310**	**545,628**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21 and this arrangement has continued into 2022/23. Under this new transitional financial framework there has been a greater focus on system partnership and providers have derived most of their income from system envelopes. The majority of income from activities was fixed for 2022/23.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS Providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on Providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2022/23	**2021/22**
Income from patient care activities received from:	**£000**	**£000**
NHS England	105,593	89,299
Clinical commissioning groups	104,557	432,223
Integrated care boards	330,741	-
NHS Foundation Trusts	2,724	3,212
Other NHS providers	884	1,009
NHS other	134	80
Local authorities	17,229	14,250
Non-NHS: private patients	2,642	2,890
Non-NHS: overseas patients (chargeable to patient)	631	187
Injury cost recovery scheme	1,034	1,157
Non NHS: other	141	1,321
Total income from activities	**566,310**	**545,628**
Of which:		
Related to continuing operations	566,310	545,628

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	631	187
Cash payments received in-year	266	267
Amounts written off in-year	30	21

Note 4 Other operating income (Group)

	2022/23	2021/22
	£000	£000
Research and development	1,809	1,588
Education and training	18,573	18,245
Non-patient care services to other bodies	1,383	1,284
Reimbursement and top up funding	136	831
Education and training - notional income from apprenticeship fund	1,154	1,098
Receipt of capital grants and donations		6,858
Charitable and other contributions to expenditure	1,249	1,405
Cash grants for the purchase of capital assets - received from other bodies	615	-
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	1,029	1,742
Rental revenue from operating leases	1,019	145
Charitable fund incoming resources	3,384	484
Other income	6,261	6,629
Total other operating income	**36,612**	**40,309**
Of which:		
Related to continuing operations	36,612	40,309
Related to discontinued operations		

Other Operating Income includes	2022/23	2021/22
	£000	£000
Car Parking income	1087	931
Non-Clinical Services to Other Bodies	0	15
Staff accommodation rental	367	489
Estates recharges (external)	0	0
Crèche services	817	718
Other income	3,990	4,476

Note 5.1 Operating expenses (Group)

	2022/23	2021/22
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	21,354	18,446
Staff and executive directors costs	376,741	344,849
Remuneration of non-executive directors	186	167
Supplies and services - clinical (excluding drugs costs)	36,699	36,727
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,029	1,742
Supplies and services - general	1,621	1,472
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	50,200	45,725
Inventories written down	494	238
Consultancy costs	5,933	10,323
Establishment	6,261	6,027
Premises	27,594	36,440
Transport (including patient travel)	2,488	2,258
Depreciation on property, plant and equipment	21,389	18,654
Amortisation on intangible assets	370	549
Reversal of impairments*	(4,019)	(5,725)
Movement in credit loss allowance: contract receivables / contract assets	(123)	(2,097)
Increase in other provisions	111	726
Change in provisions discount rate(s)	24	(19)
Audit services- statutory audit	318	104
Internal audit costs	170	180
Clinical negligence	12,940	11,644
Legal fees	275	357
Insurance	197	273
Education and training	3,679	5,782
Operating leases expenditure (comparative only)	-	1,125
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	24,254	22,244
Hospitality	22	28
Other NHS charitable fund resources expended	680	441
Other	2,994	771
Total	**593,881**	**559,451**
Of which:		
Related to continuing operations	593,881	559,451
Related to discontinued operations	-	-

* The reversal of previous impairments relates to the revaluation of land and buildings that resulted in an increase in value; GAM paragraph 4.136 (Other impairments) states that 'where an impairment loss does not result from a clear loss of economic value or service potential, for instance due to a change in market price then the standard treatment in IAS36 applies. The impairment must be taken to revaluation reserve, to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure'. Please refer also to Note 7.

Note 6.1Other auditor remuneration (Group)

No other remuneration has been paid to the Trust's external auditors in financial year 2022/23.

Note 6.2 Limitation on auditor's liability (Group)

	2022/23	2021/22
	£000	£000
Limitation on auditor's liability	1,000	1,000

Note 7 Impairment of assets (Group)

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(4,019)	(5,725)
Total net impairments charged to operating surplus / deficit	**(4,019)**	**(5,725)**
Impairments charged to the revaluation reserve	2,004	6,999
Increase to the revaluation reserve	(5,692)	(4,500)
Total net impairments	**(7,707)**	**(3,226)**

Land and Buildings are revalued annually on an asset by asset basis. Increases to the value in use of the asset over its original cost are recognised in the revaluation reserve. Decreases are written down through the Statement of Comprehensive Income.

Revalued assets are therefore either in a surplus or impaired position relative to their original cost.

Subsequent revaluations require that the increases in value on impaired assets first to be written back to the statement of comprehensive income as a "reversal of impairment" with any excess over original cost being applied to the revaluation reserve, Similarly if an asset is in revaluation surplus any decrease in value is first applied to the revaluation reserve and then to the statement of comprehensive income.

In the current financial year the Trust recognised a gain on previously impaired assets of £4,019k, however assets that were previously valued above original cost saw a net increase in value of £3,688k. This made the total change in value of assets £7,710k

Note 8 Employee benefits (Group)

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	260,668	233,492
Social security costs	25,900	23,683
Apprenticeship levy	1,211	1,126
Employer's contributions to NHS pensions**	44,198	40,280
Temporary staff (including agency)	47,851	46,274
Total gross staff costs	**379,828**	**344,855**
Recoveries in respect of seconded staff	-	-
Total staff costs*	**379,828**	**344,855**
Of which		
Costs capitalised as part of assets	3,087	6

* Total Staff Costs of £379,828 include £376,741k (£344,849k 2021/22) recognised within Operating expenses (note 5.1) and £3,087k (£6k 2021/22) capitalised as part of the asset. During the current financial year the Trust has collated sufficient support to capitalise staff costs in line with IAS 16.

**Pensions contributions includes the proportion that is funded centrally and is not paid directly by the Trust. However, the Trust is required to account for this notional expenditure, which is offset by income disclosed in Note 3.1. The cost of this was £13,523k in year (£12,225k 2021/22).

Note 8.1 Retirements due to ill-health (Group)

During 2022/23 there was 1 early retirement from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £99k (£92k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,014	65
NHS charitable fund investment income	171	142
Total finance income	**1,185**	**207**

Note 11.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	105	120
Interest on late payment of commercial debt	6	20
Main finance costs on PFI and LIFT schemes obligations	3,341	3,690
Contingent finance costs on PFI and LIFT scheme obligations	6,796	5,873
Total interest expense	**10,248**	**9,703**
Unwinding of discount on provisions	15	(10)
Total finance costs	**10,263**	**9,693**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2022/23	2021/22
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	6	20

Note 12 Other gains / (losses) (Group)

	2022/23	2021/22
	£000	£000
Losses on disposal of assets	(135)	(505)
Total gains / (losses) on disposal of assets	**(135)**	**(505)**
Fair value gains / (losses) on charitable fund investments & investment properties	(404)	435
Total other gains / (losses)	**(539)**	**(70)**

Note 13.1 Intangible assets - 2022/23

Group and Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**2,746**	**671**	**3,417**
Disposals / derecognition	(267)	(113)	**(380)**
Valuation / gross cost at 31 March 2023	**2,479**	**558**	**3,037**
Amortisation at 1 April 2022 - brought forward	**2,447**	**290**	**2,737**
Provided during the year	278	92	**370**
Disposals / derecognition	(267)	(113)	**(380)**
Amortisation at 31 March 2023	**2,458**	**269**	**2,727**
Net book value at 31 March 2023	**21**	**289**	**310**
Net book value at 1 April 2022	**299**	**381**	**680**

Note 13.2 Intangible assets - 2021/22

Group and Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**3,944**	**671**	**4,615**
Additions	7	-	**7**
Disposals / derecognition	(1,205)	-	**(1,205)**
Valuation / gross cost at 31 March 2022	**2,746**	**671**	**3,417**
Amortisation at 1 April 2021 - as previously stated	**3,103**	**290**	**3,393**
Provided during the year	549	-	**549**
Disposals / derecognition	(1,205)	-	**(1,205)**
Amortisation at 31 March 2022	**2,447**	**290**	**2,737**
Net book value at 31 March 2022	**299**	**381**	**680**
Net book value at 1 April 2021	**841**	**381**	**1,222**

Note 14.1 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**42,507**	**191,093**	**5,697**	**38,729**	**75,879**	**182**	**64,779**	**4,832**	**423,698**
IFRS 16 implementation - reclassification to right of use assets	-	(3,690)	-	-	(1,076)	-	-	-	**(4,766)**
Additions	-	11,181	-	8,353	4,497	-	4,563	-	**28,594**
Impairments	(940)	(7,046)	(523)	-	-	-	-	-	**(8,509)**
Reversals of impairments	-	4,942	-	-	-	-	-	-	**4,942**
Revaluations	4,527	492	148	-	-	-	-	-	**5,167**
Disposals / derecognition	-	-	-	-	(8,946)	-	(3,395)	-	**(12,341)**
Valuation/gross cost at 31 March 2023	**46,094**	**196,972**	**5,322**	**47,082**	**70,354**	**182**	**65,947**	**4,832**	**436,785**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(869)	-	-	-	**(869)**
Provided during the year	-	5,769	158	-	5,066	-	9,277	76	**20,346**
Impairments	-	(1,596)	(133)	-	-	-	-	-	**(1,729)**
Reversals of impairments	-	(3,670)	-	-	-	-	-	-	**(3,670)**
Revaluations	-	(500)	(25)	-	-	-	-	-	**(525)**
Disposals / derecognition	-	-	-	-	(8,782)	-	(3,351)	-	**(12,133)**
Accumulated depreciation at 31 March 2023	**-**	**19**	**-**	**52**	**44,611**	**181**	**36,910**	**4,458**	**86,231**
Net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**350,554**
Net book value at 1 April 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,683**	**1**	**33,795**	**450**	**338,887**

Note 14.2 Property, plant and equipment - 2021/22

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**48,050**	**176,563**	**4,841**	**19,513**	**74,968**	**182**	**83,318**	**4,832**	**412,267**
Additions	-	12,039	-	19,865	6,273	-	4,820	-	**42,997**
Impairments	(7,052)	(6,442)	2	-	-	-	-	-	**(13,492)**
Reversals of impairments	181	7,434	5	-	-	-	-	-	**7,620**
Revaluations	1,328	1,025	1,317	-	-	-	-	-	**3,670**
Reclassifications	-	649	-	(649)	-	-	-	-	**-**
Disposals / derecognition	-	(175)	(468)	-	(5,362)	-	(23,359)	-	**(29,364)**
Valuation/gross cost at 31 March 2022	**42,507**	**191,093**	**5,697**	**38,729**	**75,879**	**182**	**64,779**	**4,832**	**423,698**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**-**	**-**	**-**	**49,430**	**181**	**46,444**	**4,275**	**100,330**
Provided during the year	-	5,380	140	-	5,128	-	7,899	107	**18,654**
Impairments	-	(795)	-	-	-	-	-	-	**(795)**
Reversals of impairments	-	(3,793)	(10)	-	-	-	-	-	**(3,803)**
Revaluations	-	(716)	(114)	-	-	-	-	-	**(830)**
Reclassifications	-	(52)	-	52	-	-	-	-	**-**
Disposals / derecognition	-	(8)	(16)	-	(5,362)	-	(23,359)	-	**(28,745)**
Accumulated depreciation at 31 March 2022	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
Net book value at 31 March 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,683**	**1**	**33,795**	**450**	**338,887**
Net book value at 1 April 2021	**48,050**	**176,563**	**4,841**	**19,513**	**25,538**	**1**	**36,874**	**557**	**311,937**

Note 14.3 Property, plant and equipment financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	46,094	122,093	4,581	40,745	19,564	1	28,056	367	-	**261,501**
On-SoFP PFI contracts and other service concession arrangements	-	63,428	-	-	-	-	-	-	-	**63,428**
Owned - donated/granted	-	11,432	741	6,285	6,179	-	981	7	-	**25,625**
NBV total at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**-**	**350,554**

Note 14.4 Property, plant and equipment financing - 31 March 2022

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	42,507	116,038	5,095	32,392	19,092	1	32,664	439	-	**248,228**
Finance leased	-	3,438	-	-	-	-	-	-	-	**3,438**
On-SoFP PFI contracts and other service concession arrangements	-	60,631	-	-	-	-	-	-	-	**60,631**
Owned - donated/granted	-	10,970	602	6,285	7,591	-	1,131	11	-	**26,590**
NBV total at 31 March 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,683**	**1**	**33,795**	**450**	**-**	**338,887**

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	510	-	-	-	-	-	-	-	**510**
Not subject to an operating lease	46,094	196,443	5,322	47,030	25,743	1	29,037	374	-	**350,044**
NBV total at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**-**	**350,554**

There is no prior year comparative as this disclosure resulting from the implementation of IFRS 16 - Leases

Note 15.1 Property, plant and equipment - 2022/23

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**42,507**	**191,093**	**5,697**	**38,729**	**75,858**	**182**	**64,779**	**4,832**	**423,677**
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	(3,690)	-	-	(1,076)	-	-	-	(4,766)
Additions	-	11,181	-	8,353	4,405	-	4,563	-	**28,502**
Impairments	(940)	(7,046)	(523)	-	-	-	-	-	**(8,509)**
Reversals of impairments	-	4,942	-	-	-	-	-	-	**4,942**
Revaluations	4,527	492	148	-	-	-	-	-	**5,167**
Disposals / derecognition	-	-	-	-	(8,946)	-	(3,395)	-	**(12,341)**
Valuation/gross cost at 31 March 2023	**46,094**	**196,972**	**5,322**	**47,082**	**70,241**	**182**	**65,947**	**4,832**	**436,672**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	-	-	-	(869)	-	-	-	**(869)**
Provided during the year		5,769	158		5,044	-	9,277	76	**20,324**
Impairments	-	(1,596)	(133)	-	-	-	-	-	**(1,729)**
Reversals of impairments	-	(3,670)	-	-	-	-	-	-	**(3,670)**
Revaluations	-	(500)	(25)	-	-	-	-	-	**(525)**
Disposals / derecognition	-	-	-	-	(8,782)	-	(3,351)	-	**(12,133)**
Accumulated depreciation at 31 March 2023	**-**	**19**	**-**	**52**	**44,589**	**181**	**36,910**	**4,458**	**86,209**
Net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**
Net book value at 1 April 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,662**	**1**	**33,795**	**450**	**338,866**

Note 15.2 Property, plant and equipment - 2021/22

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**48,050**	**176,563**	**4,841**	**19,513**	**74,947**	**182**	**83,318**	**4,832**	**412,246**
Additions	-	12,039	-	19,865	6,273	-	4,820	-	**42,997**
Impairments	(7,052)	(6,442)	2	-	-	-	-	-	**(13,492)**
Reversals of impairments	181	7,434	5	-	-	-	-	-	**7,620**
Revaluations	1,328	1,025	1,317	-	-	-	-	-	**3,670**
Reclassifications	-	649	-	(649)	-	-	-	-	**-**
Disposals / derecognition	-	(175)	(468)	-	(5,362)	-	(23,359)	-	**(29,364)**
Valuation/gross cost at 31 March 2022	**42,507**	**191,093**	**5,697**	**38,729**	**75,858**	**182**	**64,779**	**4,832**	**423,677**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**-**	**-**	**-**	**49,430**	**181**	**46,444**	**4,275**	**100,330**
Provided during the year	-	5,380	140	-	5,128	-	7,899	107	**18,654**
Impairments	-	(795)	-	-	-	-	-	-	**(795)**
Reversals of impairments	-	(3,793)	(10)	-	-	-	-	-	**(3,803)**
Revaluations	-	(716)	(114)	-	-	-	-	-	**(830)**
Reclassifications	-	(52)	-	52	-	-	-	-	**-**
Disposals / derecognition	-	(8)	(16)	-	(5,362)	-	(23,359)	-	**(28,745)**
Accumulated depreciation at 31 March 2022	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
Net book value at 31 March 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,662**	**1**	**33,795**	**450**	**338,866**
Net book value at 1 April 2021	**48,050**	**176,563**	**4,841**	**19,513**	**25,517**	**1**	**36,874**	**557**	**311,916**

Note 15.3 Property, plant and equipment financing - 31 March 2023

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	46,094	122,093	4,581	40,745	19,473	1	28,056	367	**261,410**
On-SoFP PFI contracts and other service concession arrangements	-	63,428	-	-	-	-	-	-	**63,428**
Owned - donated / granted	-	11,432	741	6,285	6,179	-	981	7	**25,625**
Total net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**

Note 15.4 Property, plant and equipment financing - 31 March 2022

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	42,507	116,038	5,095	32,392	19,071	1	32,664	439	**248,207**
Finance leased	-	3,438	-	-	-	-	-	-	**3,438**
On-SoFP PFI contracts and other service concession arrangements	-	60,631	-	-	-	-	-	-	**60,631**
Owned - donated / granted	-	10,970	602	6,285	7,591	-	1,131	11	**26,590**
Total net book value at 31 March 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,662**	**1**	**33,795**	**450**	**338,866**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	100	-	-	-	-	-	-	**100**
Not subject to an operating lease	46,094	196,853	5,322	47,030	25,652	1	29,037	374	**350,363**
Total net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**

Note 16 Donations of property, plant and equipment

The Trust was fortunate in 2022/23 to receive donations of Medical Equipment from Scannappeal for £1,052k (2021/22 £658k) as well as from Buckinghamshire Healthcare NHS Trust Charitable Fund for £423k (2021/22 £680k) . No restrictions were placed on any of the equipment. The most significant contribution was towards a surgical robot. The Trust is grateful for donations towards advanced medical equipment.

Note 17 Revaluations of property, plant and equipment

The Trust commissioned an independent valuer, Cushman Wakefield, to conduct a desktop revaluation in 2022/23. The valuer valued land and non-specialised buildings at market value for existing use. For specialist assets, current value in existing use value being the present value of the assets remaining service potential, specialist assets are therefore valued at their depreciated replacement costs (DRC) as at the 31st of March 2023. Useful lives have also been assessed and will be the basis for depreciation charged to the financial statements with effect from the 1st of April 2023.

The revaluation resulted in a reversal of impairments of £4,019k (2021/22 £5,725k) and a increase to the revaluation reserve of £3,688k (decrease in 2021/22 £2,499K). Please refer to Note 7.

Plant and equipment is not revalued at financial year end. The assets are depreciated over useful lives which are representative of their value in use.

Note 18 Leases - Buckinghamshire Healthcare NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has recognised leases for the properties below:
Harrington House - Department of Health
Alexandra House
Sterile Services (CSSD) Building

Equipment
Sterile Service (CSSD) Equipment

Other
Leased Vehicles

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 18.1 Right of use assets - 2022/23

Group and Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	3,690	1,076	-	**4,766**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	1,456	1,960	225	**3,641**	584
Remeasurements of the lease liability	107	-	-	**107**	-
Reversal of impairments	118	-	-	**118**	-
Valuation/gross cost at 31 March 2023	**5,371**	**3,036**	**225**	**8,632**	**584**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	869	-	**869**	-
Provided during the year	648	320	75	**1,043**	292
Reversal of impairments	(65)	-	-	**(65)**	-
Accumulated depreciation at 31 March 2023	**583**	**1,189**	**75**	**1,847**	**292**
Net book value at 31 March 2023	**4,788**	**1,847**	**150**	**6,785**	**292**
Net book value of right of use assets leased from other NHS providers	-	-	-	-	-
Net book value of right of use assets leased from other DHSC group bodies	-	-	-	-	292

Note 18.3 Revaluations of right of use assets

Please refer to note 17 regarding the revaluation of assets. The CSSD building is only leased asset that has been subject to revaluation in 2022/23. This resulted in an increase to value of £186k

Note 18.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 28.

	Group	Trust
	2022/23	2022/23
	£000	£000
Carrying value at 31 March 2022	**4,713**	**4,713**
IFRS 16 implementation - adjustments for existing operating leases	3,641	3,641
Lease liability remeasurements	107	107
Interest charge arising in year	105	105
Lease payments (cash outflows)	(1,337)	(1,337)
Carrying value at 31 March 2023	**7,229**	**7,229**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

There are no such payments in 2022/23. Cash outflows in respect of leases recognised on-SOFP are disclosed in the reconciliation above.

Note 18.5 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,206	296	1,206	296
- later than one year and not later than five years;	2,522	-	2,522	-
- later than five years.	3,914	-	3,914	-
Total gross future lease payments	**7,642**	**296**	**7,642**	**296**
Finance charges allocated to future periods	(413)	(2)	(413)	(2)
Net lease liabilities at 31 March 2023	**7,229**	**294**	**7,229**	**294**
Of which:				
- Current	1,137	294	1,137	294
- Non-Current	6,092	-	6,092	-

Note 18.6 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the Trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	Group	Trust
	31 March 2022	31 March 2022
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	511	511
- later than one year and not later than five years;	1,896	1,896
- later than five years.	2,768	2,768
Total gross future lease payments	**5,175**	**5,175**
Finance charges allocated to future periods	(462)	(462)
Net finance lease liabilities at 31 March 2022	**4,713**	**4,713**
of which payable:		
- not later than one year;	420	420
- later than one year and not later than five years;	1,665	1,665
- later than five years.	2,628	2,628
Total of future minimum sublease payments to be received at the reporting date	-	

Note 18.7 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	Group	Trust
	2021/22	2021/22
	£000	£000
Operating lease expense		
Minimum lease payments	1,125	1,125
Contingent rents	-	-
Less sublease payments received	-	-
Total	**1,125**	**1,125**

	31 March 2022	31 March 2022
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,026	1,026
- later than one year and not later than five years;	3,070	3,070
- later than five years.	-	
Total	**4,096**	**4,096**
Future minimum sublease payments to be received	-	-

Note 18.8 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

Group and Trust	**1 April 2022**
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**4,096**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**4,037**
Less:	
Other adjustments:	
Differences in the assessment of the lease term	(2,356)
Finance lease liabilities under IAS 17 as at 31 March 2022	4,713
Other adjustments	1,960
Total lease liabilities under IFRS 16 as at 1 April 2022	**8,354**

Incremental revenue impact of IFRS 16	**Group**
	2022/23
	£000
IFRS 16 basis	
Operating expenditure and finance costs	
Depreciation on right-of-use assets (excluding peppercorn)	(1,043)
Interest cost on leases	(105)
Operating income and finance income	
Lessor operating lease income	1,019
	(129)
IAS 17 basis	
Operating expenditure and finance costs	
Lease expenditure charged to operating expenses (being expenditure in 2022/23 if IAS 17 had continued to apply, inc irrecoverable VAT)	(826)
Depreciation and amortisation on finance leased assets (amounts in 2022/23 where would have been finance lease under IAS 17)	(230)
Interest on finance leased assets (amounts in 2022/23 where would have been finance lease under IAS 17)	(35)
Operating income and finance income	
Lessor operating lease income	1,019
	(72)
Incremental impact of IFRS 16	
on Adjusted financial performance	(57)
on non-ringfenced RDEL	(57)

Note 19 Other investments

The Board is the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Funds (registered Charity number 1053113). The Charity invests the charitable funds donated to them whilst proposals to utilise and expend these funds are formulated and executed. It is not the Trustee's primary aim to accumulate funds. Accordingly, a portion of the total funds are held back as working capital with the rest constituting the portfolio invested in line with the Charity's Investment Policy. The valuation of the investments is shown below.

	Group	
	2022/23	**2021/22**
	£000	**£000**
Carrying value at 1 April - brought forward	**8,442**	**8,407**
Movement in fair value through income and expenditure	(404)	435
Disposals	(28)	(400)
Carrying value at 31 March	**8,010**	**8,442**

Note 20 Disclosure of interests in other entities

The Trust formed a wholly owned subsidiary, Buckinghamshire Healthcare Projects Limited on the 1st of March 2017. This private limited company commenced trading on the 4th of April 2018 delivering outpatient dispensing services to the Trust's Patients. The position and results of the company have been consolidated into the entities accounts in accordance with IFRS 10. All intercompany balances have been eliminated and the company's reported surplus of £35k, plus a carried forward difference of £74k from 2021/22, giving a total of £109k, included within the "Group" position for 2022/23. The financial statements for BHPL in 2022/23 report a turnover of £8,400k (£6,843K in 2021/22), cost of sales of £6,844k (£5,605k in 2021/22), administration expenses of £1,527k (£1,057k in 2021/22), with tax on profit of £8k (£21k in 2021/22). The company holds no significant assets or liabilities requiring separate disclosure.

As disclosed in Note 19, the Board of the Trust is the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Funds (registered Charity number 1053113). BHNHSTCF became the registered name of the Charity on 12 October 2012. The Charity was formerly known as South Buckinghamshire Hospitals NHS Trust Charitable Fund.The objectives of this Charity are for the provision of patient care, staff welfare, research and general charitable hospital purposes at Buckinghamshire Healthcare NHS Trust. The position and results of the Charity have been consolidated into the Trust's accounts in accordnance with IFRS 10, and all intercompany balances eliminated in accordance with IFRS 10. The Charity reported an excess of incoming resources over expenditure of £939k. The Charity held investments of £8,010k which have been disclosed in Note 19, together with cash balances of £2,204k. It holds no other assets and liabilities requiring separate disclosure.

Note 21 Analysis of charitable fund reserves

	31 March 2023	31 March 2022
	£000	**£000**
Unrestricted funds:		
Unrestricted income funds	5,048	3,826
Endowment funds	101	106
Other restricted income funds	5,065	5,338
	10,214	**9,270**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	31 March 2023	**31 March 2022**	**31 March 2023**	**31 March 2022**
	£000	**£000**	**£000**	**£000**
Drugs	5,416	4,790	4,871	4,316
Consumables	4,869	3,258	4,869	3,258
Energy	179	52	179	52
Charitable fund inventory	-	1	-	1
Total inventories	**10,464**	**8,101**	**9,919**	**7,627**

Inventories recognised in expenses for the year were £89,465k (2021/22: £84,858k). Write-down of inventories recognised as expenses for the year were £494k (2021/22: £238k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,029k of items purchased by DHSC (2021/22: £1,742k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 23.1 Receivables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Contract receivables	23,184	14,705	23,181	14,705
Allowance for impaired contract receivables / assets	(3,405)	(2,856)	(3,405)	(2,856)
Deposits and advances	1	1	1	1
Prepayments (non-PFI)	5,286	8,280	5,258	8,280
PFI lifecycle prepayments	4,511	4,229	4,511	4,229
PDC dividend receivable	-	1,094	-	1,094
VAT receivable	4,082	4,331	4,082	4,331
Other receivables	432	1,255	239	688
NHS charitable funds receivables	1,021	414	-	
Total current receivables	**35,112**	**31,453**	**33,867**	**30,472**
Non-current				
Contract receivables	3,265	3,268	3,265	3,268
Allowance for impaired contract receivables / assets	(805)	(707)	(805)	(707)
Clinician pension tax provision reimbursement funding from NHSE	585	534	585	534
Other receivables	814	1,010	883	1,042
Total non-current receivables	**3,859**	**4,105**	**3,928**	**4,137**
Of which receivable from NHS and DHSC group bodies:				
Current	17,230	7,535	16,839	7,535
Non-current	585	543	585	534

Note 24.1 Allowances for credit losses- 2022/23

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2022 - brought forward	**3,563**	**-**	**3,563**	**-**
Changes in existing allowances	(116)	-	-	-
Reversals of allowances	(7)	-	(123)	-
Utilisation of allowances (write offs)	770	-	770	-
Allowances as at 31 Mar 2023	**4,210**	**-**	**4,210**	**-**

Note 24.1 Allowances for credit losses - 2021/22

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2021 - as previously stated	**6,871**		**6,871**	
Reversals of allowances	(2,097)		(2,097)	
Utilisation of allowances (write offs)	(1,211)		(1,211)	
Allowances as at 31 Mar 2022	**3,563**	**-**	**3,563**	**-**

Note 25.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
At 1 April	**52,369**	**74,831**	**51,091**	**73,299**
Net change in year	(33,234)	(22,462)	(34,184)	(22,208)
At 31 March	**19,135**	**52,369**	**16,907**	**51,091**
Broken down into:				
Cash at commercial banks and in hand	29	45	29	45
Cash with the Government Banking Service	19,105	52,324	16,878	51,046
Total cash and cash equivalents as in SoFP	**19,134**	**52,369**	**16,907**	**51,091**
Total cash and cash equivalents as in SoCF	**19,134**	**52,369**	**16,907**	**51,091**

Note 26.1 Trade and other payables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Trade payables	3,855	8,585	3,415	8,585
Capital payables	9,693	16,825	9,693	16,825
Accruals	46,038	38,464	45,453	38,464
Annual Leave Accrual	1,934	5,828	1,934	5,828
Social security costs	3,389	3,715	3,389	3,715
VAT payables	110	35	110	35
Other taxes payable	3,149	3,464	3,149	3,464
PDC dividend payable	713	(65)	713	(65)
Pension contributions payable	4,371	4,149	4,371	4,149
Other payables	173	1,571	144	281
NHS charitable funds: trade and other payables	288	221	-	-
Total current trade and other payables	**73,713**	**82,792**	**72,371**	**81,281**
Non-current				
Total non-current trade and other payables	**-**	**-**	**-**	**-**
Of which payables from NHS and DHSC group bodies:				
Current	3,530	3,239	2992	3,239
Non-current	-	-	-	-

Note 26.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-

Note 27 Other liabilities

Group and Trust	Group 31 March 2023	31 March 2022
	£000	**£000**
Current		
Deferred income: contract liabilities	3,018	5,417
Deferred PFI credits / income	18	
Total other current liabilities	**3,036**	**5,417**
Non-current		
Deferred PFI credits / income	183	201
Total other non-current liabilities	**183**	**201**

Note 28 Borrowings

Group and Trust	Group 31 March 2023	31 March 2022
	£000	**£000**
Current		
Lease liabilities*	1,137	420
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	4,516	4,135
Total current borrowings	**5,653**	**4,555**
Non-current		
Lease liabilities*	6,092	4,293
Obligations under PFI, LIFT or other service concession contracts	32,383	36,898
Total non-current borrowings	**38,475**	**41,191**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 18

Note 28.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2022/23	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	**4,713**	**41,033**	**45,746**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,232)	(4,135)	**(5,367)**
Financing cash flows - payments of interest	(105)	(3,340)	**(3,445)**
Non-cash movements:			
IFRS 16 implementation - adjustments for existing operating leases / subleases	3,641	-	**3,641**
Lease liability remeasurements	107	-	**107**
Application of effective interest rate	105	3,341	**3,446**
Carrying value at 31 March 2023	**7,229**	**36,899**	**44,128**

Group - 2021/22	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2021	**5,337**	**49,251**	**54,588**
Cash movements:			
Financing cash flows - payments and receipts of principal	(624)	(8,218)	**(8,842)**
Financing cash flows - payments of interest	(120)	(3,690)	**(3,810)**
Non-cash movements:			
Application of effective interest rate	120	3,690	**3,810**
Carrying value at 31 March 2022	**4,713**	**41,033**	**45,746**

Note 29.1 Provisions for liabilities and charges analysis (Group and Trust)

Group and Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	2019/20 clinicians' pension reimbursement	Other	Charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000		£000	£000	£000
At 1 April 2022	**50**	**829**	**267**	**-**	**-**	**77**	**534**	**995**	**-**	**2,752**
Change in the discount rate	9	15	-	-	-	-	-	-	-	**24**
Arising during the year	27	57	-	-	-	-	51	-	-	**135**
Utilised during the year	(35)	(123)	(66)	-	-	(77)	-	(765)	-	**(1,066)**
Reversed unused	(9)	(39)	4	-	-	-	-	(230)	-	**(274)**
Unwinding of discount	1	14	-	-	-	-	-	-	-	**15**
At 31 March 2023	**43**	**753**	**205**	**-**	**-**	**-**	**585**	**-**	**-**	**1,586**
Expected timing of cash flows:										
- not later than one year;	35	126	205	-	-	-	-	-	-	**366**
- later than one year and not later than five years;	8	368	-	-	-	-	-	-	-	**376**
- later than five years.	-	259	-	-	-	-	585	-	-	**844**
Total	**43**	**753**	**205**	**-**	**-**	**-**	**585**	**-**	**-**	**1,586**

Note 30 Clinical negligence liabilities

At 31 March 2023, £140,798k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Buckinghamshire Healthcare NHS Trust (31 March 2022: £195,153k).

NHS resolution provide for the clinical negligence claims in their set of accounts and therefore these amounts are not reflected within the financial statements.

Note 31 Contingent assets and liabilities

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	28	44
Gross value of contingent liabilities	**28**	**44**
Net value of contingent liabilities	**28**	**44**
Net value of contingent assets	**-**	

The values are as notified by NHS resolution based on their best estimate of claim processed. The Trust has no reason to disagree with this assessment which has historically been accurate.

Note 32 Contractual capital commitments

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	3,920	4,526
Intangible assets	-	-
Total	**3,920**	**4,526**

The commitments above relate to contractually-committed values for capital schemes that are underway, but not complete at 31st March 2023. The works, goods or services have yet to be provided, so the Trust does not have a liability to the extent that they would need to be recognised as payables.

Note 33 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has two Private Finance Initiative (PFI) contracts known as the 'South Bucks' contract for the buildings at Wycombe and Amersham Hospitals and the 'Stoke Mandeville' contract for the building at Stoke Mandeville. Both the Trusts PFI are accounted for as on SORP PFI's. The Trust does not have any off SOFP PFI's.

The South Bucks scheme was for the provision of a new building at Wycombe Hospital, and an almost complete rebuild of Amersham Hospital. The contract was signed in December 1997 and the new buildings were fully operational in November 2000. The contract length is 63 years and the Trust has an option to break the contract at 33 years, 43 years and every 5 years after that.

The Stoke Mandeville scheme was for the re-provision of 11 wards (238 beds), a new entrance and restaurant and a new burns unit on the Stoke Mandeville site. The contract was signed in May 2004 and the new buildings became fully operational in August 2006. The contract was for 32 years from the date of signing.

As part of the contract terms, the PFI partner will be responsible for the provision of facilities management during the lifetime of the contract and will receive a guaranteed amount of income from catering and provision of car parking.

In both cases the Trust retains the ownership of the land. During the period of the contract the Trust is obliged to retain buildings, although it can specify what services are provided on each site.

Under IFRIC 12 the Trust treats the assets (buildings) resulting from these contracts as its own and their value is included within the Statement of Financial Position (Note 15.3). It also includes a liability for the payment that is required to be made to the PFI partners (Note 28).

The Unitary Payment paid to the PFI partners is accounted for partly as costs relating to the supply of the facilities management services under General Supplies and Services and partly as finance costs relating to the lease of the buildings.

Note 33.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**119,734**	**128,572**
Of which liabilities are due		
- not later than one year;	14,639	13,693
- later than one year and not later than five years;	41,168	45,121
- later than five years.	63,927	69,758
Finance charges allocated to future periods	(82,835)	(87,539)
Net PFI, LIFT or other service concession arrangement obligation	**36,899**	**41,033**
- not later than one year;	4,516	4,135
- later than one year and not later than five years;	11,824	13,973
- later than five years.	20,559	22,925

Note 33.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**411,242**	**350,744**
Of which payments are due:		
- not later than one year;	36,565	29,444
- later than one year and not later than five years;	143,668	118,583
- later than five years.	231,009	202,717

Note 33.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

Group and Trust	0	0
	£000	£000
Unitary payment payable to service concession operator	**40,344**	**41,960**
Consisting of:		
- Interest charge	3,341	3,690
- Repayment of balance sheet obligation*	4,135	8,218
- Service element and other charges to operating expenditure	24,254	22,244
- Capital lifecycle maintenance **	1,536	1,384
- Contingent rent	6,796	5,873
- Addition to lifecycle prepayment**	282	551
Total amount paid to service concession operator	**40,344**	**41,960**

* The accounting models for the two PFI schemes were refreshed by independant specialists in 2021/22. This has resulted in a better estimation of the PFI liability which resulted in an adjustment to the PFI liability of £5,581k in 2021/22. The repayment of the liability in 2022/23 has been calculated in accordance with these models.

** Lifecycle payments are contractual amounts paid to the service provider to maintain the sites to a specified condition. This requires that the service provider undertake a defined scheme of works to counter normal wear and tear on the estate. The timing of the payment to the service provider does not always align to the completion of the work. A prepayment is therefore recognised and capitalised as an addition to the asset as the works are completed.

Note 34 Financial Instruments

Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

Following conversion of existing DHSC loans in to PDC, the interest relates to finance leases and PFI, are higher than the Treasury rate, the interest rate for the PFI is pre-set, the Trust therefore has little exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament . The Trust experiences risk around the timing of payments from other NHS organisations. the impact of this is mitigated through the agreement of balances exercise. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Classification and measurement

Certain financial assets after initial recognition at fair value are subsequently measured either at amortised cost, whereas other financial assets are subsequently valued at fair value through income and expenditure.

Financial liabilities after initial recognition at fair value are subsequently measured at amortised cost.

Financial assets measured at fair value through other comprehensive income

Financial assets for charitable fund investments is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Note 35 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	25,119	-	-	**25,119**
Cash and cash equivalents	17,594	-	-	**17,594**
Consolidated NHS Charitable fund financial assets	1,540	8,010	-	**9,550**
Total at 31 March 2023	**44,253**	**8,010**	**-**	**52,263**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	15,268	-	-	**15,268**
Cash and cash equivalents	51,703	-	-	**51,703**
Consolidated NHS Charitable fund financial assets	1,353	8,169	-	**9,522**
Total at 31 March 2022	**68,324**	**8,169**	**-**	**76,493**

Note 36 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	7,229	-	**7,229**
Obligations under PFI, LIFT and other service concessions	36,899	-	**36,899**
Trade and other payables excluding non financial liabilities - DHSC Group	2,270		**2,270**
Trade and other payables excluding non financial liabilities - Other bodies	57,271	-	**57,271**
Other financial liabilities	-	-	**-**
Provisions under contract	790	-	**790**
Consolidated NHS charitable fund financial liabilities	223	-	**223**
Total at 31 March 2023	**104,682**	**-**	**104,682**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	4,713	-	**4,713**
Obligations under PFI, LIFT and other service concessions	41,033	-	**41,033**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities - DHSC Group	3,298		**3,298**
Trade and other payables excluding non financial liabilities - Other bodies	66,804	-	**66,804**
Other financial liabilities	-	-	**-**
Provisions under contract	1,872	-	**1,872**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2022	**117,720**	**-**	**117,720**

Note 36.2 Fair values of financial assets and liabilities

The book value (carrying value) is considered to be a reasonable approximation of fair value of the financial assets and liabilities the Trust has disclosed.

Note 37 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Group and Trust	31 March 2023	31 March 2022
	£000	£000
In one year or less	76,930	86,178
In more than one year but not more than five years	43,690	47,017
In more than five years	68,426	72,526
Total	**189,046**	**205,721**

Note 38 Losses and special payments

Group and Trust	2022/23 Total number of cases	2022/23 Total value of cases	2021/22 Total number of cases	2021/22 Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned *	101	160	286	636
Stores losses and damage to property **	1	494	37	238
Total losses	**102**	**654**	**323**	**874**
Special payments				
Ex-gratia payments ***	19	12	25	613
Total special payments	**19**	**12**	**25**	**613**
Total losses and special payments	**121**	**666**	**348**	**1,487**
Compensation payments received				

* These are written off when all external debt collection agency efforts have been exhausted. Write-offs are report to the Trust's Audit Committee on a regular basis.

** Stores losses include £424k (2021/22 £238k) for Drugs due to expiries and temperature excursions.

***Overtime corrective payments (Flowers judgement)
Guidance issued for 2020/21 year end asked employers to accrue the cost of the nationally agreed corrective payments and associated income based on the nationally generated estimates.These payments are considered special payments for which HMT approval was sought nationally by NHS England on local employers' behalf.

The corrective settlements for current and potential back pay claims are special payments.

Ex-gratia payment includes an amount of £602k relating to overtime corrective payments in 2021/22.

No amounts related to the flowers judgement have been recorded in financial year 2022/23

Note 39 Related parties

Under the Requirements of IAS 24 (Related Party Disclosures), the Trust has disclosed as a related party where key management services have been provided by another entity. For the purpose of IAS 24 the related party will be the chair, chief executive, or members of the board of directors as named in the directors and members report.

During the year, with the exception of one director's family member disclosed below, none of the Department of Health & Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Buckinghamshire Healthcare NHS Trust

The Trust has undertaken the following transactions with entities who are related to a Trust board executive director through a close family member. The Trust board member has no control nor joint control of the entities below:

		2022/23	2021/22
		£000	£000
Fed Bucks Ltd			
	Income	53	216
	Expenditure	7470	6,576
	Receivables	1	162
	Payables	1064	722
Marlow Medical			
	Income	-	-
	Expenditure	17	-
	Receivables	-	-
	Payables	-	-

The Department of Health & Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the DHSC is regarded as the parent body:

Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board

NHS England

NHS Resolution

Health Education England

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. The significant transactions have been with HMRC in respect of taxes and national insurance contributions, Bucks County Council in respect of Public Health activity and Aylesbury Vale District Council and Wycombe District Council both in respect of rates.

The Trust Board is Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund (Registered charity no 1053113), some of the members of the Trust Board are also members of the Charitable Fund committee. The total value of contributions to the Trust was £423k (£680k 2021/22). The financial statements of the Group consolidate the financial statements of charitable fund. The Charity's operating income was £3,312k (£484k 2021/22), expenditure of £2,039k (£1,121k 2021/22), investment income of £171k (£142k 2021/22), net income/expenditure gain £1,012k (loss £60k 2021/22).

Some of the members of the Trust board are directors of Buckinghamshire Healthcare Projects Ltd (BHPL). BHPL is a wholly owned subsidiary of the Trust, considered to be under common control. The financial statements of the Group consolidate the BHPL financial statements, and the amounts owed by BHPL to Group undertaking at year end amounts to £180k (£211k 2021/22) . The BHPL turnover was £8,400k of which £8,051k is with the Trust (£6,843k 2021/22 of which £6,473k is with the Trust), admin expenses £1,505k (£1,124k 2021/22), tax on profit is £8k (£22k 2021/22) and profit for year is £35k (£92k 2021/22).

One member of the Trust Board is one of the Trustees of the Scannappeal Charity (number 296291). The objectives of the Scannappeal charity is to fund medical and other equipment for Buckinghamshire patients, and is therefore linked to the Trust and its associated Charity. However Scannappeal is independent and this relationship does not confer significant control over the operating or financial activities of other entity, and this disclosure is for transparency only. Scannappeal has reimbursed the Trust's associated Charity for the purchase of medical and other equipment which it has agreed to fund during 2022/23 of £1,071k and is contained within Other Operating Income.

A Non-Executive director is also a Non- Executive director of London and Quadrant Housing Trust.

Note 40 Events after the reporting date

There have been no non-adjusting events after the reporting period.

Note 41 Better Payment Practice code

	2022/23	2022/23	2021/22	2021/22
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	67,541	323,380	73,383	327,443
Total non-NHS trade invoices paid within target	60,747	288,197	47,710	259,526
Percentage of non-NHS trade invoices paid within target	89.9%	89.1%	65.0%	79.3%
NHS Payables				
Total NHS trade invoices paid in the year	2,674	69,833	4,727	72,220
Total NHS trade invoices paid within target	2,031	63,685	1,905	50,890
Percentage of NHS trade invoices paid within target	76.0%	91.2%	40.3%	70.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 42 External financing

The Trust is given an external financing limit against which it is permitted to underspend

	2022/23	2021/22
	£000	£000
Cash flow financing	38,244	30,571
External financing requirement	**38,244**	**30,571**
External financing limit (EFL)	38,245	30,571
Under / (over) spend against EFL	**1**	**-**

Note 43 Capital Resource Limit

	2022/23	2021/22
	£000	£000
Gross capital expenditure	28,701	43,004
Less: Disposals	(208)	(619)
Less: Donated, granted and peppercorn leased capital additions	(2,147)	(7,538)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**26,346**	**34,847**
Capital Resource Limit	26,347	35,540
Under / (over) spend against CRL	**1**	**693**

Note 44 Breakeven duty financial performance

	2022/23
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	(14,158)
Breakeven duty financial performance surplus / (deficit)	**(14,158)**

Note 45 Adjusted financial performance (control total basis)

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
Surplus / (deficit) for the period	(8,742)	10,333	(9,790)	10,301
Remove impact of consolidating NHS charitable fund	(939)	60	-	-
Remove net impairments not scoring to the Departmental expenditure limit	(4,019)	(5,725)	(4,019)	(5,725)
Remove I&E impact of capital grants and donations	(458)	(5,721)	(458)	(5,721)
Adjusted financial performance surplus / (deficit)	**(14,158)**	**(1,053)**	**(14,267)**	**(1,145)**

The financial position of the organisation is adjusted to arrive at the control total. This is due to financial transactions that are required to be included under the International financial reporting standards but are not directly attributed to the operations of the Trust.

1. The profit or loss of the charity is excluded as this is governed separately and is not part of the core operations of Trust.
2. Gains or losses on revaluation of land and buildings as these are mostly influenced by market changes over which the Trust has little control

3. Donated Assets are adjusted to remove the income and expenditure amount recognised as additions and the depreciation on donated assets. These items are financed outside of the organisation so are ignored for the purposes of the control total.

4. The £74k prior period adjustment relates to Buckinghamshire Healthcare Project Limited following subsidiaries audit for 2021/22.

Note 46 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		146	1,026	2,848	299	320	(7,446)	(10,867)
Breakeven duty cumulative position	(3,955)	(3,809)	(2,783)	65	364	684	(6,762)	(17,629)
Operating income		294,906	345,367	340,397	350,921	359,449	369,844	370,225
Cumulative breakeven position as a percentage of operating income		(1.3%)	(0.8%)	0.0%	0.1%	0.2%	(1.8%)	(4.8%)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(1,759)	(2,891)	(31,647)	(28,335)	5,084	(1,053)	(14,158)
Breakeven duty cumulative position	(19,388)	(22,279)	(53,926)	(82,261)	(77,177)	(78,230)	(92,388)
Operating income	391,843	412,591	417,506	454,004	545,095	586,133	601,070
Cumulative breakeven position as a percentage of operating income	(4.9%)	(5.4%)	(12.9%)	(18.1%)	(14.2%)	(13.3%)	(15.4%)

Note: The above table reflects the performance of Buckinghamshire Healthcare NHS Trust and its predecessor Trusts.

2022/23 the Trust delivered a £(14.3)m deficit against a £(17.6)m 2022/23 deficit annual plan as submitted to NHSE/I in Q1 2022/23. This improved deficit outturn position is in line with BHT and BOB ICB financial recovery plan for 2022/23 as agreed with NHSE/I.

2021/22 the Trust delivered a deficit of £1.1m. This is £4.4m favourable to the planned YTD position of £5.6m deficit. The key drivers for this are lower than planned spend on the H2 Critical Investments.
2019/20 the Trust agreed and delivered a deficit with the regulator of £29m, the Trust's financial position needs to be viewed in the context of the nationally stressed acute provider
2018/19 the Trust deficit of £29m against a planned surplus of £10m, deficit was driven largely by non-receipt of PSF £12m, CIP not achieved of £12m, income shortfall of £9m, the balance being underlying expenditure pressures.

2017/18 the planned surplus of £6.5m was not achieved, Trust deficit of £3m before technical adjustments, was driven by non-receipt of STF £6m, CIP underachieved £4.5m.

2016/17 a planned surplus of £5.3m was set including £9.4m STF. Due to additional pressures a deficit of £1.8m was agreed with NHSI, and the Trust delivered against this.

2015/16 a planned surplus of £5.5m was set. Due to additional pressures a deficit of £9.4m was agreed with NHSI, although the Trust delivered a deficit of £10.9m.

2014/15 a planned surplus of £0.2m was set, although the Trust delivered a deficit of £3m before technical adjustments, caused mainly by shortfall of efficiency savings achieved. The Trust should plan to achieve a 1% saving each year of broadly £3.6m. although TDA agreed that a breakeven target was more appropriate.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2023 which comprise the Trust and Group's Consolidated Statement of Comprehensive Income, the Trust and Group Statement of Financial Position, the Trust and Group Statement of Changes in Taxpayers' Equity, the Trust and Group Statement of Cash Flows and the related notes 1 to 44, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Buckinghamshire Healthcare NHS Trust and of the Group as at 31 March 2023 and of the Trust's and the Group's expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- have been prepared properly in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group or Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's and the Group's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- in our opinion the governance statement does not comply with NHS England's guidance; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the Trust under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

- Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

At 31 March 2023 Buckinghamshire Healthcare NHS Trust reported a deficit against its incoming resources for the financial year of £14.158 million in its draft accounts and has failed to meet the break-even duty over a rolling 3-year period, with a cumulative deficit at 31 March 2023 of £92.388 million.

Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

We therefore referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful

expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the 'Statement of directors' responsibilities in respect of the accounts', set out on page 99, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations of the group or the Trust, or have no realistic alternative but to do so.

As explained in the 'Statement of the chief executive's responsibilities as the accountable officer of the trust', as the accountable officer of Buckinghamshire Healthcare NHS Trust, the chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom.

- In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Buckinghamshire Healthcare NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board

minutes, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue) and inappropriate capitalisation of revenue expenditure and management override of controls] to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of non-NHS revenue and expenditure, we reviewed a sample of the Trust's manual year end receivable and payable accruals, challenging assumptions and corroborating the transactions to appropriate evidence. We tested year-end cut-off arrangements by selecting samples of income and expenditure from either side of the 31 March 2023 balance sheet date and reviewing to supporting evidence to ensure these were recorded in the appropriate financial year.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine. We also tested that the expenditure was recognised in the correct financial year.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(2A) (c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Buckinghamshire Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the Board of Directors of Buckinghamshire Healthcare NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Ben Lazarus (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
London
12 March 2024