

Buckinghamshire Healthcare NHS Trust

Annual Report

2018/19

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2. Our Trust

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

Our aim is to provide safe and compassionate care, every time. Our highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff deliver this care.

We deliver our services from a network of facilities including:

- A range of community settings - health centres, schools and patients' own homes
- Five community hospitals and hubs in Marlow, Amersham, Buckingham, Chalfonts & Gerrards Cross and Thame
- Two acute hospitals located in the two most densely populated areas of Buckinghamshire - Wycombe and Stoke Mandeville, Aylesbury

Over 6,000 members of staff provide care to approximately half a million people, including the dispersed population of Buckinghamshire and the surrounding areas of Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire). We are recognised nationally for our urology and skin cancer services and are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology.

The acute 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
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrard's Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Thame Community Hub, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge Rehabilitation Unit, Croft Road, Aylesbury, Buckinghamshire HP21 7RD.
- Camborne Centre, Jansel Square, Bedgrove, Aylesbury, Bucks HP21 7ET

Our headquarters are at the Hartwell Wing, Stoke Mandeville Hospital.

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

3. Chairman and Chief Executive Foreword

We have continued make good progress during 2018/19 in spite of the ever-increasing demand on our services and continued financial pressure. We have a team of highly skilled professionals who deliver outstanding care in areas such as cancer and stroke, colorectal surgery (we are the highest performing Trust in the country by volume and outcomes) and spinal injuries and our family nurse partnership delivers the best outcomes supporting first time young mums and families across the county. We are particularly proud that the Trust is now seen as a national exemplar for the work being undertaken by our medical examiners, which is key in helping us to learn from deaths.

Over the next decade, the population of Buckinghamshire is predicted to grow by approximately 40,000. There will be a growth in children and older people but fewer people of working age. Whilst people are living for longer, they may not be in good health with more and more people being diagnosed with obesity, diabetes and dementia.

Working closely with our Integrated Care System partners (which include GPs, the Council, Ambulance Service, Commissioners and Mental Health services) we are committed to ensuring that we address these challenges supporting the people of Buckinghamshire lead happy and health lives, receiving outstanding care when and where they need it.

To achieve this, we have set new corporate objectives for the next two years:

Improving our culture by:

- Listening to and involving our patients
- Making it easier to get things done
- Encouraging and supporting our staff to make small changes that make a big difference
- Using a systematic method to implement long-lasting improvements
- Learning from each other and our experiences

Supporting our workforce by:

- Developing new models of care and staffing to make sure we have the right people, with the right skills working together to deliver outstanding patient care
- Making the Trust a great place to work
- Developing talent and ensuring we have inclusive workforce that celebrates equality and diversity

Addressing health inequalities and clinical variation by:

- Building community partnerships which help us to support hard to reach groups such as the homeless
- Getting it right first time to improve the experience for our patients
- Making the best use of our buildings and resources
- More effective use of digital technology

We would like to thank and praise all the staff, board members and volunteers who have worked so hard to support our patients and service users over the past year. We are very fortunate to have such a dedicated and skilled team and we are proud of everything they have achieved. Our thanks also go to our partners, key stakeholders and local communities for your continued support and encouragement.

Hattie Llewelyn-Davies, chair

Neil Macdonald, chief executive

4. STRATEGIC REPORT – Our mission and strategy

4.1 The BHT Way

'The BHT Way' sets out our ambition to be **one of the safest healthcare systems in the country** delivering **safe, compassionate care every time** for every patient.



The BHT Way is underpinned by our **CARE** values of collaborate, aspire, respect and enable that help define our beliefs and set expectations of how we behave as staff working for Buckinghamshire Healthcare Trust.



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

The Trust's vision and values were developed in collaboration with staff, patients and families. They are familiar and embedded with staff and teams throughout the Trust. This year we have

adopted a behaviours framework that has been developed to help further guide our work and monitor our performance and progress against the values.

4.2 Our Strategic Priorities

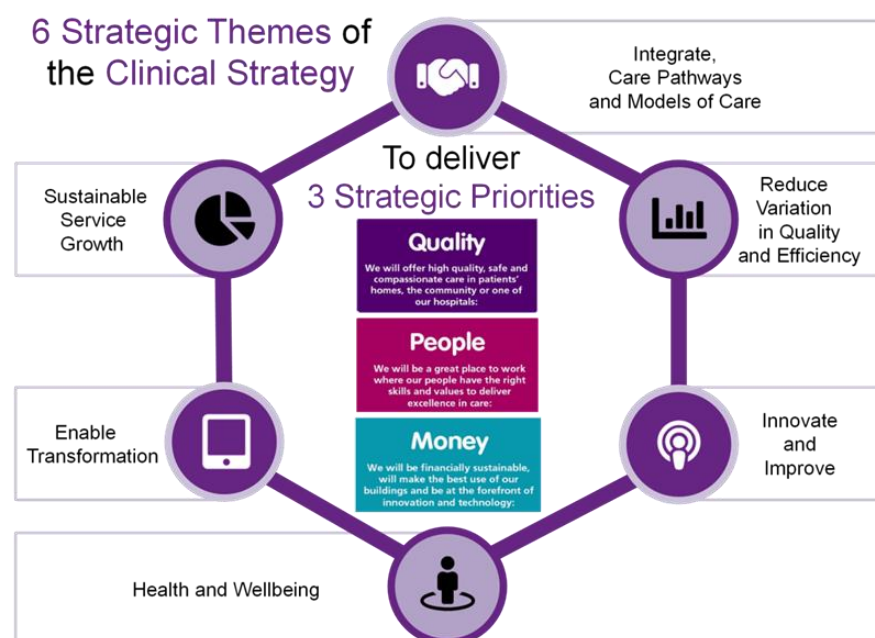
We have continued to focus on delivering our 3 strategic priorities – Quality, People and Money:



4.3 Our Clinical Strategy

During 2017/2018 each Service Delivery Unit (SDU), led by divisions, worked together to develop individual clinical strategies. These have delivery plans and are monitored by Divisions. Strategies have been supported and informed throughout the year by quarterly strategy conferences, the Strategic Transformation Committee (STC) and updated as part of the annual business planning cycle.

The BHT Clinical Strategy that has emerged will enable the Trust to achieve its vision and corporate objectives:









We have created a clinical strategy that is owned, led and delivered by teams throughout the Trust. It takes time and attention to develop a strategic culture to work within our complex system to deliver clinically, operationally and financially sustainable services. During 2019/20 BHT will work with our partners in the Buckinghamshire Integrated Care System (ICS) to develop its strategy in-line with the NHS Long Term Plan (LTP)

4.4 Our Corporate Objectives

Each year the Trust Board agree its corporate objectives. These are the goals set by the Board related to the organisation as a whole that have the most influence on delivering our strategy.

During 2018/19 the following corporate objectives, linked to both the strategic priorities and the clinical strategy, were approved by the Board and delivery was monitored at relevant sub-committees:

Quality We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals:	People We will be a great place to work where our people have the right skills and values to deliver excellence in care:	Money We will be financially sustainable, will make the best use of our buildings and be at the forefront of innovation and technology:
Enhance our culture of safety <u>Key Focus:</u> <i>Implement a clinical accreditation scheme to improve quality of care, reduce variation and share best practice.</i>	Inspirational leaders developing strong teams <u>Key Focus:</u> <i>Our leaders and teams are enabled to innovate and develop their services.</i>	Deliver our system control total <u>Key Focus:</u> <i>Manage within agreed budget and agency cap.</i>
Listen to our patient voice <u>Key Focus:</u> <i>Work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E.</i>	Attracting and retaining high calibre and engaged people <u>Key Focus:</u> <i>Transform our nursing workforce for the future.</i>	Improve our operational productivity <u>Key Focus:</u> <i>Use model hospital data to identify and realise improved efficiency.</i>
Develop as a learning organisation <u>Key Focus:</u> <i>Learn and share best practice to improve safety of medications and recognition of sepsis and clinical deterioration.</i>	Pioneering new ways of working across sites, services and organisations <u>Key Focus:</u> <i>Use apprentices to provide skilled workers for the future.</i>	Deliver our capital plan to reduce backlog and invest in clinical estate <u>Key Focus:</u> <i>Manage and mitigate risks in capital backlog.</i>

 <p>Integrate Care Pathways and Models of Care</p>	<p>Deliver urgent and emergency care transformation</p> <p><u>Key Focus:</u> Transform services to reduce the demand of urgent and emergency care.</p>	<p>Deliver primary and community care transformation</p> <p><u>Key Focus:</u> Implement integrated care teams and community hubs in Buckinghamshire communities.</p>
 <p>Reduce Variation in Quality and Efficiency</p>	<p>Adopt best practice to reduce clinical variation to improve quality and efficiency of service</p> <p><u>Key focus:</u> Implement top two 'Get it Right First Time' recommendations in each specialty.</p>	<p>Ensure we are meeting NHS Constitutional standards</p> <p><u>Key Focus:</u> Meeting A&E, RTT and Cancer Access targets .</p>
 <p>Innovate and Improve</p>	<p>Develop an improvement and innovation culture</p> <p><u>Key Focus:</u> Implement a single improvement methodology that supports the adoption and spread of best practices.</p>	<p>Launch Buckinghamshire Life sciences Innovation Centre (BLIC)</p> <p><u>Key Focus:</u> Establish innovation hub to support SMEs develop new products with patients and clinicians.</p>
 <p>Sustainable Service Growth</p>	<p>Repatriate patients into the Trust from Buckinghamshire and surrounding areas</p> <p><u>Key Focus:</u> Work with ICS to treat more Buckinghamshire patients and seek opportunities to expand services in new markets</p>	<p>Increase proportion of non-NHS income</p> <p><u>Key Focus:</u> Increase non-NHS income.</p>
 <p>Enable Transformation</p>	<p>Implement digital transformation to support clinical strategy</p> <p><u>Key Focus:</u> Implement interoperability in ICS and e-observation system across wards</p>	<p>Deliver the Trust's Estate Strategy</p> <p><u>Key Focus:</u> Deliver theatres electrical resilience, A&E phase 2 & Clinical Decision Unit.</p> <p>Demonstrate the Trust is well-led</p> <p><u>Key Focus:</u> Self review using the well-led framework and implement actions</p>
 <p>Health And Wellbeing</p>	<p>Ensure the best start in life for children in Buckinghamshire</p> <p><u>Key Focus:</u> Ensure children are safeguarded by working with agencies e.g. police, social care, education & other providers.</p>	<p>Support health and wellbeing for staff</p> <p><u>Key Focus:</u> Programmes to combat stress and increase resilience, MSK care and targeted approaches to flu vaccine uptake.</p>

Some of the achievements from the 2018/19 corporate objectives include:

- **Quality:** A matron-led peer review programme using Perfect Ward, clinical accreditation and the Learning from Deaths programme.
- **People:** A '3 Peaks' Leadership Programme and the Go Engage Programme has supported leaders and teams across the Trust to sustain improvements in culture and practice.
- **Money:** The Trust has continued to use Model Hospital data to help drive improvements in efficiency and productivity while at the same time increasing income from non-NHS sources.
- **Integrate Care Pathways and New Models of Care:** Progress has been made as we continue to take a leading role in integrating health and social care across Buckinghamshire
- **Reducing Variation in Quality and Efficiency:** The clinically-led Getting it Right First Time (GIRFT) programme is making significant inroads into addressing unwarranted clinical variation. System working throughout the winter resulted in a good performance throughout winter ensuring that people's urgent needs were met in a timely and effective way.
- **Innovate and Improve:** Buckinghamshire HSC Ventures was launched to support small-medium enterprises (SMEs) involved in health and social care innovation. BHT has also launched its Quality Improvement Programme to support the organisation to develop a culture of continuous improvement.
- **Health and Wellbeing:** BHT is working alongside Public Health to reduce health inequalities through prevention, population health management and better integration. Internally BHT has focussed on establishing dedicated programmes to support staff suffering stress and musculoskeletal issues.
- **Enable Transformation:** There has been progress in implementing digital transformation and we are on track to implement e-observations and care Careflow. The BHT Estates Strategy was approved by the Board in December 2018 and successful bids for one public estate

funding to support the development of feasibility studies for Health and Care Centres and Acute Services was successful.

- **Sustainable Service Growth:** The Trust appointed a Commercial Director who is overseeing Estates and commercial development. Successful programmes of GP engagement have been launched to market BHT services, repatriate patients or grow non-NHS income.

For 2019/20, following input from the Board, engagement events and work with the Senior Leadership Team it has been agreed to focus our objectives on 3 key areas that will transform our culture, workforce and clinical services. These are not business as usual and Initiatives related to the Performance of the Trust will be reported and monitored separately through the Integrated Performance Report.

Corporate objective	Projects	Executive lead	Committee
Continue to improve our culture	BHT Way – always improving: <ul style="list-style-type: none"> - Listening to the patient voice - An organisation that learns - Culture of quality improvement - Making it easier to get things done 	Chief Nurse Chief Nurse Director of Strategy Chief Operating Officer	Quality Quality Board Finance
	Clinically-led financial plan	Medical Director	Finance
Implement new workforce models	Innovate with new models of care and/or staffing to tackle gaps in workforce	Chief Nurse	Workforce
	Make BHT a great place to work	Director of Workforce & OD	Workforce
	Develop teams, talent and an inclusive workforce	Director of Workforce & OD	Workforce
Tackle inequalities and variation	Build new community partnerships	Director of Strategy	Board
	Get It Right First Time and reduce clinical variation	Medical Director	Finance
	Modernise outpatient services	Chief Operating Officer / Medical Director	Quality
	Embed use of accurate data across the Trust	Director of Strategy	Finance
Enablers To deliver: <ul style="list-style-type: none"> • Digital strategy • Estates strategy • Clinical strategy • Commercial transformation • Corporate service transformation 		Director of Strategy Commercial Director Director of Strategy Commercial Director Director of Finance	Finance Finance Quality Finance Finance

4.5 Outpatient pharmacy

The Trust has invested in a wholly owned subsidiary company to deliver an Outpatient Pharmacy (Buckinghamshire Healthcare Projects Ltd). Trading commenced on the 4th April 2018. The Board of this company comprises both non-executive and executive directors.

4.6 Managing risks in relation to our corporate strategy and objectives

The Board of Directors is responsible for reviewing the effectiveness of its internal control systems through its Board Assurance Framework (BAF) and through the Annual Governance Statement.

The Board Assurance Framework document sets out the principal risks to achieving corporate objectives, along with assurances that effective controls have been put in place to protect patients, staff, the public, and other stakeholders against risks of all kinds. The Board Assurance Framework is reviewed by the Board at least three times each year.

The Annual Governance Statement appended to this report contains more detail about the risk and control framework and its effectiveness in 18/19.

4.7 Corporate Governance Report

The summary of the composition and organisation of the entity's governance structures and how they support the achievement of the entity's objectives is set out in the Annual Governance Statement which is included in full at the end of the Annual Report.

5. Performance Highlights and Challenges

This section of the report provides information about our performance including how we have done against the national indicators set out in the Operating Framework for 18/19. More detailed information about quality performance can be found in the Trust Quality Accounts 2018/19 published on the Trust website from the 30th June 2019.

The Board reviews a comprehensive range of key performance indicators each month. These have been selected as metrics from the annual operating plan, performance indicators related to individual Trust objectives, and performance indicators arising from the Quality Improvement Plan. The reliability of these measures is monitored through a programme of external audit, internal audit, clinical audit and external reviews. More detail about these governance processes is contained in the Annual Governance Statement appended to the Annual Report.

5.1. Quality Performance

Quality of performance against our priorities set out in 2018/19

During the last year we have focused on driving forward quality improvement in areas that were identified as part of the organisations corporate objectives. In addition to these quality priorities we worked collaboratively to improve the overall patient experience.

We had twelve quality priorities in our Quality Improvement Programme. Each priority had an executive lead and delivery lead assigned to them with responsibility for delivering their projects, supporting the staff involved and reporting progress on a monthly basis to the Quality and Patient Safety Group and on a quarterly basis to the Quality and Clinical Governance Committee.

The twelve quality priorities were aligned to the organisation's three corporate objectives outlined below:

- Implement a Culture of Safety
- Listen to Our Patient Voice
- Develop a Learning Organisation

Although not all of the Trusts quality and improvement priorities for 2018/19 have been achieved in full, however significant improvements in some areas have been demonstrated and we will continue to work to further improve on these areas.

5.1.1 Implement a Culture of Safety

The key focus was to establish and embed the SAFER bundle and a single transfer of care process through the following eight key components:

- Clinical Accreditation Scheme
- SAFER Bundle
- Established and embed a single transfer of care process
- Implement an Electronic patient (e-monitoring) system
- Implementation of an e-prescribing system
- Implementing a Trust wide Ultra Violet Cleaning system
- Reduce gram negative bacteria results from Urinary Catheters
- Prudent use of antibiotics

5.1.2 Listen To Our Patient Voice

Our key focus was to work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E. To achieve this goal we aim to be in the top 20% of performing Trusts in the country for overall patient experience by 2020 in line with the Patient and Carer Experience Strategy 2017 to 2020.

5.1.3 Develop a Learning Organisation

Our key focus was to ensure the organisation learns when patients deteriorate or die within our care. To achieve this goal we aimed to create a Learning Organisation Framework from Serious Incidents, Deaths and Avoidable Harm. We already have a 'Freedom to Speak Up' Guardian to enable staff to raise concerns and has been implemented as part of a national programme following the Francis Inquiry into 'Mid Staffs'.

5.1.4 The Department of Health Core Quality Indicators

The core quality indicators that are relevant to Buckinghamshire Healthcare NHS Trust are detailed below. They relate to:

- Summary Hospital level Mortality Indicator (SHMI)
- Patient Reported Outcome Measures (PROMS)
- Readmission rate into hospital within 28 days of discharge
- The Trust's responsiveness to the personal needs of our patients
- Friends and Family Test for staff
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism
- The C. difficile infection rate per 100, 000 bed days
- The number of patient safety incidents reported and the level of harm

Summary Hospital Level Mortality Indicator (SHMI)

The table below details performance against the Summary Hospital level Mortality Indicator (SHMI):

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	2017/18	0.972	1.005	0.727	1.247
	2018/19	0.9924	1.0034	0.888	1.1261
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none">• Band 1 = Worse than expected• Band 2 = As expected	2018/19	Band 2	Band 2	Band 3	Band 1

<ul style="list-style-type: none"> Band 3 = Better than expected 					
The percentage of patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2017/18	44.6%	31.6%	11.5%	59.8%
	2018/19	47.6%	33.6%	Not given by NHS digital	Not given by NHS digital

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons:

- SHMI makes no adjustment for palliative care and the trust has palliative care beds within the acute services that are included in the calculations.

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

- Continue with improving sepsis care specifically related to screening and “suspicion to needle times”
- Mortality data is analysed at the Mortality Review Group and variations investigated.

The Medical Examiner service enables an independent scrutiny of adult inpatient deaths in partnership with families and carers, and identifies opportunities for learning.

Patient Reported Outcome Measures (PROMS):

Patient Reported Outcome Measures (PROMS) measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses before and after surgery. The table below details performance against the Patient Reported Outcome Measures (PROMS):

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
Groin hernia surgery	2016/17	0.118	0.08	0.14	0.06
	2017/18	0.127	0.089	0.198	0.008
Varicose vein surgery	2016/17	0.073	0.099	0.152	0.016
	2017/18	0.035	0.086	0.361	0.002

Hip replacement surgery	2016/17	0.398	0.44	0.53	0.33
	2017/18	0.441	0.458	0.666	0.179
Knee replacement surgery	2016/17	0.28	0.32	0.39	0.24
	2017/18	0.318	0.337	0.506	0.232

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

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

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

In 18/19 we have stopped recording PROMS data for Varicose Veins as we operate on so few now

Hips and knees – employed an Enhanced Nurse Practitioner for Orthopaedics who has been working hard with the whole team to successfully improve the capture of PROMS data both pre and post operatively.

A new physio standard has been introduced in that all patients post knee replacements are now reviewed two weeks post discharge in a face to face environment

PROMS data reviewed and discussed at the arthroplasty team meetings and action plan is in place to support and track improvements

Readmission Rates

The table below details performance against the Readmission rate into hospital within 28 days of discharge

Prescribed Information	Reporting Period	BHT Score	National Average	Best Performer	Worse Performer
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 16 – Sep 17	10.5%	8.7%	2.5%	14.4%
	Oct 17 – Sep 18	11.2%	9.0%	1.0%	17.9%

The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 16 – Sep 17	6.5%	8.1%	2.4%	16.1%
	Oct 17 – Sep 18	6.8%	8.4%	2.4%	17.1%

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

NHS Digital does not provide data on this for the reporting period, so we have provided the latest data from Dr Foster which runs to October 2018.

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

- ED Review clinics to ensure safety net for patient who are discharged but may need reviewing or follow up that is not available in the community.
- Regular communication through social media to sign post the public to most appropriate providers.
- Discharge plans for readmitted patients are reviewed in collaboration with the Red Cross and other support agencies.
- As part of the winter plan, long stay patient team from Red Cross worked with patients for up to 12 weeks at home.
- Deeper analysis of the 0-15 performance will be undertaken to understand the reasons behind the higher than average readmission rate for children

Responsive to the personal needs of patients

The table below contains the indicator values for NHS Outcomes Framework indicator 4.2 - the average weighted score of 5 questions from the Inpatient Survey relating to responsiveness to inpatients' personal needs. The most recent data on the indicator for responsiveness to inpatients' personal needs is the NHS outcomes framework indicator 4.2 and was released 23 Aug 2018.

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the NHS Trusts of NHS foundation Trusts by NHS Digital with regard to the Trust's responsiveness to the personal needs of its patients	2016/17	66.8	69.6	86.2	58.9
	2017/18	68.0	68.1	85.23	60.2

during the reporting period.	2018/19	64.3	68.6	85	60.5
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We have seen a slight drop in our score this year from 68 to 64.3. This score is based on the results from the following questions in the inpatient survey:

	2016	2017	2018	Average	BHT
Care: was involved as much as wanted in decisions	91%	88%	91%	90%	91%
Care: found staff member to discuss concerns with	75%	75%	74%	73%	74%
Care: enough privacy when discussing condition or treatment	95%	93%	95%	94%	95%
Discharge: told side-effects of medication	57%	48%	54%	57%	54%
Discharge: told who to contact if worried	74%	71%	74%	77%	74%

Our performance in four out of six of the questions is above average. However our performance in the questions related to discharge remains below average. Over the last year we have made good progress in improving a number of aspects of our discharge planning, however there remaining areas for improvement in the coming year will focus on ensuring patients are given enough information on the possible effects of medication, and that they are clear on who to contact if they are worried.

We have continued with implementation of the 2017-2020 Patient Experience Strategy which focuses on four key areas:

- Voice of the Child
- Accident and Emergency
- Discharge planning
- Outpatients

In 2018 the Trust took the following actions to improve patient experience in these areas:

Voice of the child

- Young people have been involved in redesigning the Paediatric Decision Unit (SMH) including additional waiting area space and the creation of a three bedded bay. Rooms were also re-decorated to improve the overall experience for children.
- A listening event dedicated to children with complex needs resulted in a review of 'open door' policy and reducing noise at night.

- A project capturing views of oncology children via video resulted in introduction of entertainment systems.

Accident and Emergency

- FFT 47% recommendation rating to 92%.
- IT platform to capture patient experience in A&E- includes recording patients speaking about their experiences launched December 2018.
- We have introduced A&E volunteer buddies to support improvement in non-clinical patient care.
- A major refurbishment of A&E and Outpatients to improve patient flow and experience has commenced.

Discharge planning

- A dedicated pharmacy technician linked to clinical site team being piloted to ensure planned and potential daily discharges have TTO's completed.
- Introduction of a discharge facilitator for short stay and acute assessment units.
- Introduction of volunteers calling patients that have been recently discharged to support in patient experience of discharge.

Outpatients

- The introduction of SMS messaging for appointment reminders has led to DNA rates going down to 5%, amongst the lowest in the country.
- Electronic GP referral system in place with 98% of GP referrals now coming through electronically resulting in a more safe and effective process for patients.
- The introduction of a bulk mail system to support an improvement in how we send information and appointments to patients. 59% of all outpatient letters now sent via bulk Mail.
- Free magazines have been introduced in to our waiting areas and comprise of a variety of topics to suit varying interests.

Perfect Ward is now established across 63 areas within the Trust and we are excited to report that we now have patient assessors trained and conducting environmental and patient audits within in patients' wards. This has enabled a wider patient perspective and a direct influence on the quality of care provided in our wards.

2018 inpatient survey

The Trust has significantly improved its performance in the 2018 Picker inpatient survey.

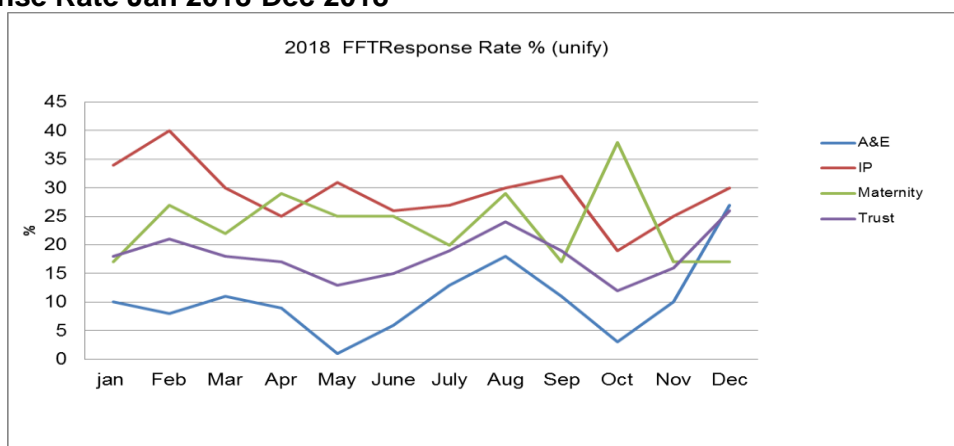
- 12th most improved trust in England up from 55th in 2017.
- Average positive score ranking 36th out of 77 Trusts commissioned by Picker.
- 3 out of 5 of the top scores in survey and 4 out of 5 most improved scores relate to discharge, demonstrating impact of the Trust's focus on improving patient experience in this area.
- 99% of patients felt they were treated with dignity and respect, (national average of 98%).

- 86 % rated overall patient experience 7/10 or more (2017 score 84%, national average 85%).

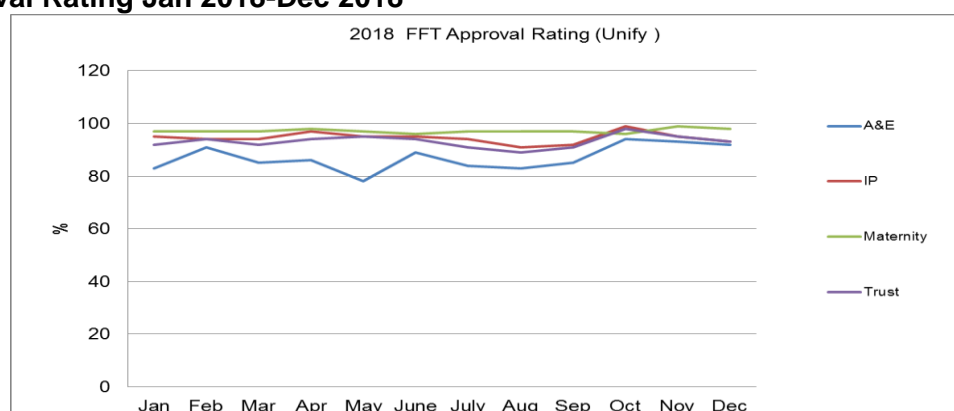
Friends and Family Test

In December 2018 the Trust began a pilot of an on-line FFT platform in Accident and Emergency, Community services and Maternity. Early results are very positive for example we saw an increase in response rates from 8% to 27% in Accident and Emergency.

FFT Response Rate Jan 2018-Dec 2018



FFT Approval Rating Jan 2018-Dec 2018



Friends and Family test for staff

The table below details performance against the Friends and Family Test for staff- would staff recommend the Trust as a provider of care to their friends and family

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to	2016/17	67%	68%	95%	45%

the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	2017/18	67%	69%	87%	60%
	2018/19	Data not yet available			

The Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason: the figure from the National NHS Staff Surveys 2016 and 2017 published by the Department of Health. This annual survey is a poll of NHS Trust staff each year. The Buckinghamshire Healthcare NHS Trust intends to /has taken the following actions to improve this score, and so the quality of its services, by:

- BHT continues to strengthen its positive speaking up culture with very positive results in the recent National Staff survey results.
- An increase of 4% of staff saying they felt secure raising concerns about any unsafe clinical practice is a significant increase in a single year, by local and national standards.
- These scores feed into the overall national Trust safety culture score for the survey, along with scores for patient safety and it is pleasing to note that our overall patient safety score has also shown positive improvement.
- With regards to the numbers of staff coming forward to speak up to the Freedom To Speak Up Guardian in the interests of patient and staff safety and experience, our Q1 and Q2 figures year on year showed a 177% increase with an overall substantial increase at year end.
- In addition, on the basis of listening to staff, learning from concerns we decided to develop and launch a "Building a Climate of Respect" campaign to help support staff to speak up and generally raise awareness of poor behaviours, bullying and harassment. This was launched in December 2018 with a 7 minute video accessible for all staff. Our Chief Executive leads with clear messaging about our zero tolerance to such behaviours, reassuring staff we take these matters very seriously and reminding all staff of our values and the importance of respecting each other. Along with the video we launched a resource guide containing a range of helpful and supportive information for all staff.

Venous Thromboembolism

The table below details performance against the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous	2017/18 Quarter 3	96 %	95%	100%	76%

thromboembolism during the reporting period.	2018/19 Quarter 3	95%	96%	100%	55%
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Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons:

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

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

- Ensure compliance with NICE guidance.
- Monitor effectiveness of the VTE policy as a priority objective.
- Promote patient information and patient engagement re VTE prevention.
- Create e-learning package for the Trust.
- Standardise the quarterly ward audits and improve the feedback pathways to departments/divisions.

C.difficile infection rate

The table below details performance against the C. difficile infection rate per 100,000 bed days.

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	2016/17	17.06	13.2	82.7	0
	2017/18	17.47	13.7	91.0	0
	2018/19	18.42	Not Avail*	Not Avail*	Not Avail*

Buckinghamshire Healthcare NHS Trust considers that this rate is as described for the following reasons:

The yearly objective for Buckinghamshire Healthcare NHS Trust (BHT) was 31 cases. BHT ended the year with 45 cases. A root cause analysis is undertaken of all cases together with the CCG and the outcome of that work concluded that:

- 28 of the 45 cases were unavoidable.

- 17 of the 45 cases were avoidable.

Avoidable is defined as follows:

- Lapse/lapses in care identified that has/have directly contributed or there is reasonable correlation with the patient acquiring this episode of C.difficile infection at Buckinghamshire Healthcare NHS Trust.
- For example, if the antibiotics prescribed to the patient in question were not in line with published BHT guidelines and not appropriate for the clinical syndrome/s, then the case will be deemed avoidable.

This analysis demonstrated that there are three main areas to consider:

- The judicious use of antibiotics across the trust.
- A review of cleaning methods and approaches.
- Collaborative team working within wards.

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

- The trust has undertaken an extensive piece of work reviewing the use of antibiotics and has achieved a 14.4% reduction in Carbapenem usage (national target of 2% reduction in consumption/1000 admissions) and a 6.7% reduction in total antimicrobial usage (national target 1% reduction in total antimicrobial consumption/1000 admissions).
- The trust piloted the use of automated decontamination in 18/19 on the Stoke Mandeville site which resulted in a reduction of C difficile infections in the following months.
- The trust has embedded the use of the Perfect Ward App which allows staff to jointly audit ward practice, including infection prevention practice.
- In the year ahead all three of these areas will continue to be a focus. In addition, the trust is introducing a Scrutiny Panel review with the CCG, medical director and chief nurse for each new C difficile infection.

Patient Safety Incidents

The table below details performance against the number of patient safety incidents reported and the level of harm

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Rate	Lowest Rate
Rate of patient safety incidents (per 1000 bed days) when benchmarked against medium acute trusts	2017/18	37.63	46.2	111.69	23.47
	2018/19	39.7	44.5	107.4	13.1

Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute trusts	2017/18	0.5%	0.3%	2%	0%
	2018/19	0.2%	0.4%	1.2%	0%

Buckinghamshire Healthcare NHS Trust considers that this number and/or rate is as described for the following reasons:

- The Trust is committed to reducing harm and pro-actively encourages staff to report incidents and near misses and,
- This is evident in the much improved number of incidents uploaded in this time period.
- Buckinghamshire Healthcare NHS Trust has taken the following actions to improve this number and/or rate, and so the quality of its services, by:
- Analysing and learning from its mistakes encouraging an open and transparent reporting culture with incident reporting discussed from ward to board.
- The promotion of near misses as 'good catches' when discussed in meetings and in the Staff Induction Handbook where reporting is aligned to the trusts' CARE values.
- Promoting feedback from investigations to staff reporting incidents in a timely manner as part of the Quality and Safety Performance Framework, and to ensure timely application of Duty of Candour. Duties of Candour fields on the current electronic risk management system have been revised to enable staff to provide assurance through increased detailed recording on how Duty of Candour is applied.
- Moving towards a mature patient safety culture which values openness, transparency and quality, the Corporate Patient Safety Team continues to facilitate the development of patient safety subject matter expertise amongst the Divisional Clinical Governance Leads.
- Scheduling regular meetings with Divisional Clinical Governance Leads to build inter divisional relationships for the benefit of joint investigations and shared learning.
- Aspiring to achieve a continual reduction in the proportion of incidents that result in death and severe harm in comparison to the proportion of incidents that are near misses or result in no or minor harm.

Mortality Data

During 2018/19 1,170 of Buckinghamshire Healthcare NHS trust's patients died. This comprised the following number of death which occurred in each quarter of that reporting period.

April 2018-March 2019	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
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Number of BHT deaths	273	253	302	342	1,170
Number of Deaths Reviewed by Medical Examiner	273	253	302	342	1170
Deaths subject to Case Note Review (SJR)	41	33	34	41	149
SI investigations	1	2	4	3	10
Deaths more likely than not to have been due to problems in care	0	0	0	0	0
Overall percentage of deaths more likely than not to have been due to problems in care	0%	0%	0%	0%	0%

2017/18

Number of Deaths in Apr17-March 18 reviewed/or investigated after previous reporting period	For those still awaiting review number due to problems more than likely than not to have been due to problems in care	Overall percentage of deaths due to problems more than likely than not to have been due to problems in care
18 ME Reviews 34 SJRs	0	0%

Learning from Deaths: Improving Patient Safety and Quality of Care

Buckinghamshire Healthcare NHS Trust (BHT) introduced the role of Medical Examiner (ME) in December 2017. The ME service has provided an opportunity to develop a system that provides independent scrutiny of adult inpatient deaths in partnership with families and carers, and identifies opportunities for learning.

The BHT revised mortality review process has a standardised and evidence based Structured Judgement Review (SJR) process for reviewing case records of adult patients. The primary aim is to improve healthcare quality through qualitative and quantitative analysis of mortality data using a standardized, validated approach linked to quality improvement.

End of Year Results

- A total of 1170 deaths underwent independent consultant review.
- Annual mean selection for structured judgement review (SJR) 12% in line with national expectations.
- 88% of cases were identified as having no care problems.
- SJR compliance increased to 89%.
- A total of 535 compliments culminating in 34% of excellence reporting.

BHT Mortality Review Process

Following the introduction of a Medical Examiner Service, independent screen of all in hospital adult deaths has shown consistent compliance at 100% in comparison to a compliance of 81% in previous years. The ME selects cases for SJR where further learning has been identified, serious incidents (SI) are declared in accordance with the NHS England SI Framework 2015. All SIs are presented to a multi-disciplinary panel with executive and Clinical Commissioning Group (CCG) oversight.

Learning from Deaths- SJR Findings

SJR findings show no statistical significance in the number of deaths on any given day of the week or day of admission. Learning related to the first 24 hours of admission identified the need to focus on improvements in timely sepsis recognition. This has led to an increase in Q4 Suspicion to Needle Time (STNT) to 81%, and Emergency Department (ED) sepsis screening increased to 87%.

End of life care is evaluated focusing on timely decision making, good communication with relatives and ensuring symptomatic control. Improvements in end of life care ratings have increased to good Q4 (79 cases) from Q2 (42 cases) showing measureable improvement in this phase of care. The palliative care team have also introduced the purple rose initiative promoting personalised care plans at the end of life.

Patients with a Learning Disability

Ongoing focus on the care of learning disability patients includes best practice guidance, health passports, communication aids, focused training and education and specialist input from learning disability (LD) nurses to guide treatment.

Cardiac Arrest Reviews

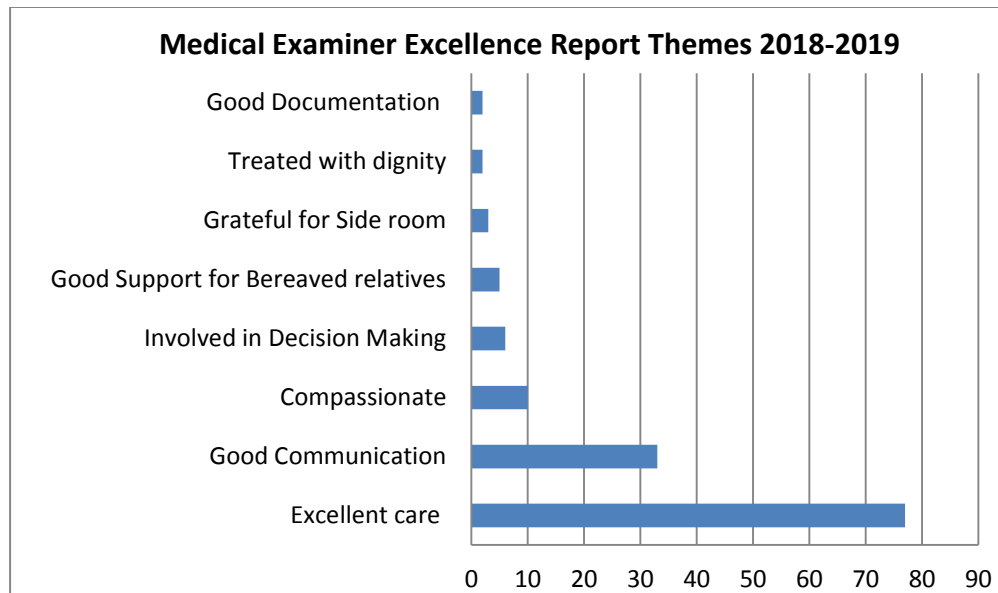
Following multi-disciplinary SJR review it was evidenced that initiation of DNACPR and Treatment Escalation Plans (TEPs) required improvement across the Trust. Training has been provided to consultant groups. A TEP working party has been established with a view to universal adoption of TEP for all adult inpatients within 48 hours of admission.

Relatives Feedback

Feedback from bereaved relatives has been overwhelming positive. Compliments received are relayed to ward teams in the form of rapid feedback.

- Over 30% of all compliments were endorsed by the Medical Examiner as cases of excellence.
- Theme analysis of excellence reporting includes excellent care, good communication, compassion and involvement in decision making- these themes are disseminated to the divisions for departmental reporting.

Relatives' narratives and patient stories relay a very powerful message and have been used in training and education to support change. Relatives also provide positive feedback on the benefits of discussion with the medical examiner as per the example below.

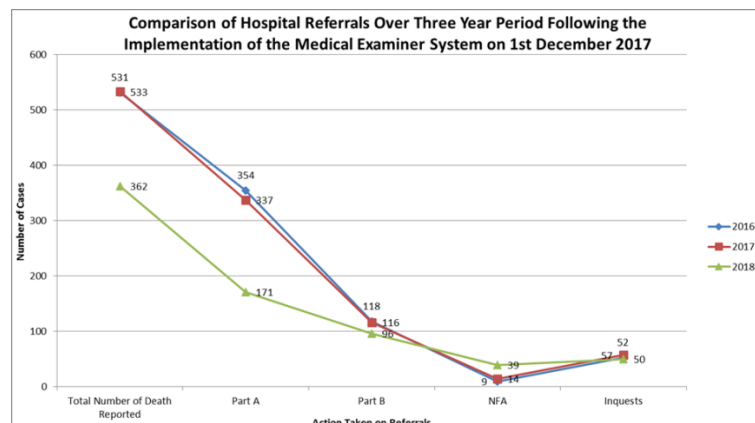


In accordance with national guidance SJR feedback to relatives is via an established pathway and endorsed within BHT mortality review policy.

Improvements and Actions

Local Partnerships

- Local agreement with the coroner has led to a reduction of 32% in coroners referrals in the since launch of the medical examiner service.



As an integrated care system, we have worked closely with the local authority, coroner's office and registrar. Quarterly meetings ensure learning is disseminated beyond BHT and with our regional partners.

Medicines management

This year further work has been undertaken to embed the improvements put in place following Care Quality Committee (CQC) inspection in September 2016.

Medicines management audits were undertaken weekly by the pharmacy staff and these have been collated and fed back to divisions. This audit addresses storage and security of medicines at ward level, fridge storage and temperature monitoring, stock expiry dates and the use of the recently implemented pharmacy returns bins which ensure medicines are stored securely when they are awaiting transportation back to pharmacy.

Alongside this has been the introduction and roll out of the 'Perfect Ward', an app which is used to collect quality data including medicines management data on a monthly basis. Development of standards aligned to the CQC key lines of enquiry will further support work around medicines management at ward and department level.

There has been additional resource into the anti-microbial team to help improve the prudent use of antibiotics as well as an agreement to appoint a pharmacist to work across the Integrated Care System (ICS) between BHT and primary care to optimise medication use for the older people in Buckinghamshire.

The formation of the ICS has started a review of the medicines governance arrangements for the organisation and this work will continue alongside work to develop a medicines resource centre for both primary and secondary care, which will provide a centralised point for medicines related issues to be managed through.

A business case for e-prescribing has been approved and funding agreed with NHSI. This will be a major change for the organisation and enable benefits for patients and allow pharmacy services to provide a new approach to management of clinical workload.

Our reducing harm from medication error group has undertaken work targeting omitted doses and one of the high risk areas of medicine – anti-coagulation. These work streams will continue into the coming year.

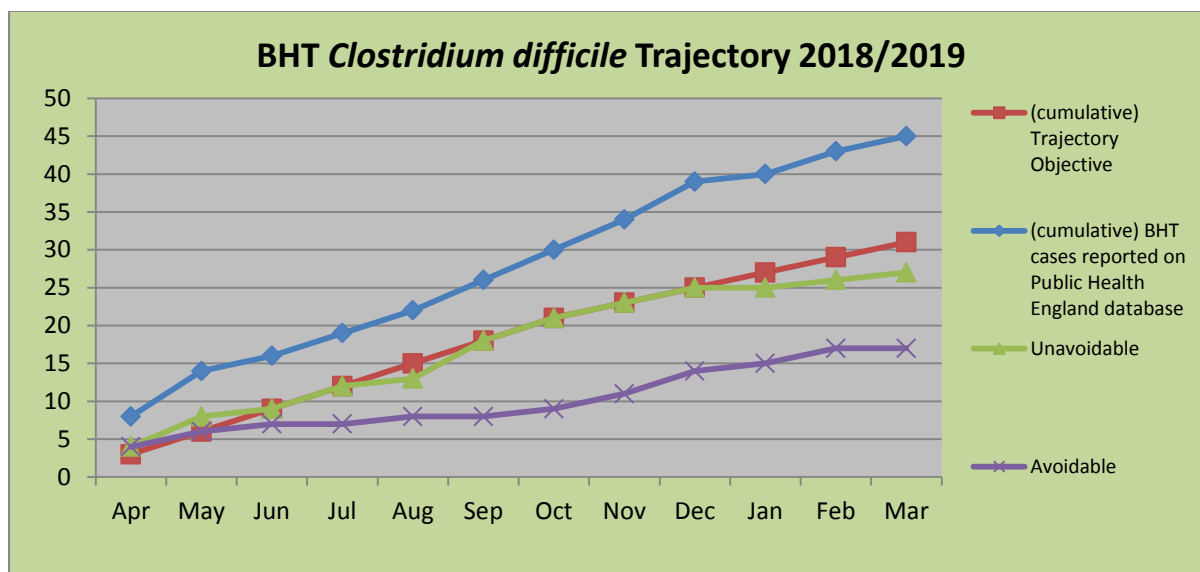
In April Pharmacy@Bucks took over dispensing outpatient medicines at Stoke Mandeville. This is a newly formed company owned by the Trust designed to improve patient experience. Waiting times for prescriptions have seen a steady improvement moving from an average of 45minutes to now less than 15. Development of the staff and service will see them take over outpatient dispensing at High Wycombe site too.

As a benefit to the Trust developing Pharmacy@Bucks has allowed reinvestment into a discharge liaison assistant who works with the bed management team prioritising medicines for patients to take home (TTOs). This post has led to improvements in the time TTOs are available ensuring now 90% of urgent TTOs are ready before 1pm.

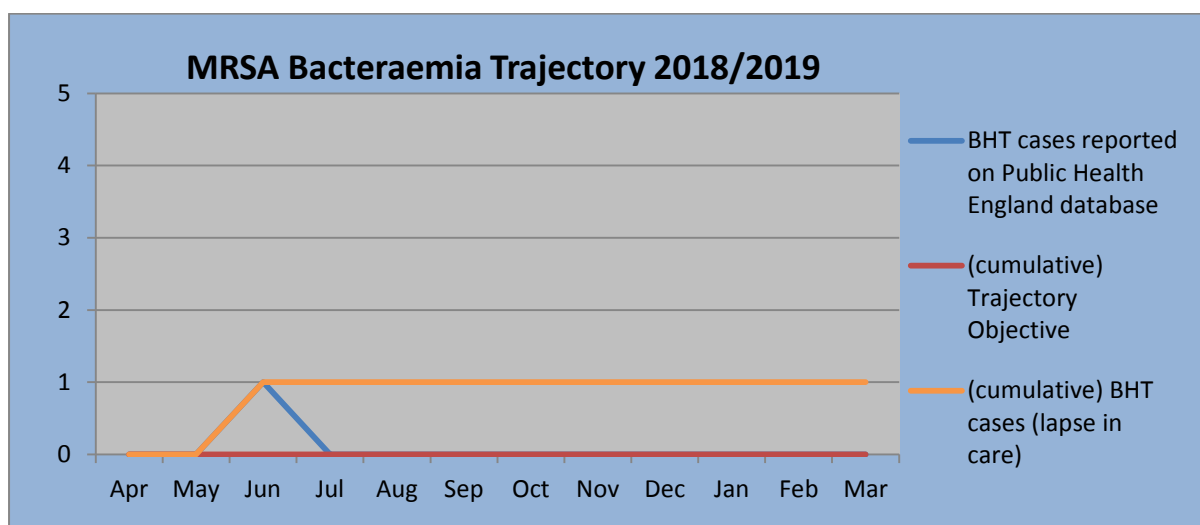
Infection Control

We continue to participate in the mandatory reporting of *Clostridium difficile* Infection. The graph below shows our *Clostridium difficile* figures for the year. Our limit for the year was 31. Our year end numbers were 45 cases reported to Public Health England (PHE).

A focused 'deep clean' decontamination using both ultra violet light has been completed on the 'front end' and the medicine for older people wards.



Mandatory reporting of MRSA bacteraemia continues. The limit was set at 0 avoidable cases. 1 case was reported to PHE for 2018/2019.



Safer staffing (specific to nursing)

Nurse vacancy levels pose a current challenge to the delivery of safe and high quality patient care. Innovative new staffing models and roles will be required to sustain our wards in the future. The nurse vacancy rate during the year has been between 16% and 18% - levels that are not inconsistent with other Trusts in the region.

In order to address this challenge, the Trust has taken a programme based approach to transform the nursing, midwifery and allied health professional workshop.

The aim of this programme is to make the Trust a great place to work for these professionals. A steering board is in place to ensure that systems and processes are in place to promote recruitment, workforce planning, career pathways, new roles, training and education, retention and promoting excellence, wellbeing within Buckinghamshire Healthcare Trust (BHT).

The programme of work is grouped under two work streams – workforce planning and workforce training, development and engagement.

Workforce planning includes recruiting and retaining staff – recruiting to traditional roles alongside newly developed roles such as the nursing associate, physician associate, mammography assistant and professional registration through apprenticeships for nursing and AHP careers. The Trust has joined cohort 4 of NHS Improvement's retention support programme and is focussing in particular on the needs of staff at the start of their careers, mid-career and those approaching retirement. Turnover rates for nursing staff have improved during the latter part of the year and stood at 14.3 % at the end of March 2019.

Deploying staff safely in line with national guidelines is key; during the year the Trust has rolled out HealthRoster, replacing the Trust's legacy system.

The HealthRoster system enables rostering of staff, has interfaces with the Trust payroll and ESR systems as well as NHS Professionals' system. (NHS Professionals is the Trust's partner for the management of non-medical temporary staffing.) At the end of April 2019, there were no areas on the legacy system. Next steps are the roll-out of "safe-care" functionality, an acuity-driven staffing module which compares staffing levels to the actual patient demand.

A weekly panel, chaired by either the Chief Nurse, Director of Workforce or their deputies, is in place to control and monitor the use of appropriate temporary staffing, ensuring that safe staffing is in place using the price control mechanisms and agency frameworks mandated by NHS Improvement.

The training, development and engagement work stream has a number of key elements

- Creation of the Nursing Associate role. The Trust was a pilot site for this national programme; 8 staff members were part of the initial cohort and will graduate in the summer of 2019; a further 29 started programmes during the year, including 3 from Avondale Nursing home.
- The creation of a more multi-disciplinary ward based workforce to include other professional groups. These have been designed by the local clinical areas to try and solve specific patient requirements. For example the use of clinical psychologists to work with complex discharge and cognitive impairment in medicine for older people, or the use of dispensing pharmacy assistants to support in the Emergency Department and Acute Medical Unit.

Alongside the opportunities described above, there are some challenging issues with current registered nurse staffing levels that are being managed on a daily basis to keep patients safe.

- Beds are closed where necessary in order to safely staff all areas.
- The Trust uses temporary staffing to cover registered and non-registered vacancies.

Safeguarding

The safeguarding adult team is developing closer working links with the hospital social work team, especially in respect of collaborative working to carry out section 42 enquiries. These are enquiries related to any action that is taken (or instigated) by a local authority (under Section 42 of the Care Act 2014), in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. More robust processes are now being developed with Trust clinical governance leads to ensure that the recommendations and actions from section 42 enquiries are captured and monitored at local level.

For the coming year the safeguarding adult leads plan to build on the developing relationships with hospital social workers to enable earlier help and support for staff around effective discharge and the implementation of Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) in day-to-day practice. Continuous audit of MCA and DoLS practice will be used to demonstrate improvement or key areas of concern.

The safeguarding adult team works in close partnership with local authority counterparts and will be co-operating in the anticipated forthcoming changes to Buckinghamshire Safeguarding Adults Board (BSAB) and sub-groups. The principles of making safeguarding personal is a key area of focus for BSAB and BHT will be assertively promoting these throughout the coming year.

Safeguarding Children

The safeguarding children team continues to work effectively within the local partnership arrangements and is supporting anticipated changes in respect of the multi-agency safeguarding hub (MASH) and exploitation sub group.

Local arrangements in relation to the exploitation of children are currently being enhanced in order to recognise those areas of exploitation other than sexual. It is well recognised that the exploitation of young people can happen in varied ways. Many young people are subject to modern-day slavery as well as gang and drug related exploitation (county lines), which very often extends into their lives as young adults. This is now being acknowledged in Buckinghamshire and changes in ways of working are now underway; the Trust is a key partner in these changes.

The transition of young people into adult services is becoming an area of greater focus within local children's services and this issue is also being recognised in the NHS long term plan. Changes in national and local safeguarding priorities for children will require closer cooperation between children and adult services. The safeguarding structures and arrangement within the Trust and the ways of working within the safeguarding team already identify the interface between child and adult services. This will be a key area of focus and improvement for the coming year.

Learning Disability Liaison

The work of the Learning Disability (LD) liaison nurses continues to expand as the number of patients referred to them by trust staff increase. This is a positive development and indicates growing awareness by BHT staff of the specific needs of people with learning disabilities and the support available.

Future plans for improving staff awareness for specific groups of people with LD will include focused training and support for staff, especially those working in the Emergency Department (ED) in respect of the effective management and support of people with autistic spectrum disorders (ASD). Discussions will be taking place about the prospect of providing means of identifying people with ASD – or indeed with any other communication needs - in ED so as to ensure that their specific needs can be better met. This approach is in line with the principles of making safeguarding personal.

Mental Health

BHT safeguarding team works effectively in partnership with colleagues in Oxford Health Foundation Trust (OHFT) including safeguarding equivalents and the BHT Psychiatric In-Reach Liaison Service (PIRLS). BHT also attends the monthly Partnership in Practice (PiP) meetings at the Whiteleaf Centre in Aylesbury and participates in the Crisis Care Concordat.

This is a growing area of development within BHT and the recognition of the parity of esteem for mental health needs alongside those for physical health is being promoted. Whilst it is recognised that more needs to be done in this area of care the achievements of the past year include:

- The development of a Mental Health Act Administration Policy and associated training.

- The establishment of a Mental Health Group which meets quarterly and is attended by Trust staff from all specialities including midwifery, elderly care, children and adult community services as well as colleagues from OHFT.
- Working with colleagues from Public Health to promote suicide prevention awareness which includes sending a member of BHT staff on a City and Guilds training programme.

Training

Safeguarding training is a large part of our strategy (compliance data is below). We have also been working on a comprehensive training needs analysis which is consistent with the requirements of both children's and adults Intercollegiate Documents.

The table below sets out the training compliance data for the year ending 31st March 2019 as compared to the same time period in the previous year. Whilst there has been steady improvement in most training types, level 3 Safeguarding children training compliance is becoming an area of concern. Up until March 2019 training compliance at level 3 had been sustained at 90% and above, although gradual decline had been noted at recent meetings of the Trust Safeguarding Committee. This deficit will be addressed by alerting divisional leads and ensuring that additional training events are made available to the relevant staff groups.

The apparent dip in deprivation of liberty (DoLS) is puzzling given that this training is usually provided – either face to face or via e-learning – in conjunction with mental Capacity Act (MCA) training. Compliance for DoLS training throughout year 2018 – 2019 has mostly been at in excess of 95% (was 96.98% in February 2019) so this area of training will be monitored closely by the Trust Safeguarding Committee so that any further decline can be addressed straightaway.

Safeguarding training compliance BHT			
Training type	Target	31.03.218	31.03.2019
Child protection level 1	95%	88.23%	91.02 %
Child protection level 2	95%	79.47%	88.38%
Child protection level 3	95%	94.05%	89.88%
Safeguarding Adult Awareness	95%	86.26%	89.83%
MCA	95%	88%	97%
DoLS	95%	90.49%	88.89%
WRAP (Prevent)	95%	97.13	96.86%

As CQC indicate in their position statement on safeguarding training, whilst the level of training is a good indication as to how well the provider responds to safeguarding concerns, it is not the sentinel indicator of good child safeguarding arrangements in an organisation. The organisation needs to demonstrate that they have a 'comprehensive safeguarding system' underpinned by policies, effective risk assessments, and high profile leadership as well as quality assured training and that they know that these are consistently in place. The Trust is confident that its safeguarding arrangements and the current structures allow for continuous scrutiny, learning and improvement.

Audit

The BHT safeguarding team has developed a safeguarding audit schedule for the coming year. Progress will be reported to and monitored by the Trust Safeguarding Committee.

Complaints service

We know that a high quality complaints handling service is central to ensuring continuous improvement in the quality and safety of care at Buckinghamshire Healthcare NHS Trust.

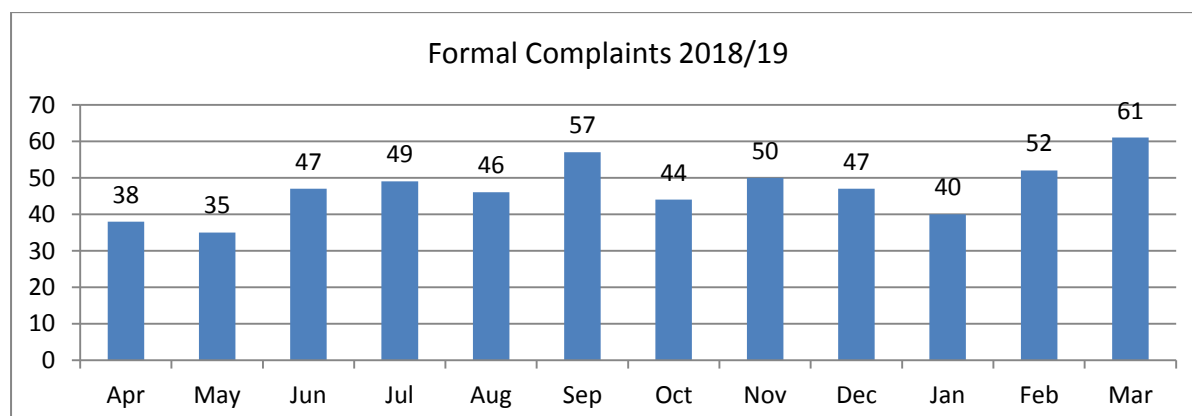
The Trust invites patients, carers and visitors to contact our PALS (Patient Advice & Liaison Service) for support and advice regarding all services. This approach enables the PALS and complaints team to work together to appropriately manage enquiries and concerns that are raised by our service users. In 2018/19 we recorded 4663 PALS contacts from enquirers seeking advice and information about our services. This was an increase of 27% on last year.

The Trust has six categories for concerns that it receives. Categories 1 to 3 relate to minor issues that, with the agreement of the complainant, can be dealt with immediately at a local level with the PALS team. Categories 4, 5 and 6 are formal complaints. Categories 5 and 6 relate to complaints that are multi organisational/divisional and/or complex and are allocated 40 or 60 days to be investigated.

Our complaints ethos is built on the Ombudsman's "Principles for Remedy" that state that complaints resolution should be based on:

- Getting it right first the first time
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

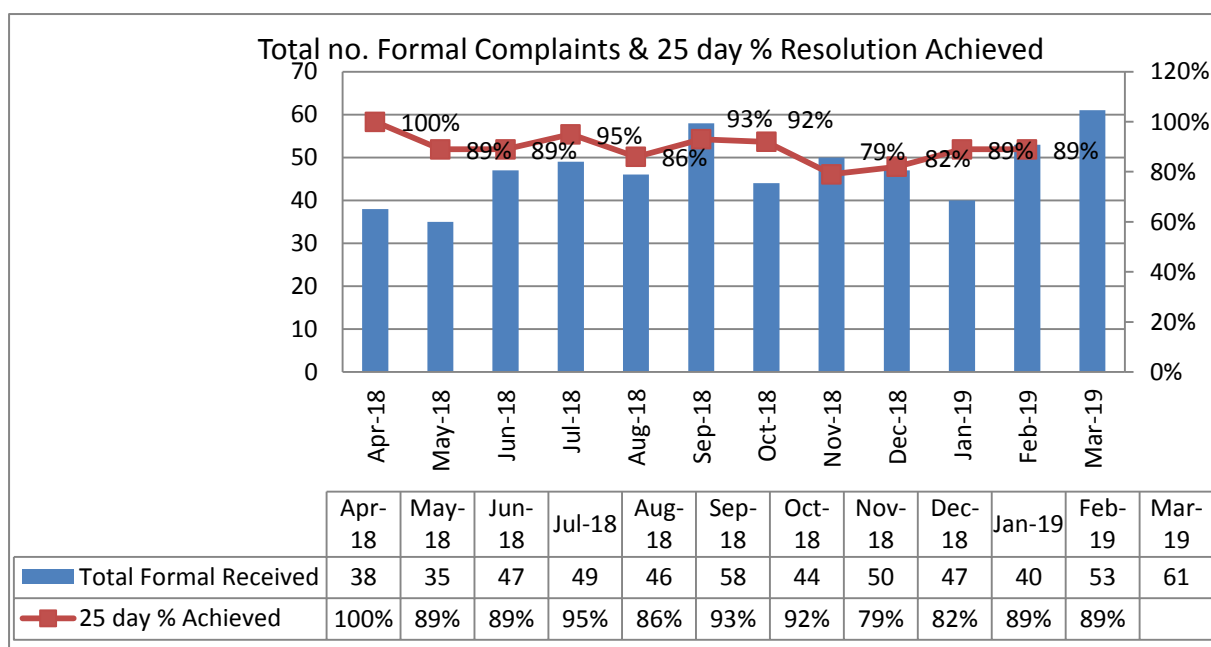
In 2018/19 Buckinghamshire Healthcare Trust received 565 formal complaints compared to 535 formal complaints received in 2017/18. This represents a 6% increase in complaints received when compared to the previous year.



Organisations which encourage feedback as BHT does are more likely to receive complaints, so complaint numbers in isolation are not considered to be a reliable measurement of patient

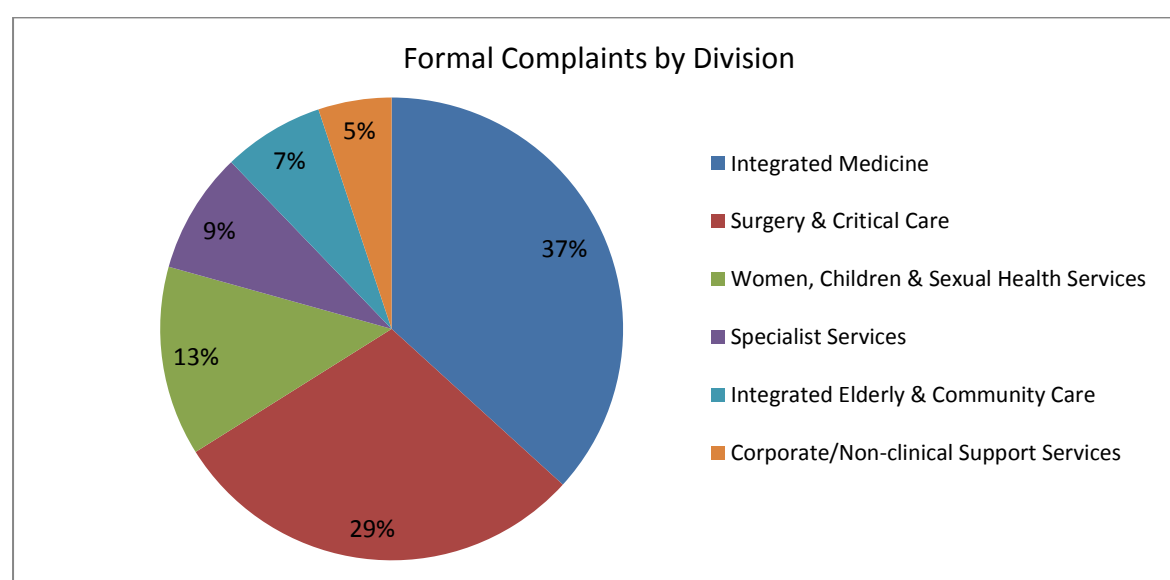
satisfaction. Complaints provide valuable feedback for us about the quality of our services and the opportunity to learn from patients' experiences and drive real change in our service provision.

The graph below shows the number of formal complaints received each month throughout the reporting period. The Trust has set an internal target of 85% of all category 4 complaints to be responded to within 25 working days. Category 4 complaints are those that cannot be immediately resolved through the PALS service, do not cross multiple divisions or other healthcare providers, or require a more complex investigation. The graph below shows our performance during 2018/19. We achieved an average of 89% of complaints responded to within the 25 day time frame at the time of the report date.

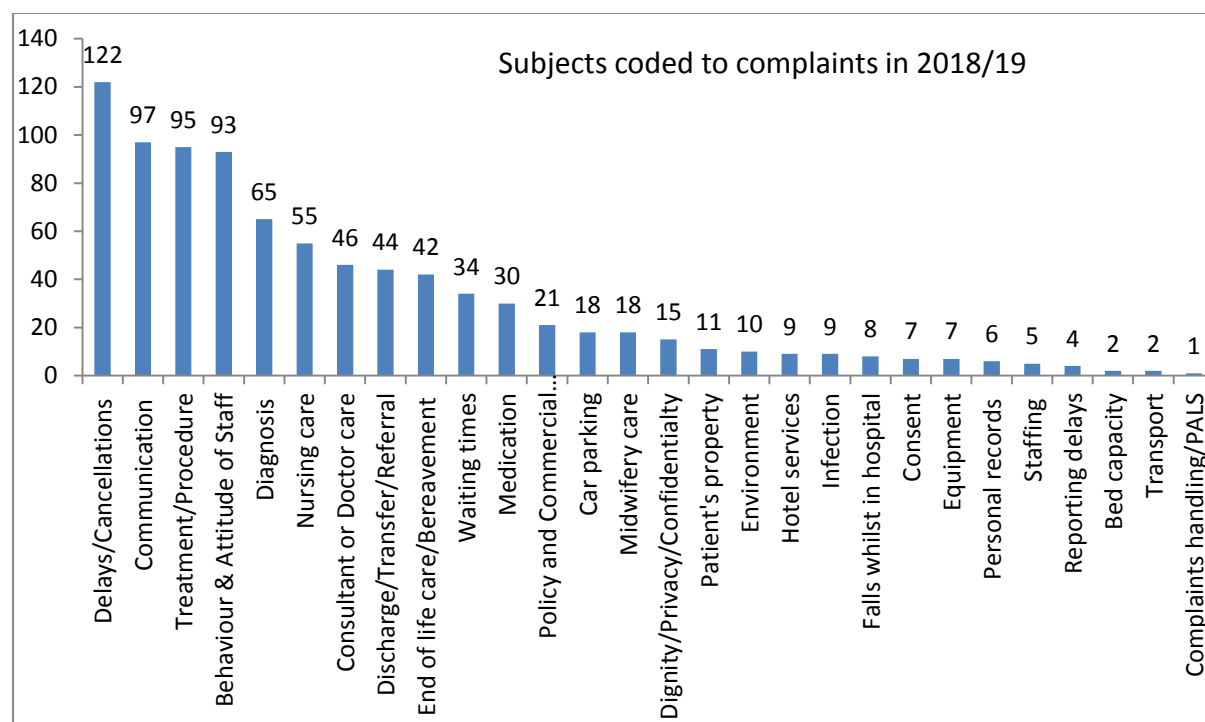


The Trust currently has five clinical divisions and a number of corporate services. The corporate services are categorised together in the analysis. Each clinical division has specialities within it.

The graph below shows the breakdown of complaints received by each division.



The graph below illustrates the reasons that people raised formal complaints against the Trust in 2018/19. Delays and cancellations, communication and treatment/procedure were the main causes for complaints in 2018/19:



In 2018/19 there were 12 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). Of the 12 cases referred, 4 were not upheld, 1 was partly or fully upheld and 7 are currently being investigated.

In April 2018 we introduced a newly designed quality survey for complaint handling based on the user-led vision for raising concerns and complaints published by the PHSO in November 2014. The report "My Expectations for raising concerns and complaints" presented 'I statements', as expressions of what patients and service users might say if their experience was a good one at every stage of the complaints process. The results indicated that we have delivered an accessible service and responded in a way that was easy to understand. The area for improvement centred on timeframes and complainant updates. It is important to note that all complainants who used the service agreed that they would complain again if they needed to.

Q1. I felt that it was easy to make a complaint.	Q2. I felt that my complaint was dealt with within the timeframe agreed in my acknowledgment letter and I was kept informed of any delays.	Q3. I thought that the response was easy to understand.	Q4. I felt my concerns were addressed in an open and honest way.	Q5. I felt my concerns were taken seriously.	Q6. I would complain again if I felt I needed to	Q7. Overall rating
87%	73%	77%	67%	70%	100%	6.6

Learning from Complaints

A key component of every complaint investigation is the learning identified to inform improvement. Each complaint has an action plan that is recorded and monitored by the individual clinical divisions.

In 2018/19 YTD, we have documented 582 actions in relation to complaints closed.

Action taken in 2018/19	Coded
Feedback for specific staff member/s OR teams	196
Complaint shared anonymously with wider staff	73
Process change to be reviewed/plan set or complete	56
Appointment expedited, made or offer of appointment	41
Staff training or Academic Half Day	37
Agenda item for Governance/Quality Meeting/Team Meeting	34
Feedback or liaison with another Trust/provider/GP	23
Documentation changed or introduced	22
Audit requested/to be carried out	16
Policy change or Guidelines reviewed - planned or complete	13
Increase in clinics or service provision	12
Inter-departmental working/MDT planned	12
Equipment/software changed or purchased	11
Reimbursement or ex-gratia payment	10
Signage changed or environment upgraded	10
Team communication sent in writing	8
Invitation for Public and Patient Involvement	5
Care plan change	2
Case Study or Patient Story provided by patient for learning	1
Totals:	582

5.2. Progress against national standards 2017/18

A comprehensive set of performance reports covering quality, finance, operational performance and workforce have been presented at each Board meeting, strengthened this year with leading indicators and improved analysis.

The operational performance report demonstrated compliance over the year for all indicators with the following exceptions:

- Incomplete Referral To Treatment pathways (yet to start treatment) waiting no more than 18 weeks from referral:
 - achieved 88.8% at year end against the National Target of 92%.

RTT Performance	2017/18	2018/19
Average for Qtr 1	90.0%	90.1%

Average for Qtr 2	91.2%	89.7%
Average for Qtr 3	91.3%	88.1%
Average for Qtr 4	91.3%	88.2%

- A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department:
 - achieved 87.35% at year end against the National Target of 95%.

A&E performance	2017/18	2018/19
Average for Qtr 1	91.3%	88.9%
Average for Qtr 2	88.0%	87.9%
Average for Qtr 3	84.8%	89.2%
Average for Qtr 4	85.3%	87.7%

- Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer:
 - achieved 86.2% at year end against the National Target of 85%

Cancer 62 day performance	2017/18	2018/19
Average for Qtr 1	85.4%	78.8%
Average for Qtr 2	84.5%	83.7%
Average for Qtr 3	82.5%	83.6%
Average for Qtr 4	82.3%	84.0%

- Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers, compliance varied through the year but regained compliance at year end:
 - achieved 93.8% at year end against the National Target of 90%
- MRSA bacteraemia:-
 - 2 recorded cases against a zero National Standard
- Clostridium difficile infection rate:-
 - 13 avoidable cases and 30 unavoidable cases recorded cases against a National Standard of 32

All access standards are assured of accuracy and risk through a rolling programme of both internal and external audit assurance which advises of any risk to the quality and accuracy of the data.

5.3. Health and Safety 2018/19

Introduction/Overview

During 2018/19 changes were made at Board level for health and safety, responsibility moving from the Director of Finance to the Director of Strategy and Business Development and then to the Trust Commercial Director. The Trust has reviewed and invested in the health and safety management system and created a new additional post of Health and Safety Manager to ensure it meets the needs of the organisation.

Significant Risks

The main health and safety risks faced by the Trust are musculoskeletal injuries, slips, trips and falls, verbal abuse/physical assault and stress. Stress being the biggest cause of staff time lost/incapacity, accounting for half of the total time lost.

Although most verbal abuse/physical assaults do not result in lost time they occur very frequently and always have the potential for serious harm to occur. The organisation also has a number of low likelihood, high severity risks including infection with a biological agent through sharps injury or other exposure.

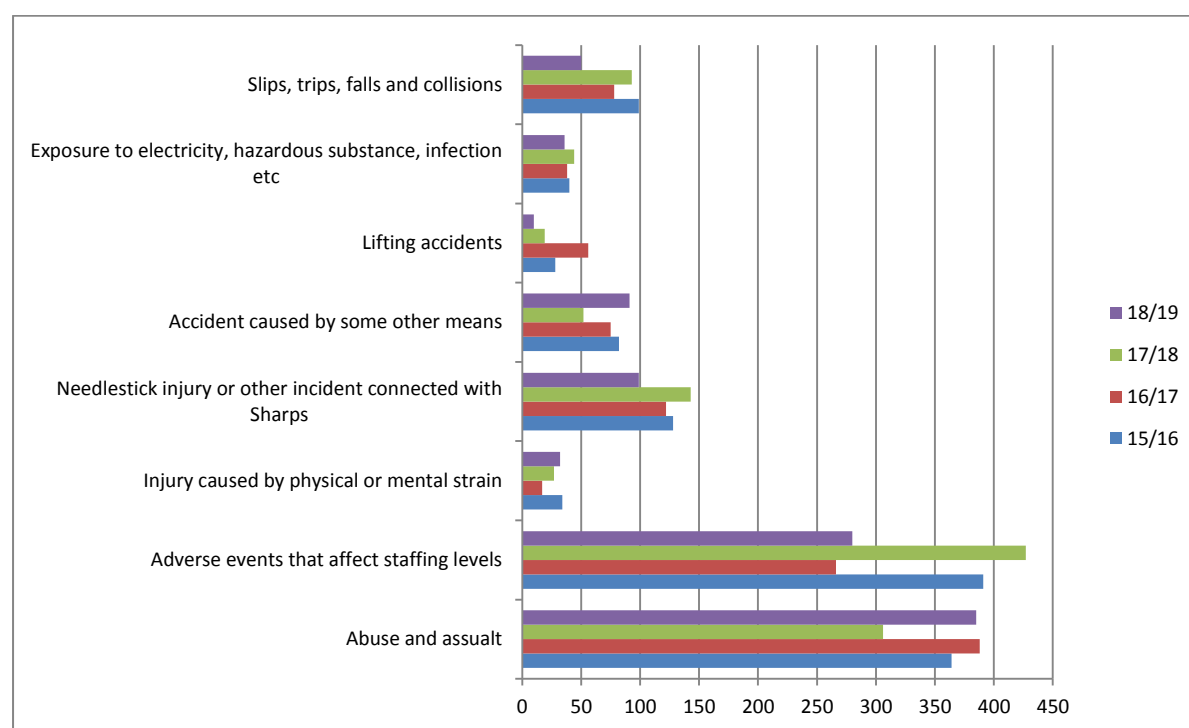
Contact with Enforcing Authorities

As a result of a Dangerous Occurrence involving a cytotoxic medicine spillage, three members of staff and a patient were contaminated in the fluid. The Health and Safety Executive are currently carrying out a preliminary investigation and studying the Trust's action plan to prevent re-occurrence.

Annual Statistics

Staff are encouraged to report all incidents and accidents, including any incidents which are related to health and safety. Our incident reporting profile for staff related incidents is shown in the graph below.

Number of Accidents/incidents to Staff 2018 – 19



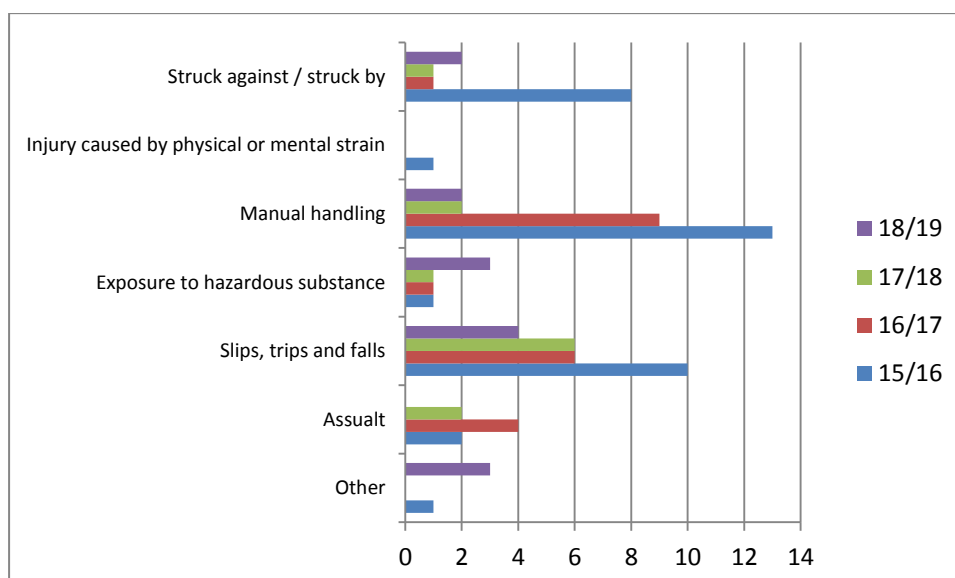
There was an 11% overall reduction of total incidents reported as compared to 2017/18.

It is pleasing to see a 46% reduction in slips, trips and falls which is the lowest figure for four years. A 47% decrease in lifting incidents was also reported.

It should be noted that there was a 34% reduction in regard to adverse events affecting staffing levels and a 30% reduction with incidents connected to needlestick injuries / sharps. Lastly, it should also be noted that we have seen a 25% increase in reported verbal and physical assaults on our staff although the totals reported are similar to 15/16 and 16/17

There were 14 incidents reported to Health and Safety Executive (HSE) under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in 2018/19. This is very similar to previous years. The Health and Safety Committee are given details of reported incidents all of which are investigated by the relevant Division and actions identified to prevent a reoccurrence.

Number of Accidents/Incidents Reported to HSE 2018/19



Health and Safety Consultation with Employees

The Health and Safety Committee met 5 times in 2018/19. The February 2019 meeting was cancelled due to a CQC Audit. All recognised employee representative bodies are invited to the committee meetings.

Health and Safety Delivery Plan 2018/19

Health and safety activity during 2018/19 included:

- Workplace health and safety managers' completed a self-assessment audit completed via Survey Monkey from which actions were identified for local managers, Divisions and the Trust as a whole.
- Revision of the Trust Policy on the Prevention and Management of Slips, Trips and Falls from Height Staff and Trust Users.
- Training sessions delivered during the reporting period by the Health and Safety Advisor and Manager included Health and Safety Awareness via Pay Day training and Corporate Induction, Doctors Induction and Risk Assessment /COSHH training

- Sample COSHH audit of 19 Wards / Departments across the Trust
- The running of a 'pilot' IOSH approved two day Health and Safety programme for managers. 'Principles of Safety Management in Healthcare'. Funding has been made available to run 10 similar programmes in 2019/20
- Revision of the Trust Health and Safety Policy to reflect organisational changes

Health and safety advice and support was provided by the Health and Safety manager and the Health and Safety advisor. Other specialist support and training is provided for high risk issues/activities by Occupational Health, Manual Handling Practitioners, Security and Fire Advisers.

Changes to the provision of Health and safety services

The Corporate Health and Safety function has now been embedded into the risk management services already provided by Property Services, i.e. fire and security. Working with the Property Services Risk Manager a new structure has been put in place which will now further improve the corporate support for Health and Safety in our organisation by providing a safer working environment for our staff and improved patient experience reducing the level of incidents and number of claims and complaints. In addition we have invested in software to record and monitor all elements of the estates function.

The new post of Health and Safety Manager and the integration of the existing Health and Safety Advisor into the risk services team within Property Services has now provided synergies and resilience enabling us to develop an integrated and more pro-active team who will be able to offer professional advice and support to a wider range of services to support our managers and staff across the Trust.

Targets/Plan 2019/20

During 2019/20 we intend to act on the results of our review of the health and safety management system to ensure it meets the organisation's needs, resulting in a Corporate Health and Safety Delivery Plan for 2019/20. Furthermore the plan will aim to address areas for improvement with focus on the management and mitigation of highlighted main areas of risk.

We aim to increase the Health and Safety knowledge of 120 key staff through the IOSH approved training programme to act as ambassadors to improve the safety culture within the Trust. This, coupled with a themed programme of 'active monitoring', carried out centrally and locally will encourage a more pro-active approach to Health and Safety and contribute to the Trust achieving its strategic objectives.

Key activities for the year include:

- Provision of risk assessment training sessions for staff and on-going support to the risk assessment process.
- The completion of ten IOSH approved, two day Health and Safety training programmes for managers. 'Principles of Safety Management in Healthcare'
- Conducting the annual workplace health and safety managers' self-assessment audit at the end of the year after a full review of the process and question set.
- Complete 'Active Monitoring' inspections and safety surveys across the Trust

- Prepare a specification and tender for a digital COSHH database and implement a more efficient, user friendly system for producing COSHH assessments.
- The production of a Health and Safety 'Newsletter'
- Include Key Performance Indicators in the Health and Safety quarterly report

5.4 External awards and recognition

We are proud of individual members of staff and collective teams who have excelled in their field and had their achievements and commitment recognised in a host of regional and national awards this year.

NHS70 Windrush awards

- Nurse consultant Ghazala Yasin who, following a public vote, was shortlisted and subsequently won the rising stars innovation category in the NHS70 Windrush awards.

5 awards at the Thames Valley Research Awards:

- Outstanding Contribution to Children's Research (Memorial Award) – Winner - Chris Cleaver, Paediatric Research Nurse
- Research Rising Star - Highly Commended - Kim Davenport Diabetes, Research Nurse
- Outstanding Research Champion - Winner - Michelle Anderson, Research Midwife
- Outstanding Patient Research Ambassador - Winner - John Smith, Patient Research Ambassador
- Outstanding Research Practitioner - Winner -Jamil Razzaque, Clinical Research Practitioner

Other notable achievements:

- Cardiologists performs first His Lead implant
- Trust achieves above average results in annual NHS employee survey
- Trust deputy chief nurse, Edmund Tabay featured in Nursing Times as UK's highest ranking Filipino nurse
- Annual staff awards celebrate healthcare heroes
- Royal College of Physicians report shows how the Trust is learning from deaths to improve patient care

Shortlisted:

- Chaplaincy services shortlisted in HSJ Value Award Clinical Support Services

Award

- Buckinghamshire Community Hubs shortlisted in HSJ Value Award Improving Value in the Care of Older Patients Award
- The Tissue Viability Team was also shortlisted in two categories in this year's Journal of Wound Care annual awards
- Our Leadership Development programme has been shortlisted in the HPMA awards

Individuals recognised:

- Larry Benjamin was named as one of the best cataract surgeons in the country in the Daily Mail's "Good Doctors Guide"
- Dr Raha West, anaesthetic and intensive care specialist, who has just become the first person in the Trust to be awarded a fellowship by the National Institute for Health Research (NIHR) supporting critical care portfolio research
- Tayla Williams, one of our health care assistants won the Apprentice of the Year Award at Buckinghamshire College Group's Student Awards Ceremony
- Sarah Standish, family counsellor at the Spinal Unit, won the Rising Star category at the Spinal Injuries Association Rebuilding Lives Award

Signed Date
Chief Executive

6. PEOPLE

6.1. Recognising great professionalism and care

Monthly CARE awards

The Trust monthly CARE awards recognise individuals and teams who go to extraordinary lengths to deliver the Trust's values. Members of staff can be nominated by the community they care for or by colleagues and peers and awards are made in four categories that align with Trust values:

- Collaborate together as a team
- Aspire to be the best
- Respect everyone, valuing each person as an individual
- Enable people to take responsibility

Recipients of CARE awards are invited to a special ceremony that's a part of each public board meeting to collect their award from the Chief Executive. In 2018-19, **50** people received these awards.

Annual CARE awards

Our annual staff awards recognise and celebrate the achievements and commitment of individuals and teams working for Buckinghamshire Healthcare NHS Trust. Award winners are staff, volunteers and contractors who demonstrate safe, compassionate care and who embody our values and behaviours; **Collaborate, Aspire, Respect, Enable**.

Excellence reporting

For many years now the Trust has utilised incident reporting as a way to learn from the errors that we manage during our working lives. However, we have recognised that learning from outstanding care and service is important, too and in July 2016 we introduced excellence reporting. This year, we have seen an increase in the number of these reports; examples are referenced in other sections of this report

"Thank you" and "Well done" cards

Our Trust "thank you" and "well done" cards are available for everyone, and in particular managers to acknowledge good work as it's being delivered. They are also sent to everyone who is nominated, but not selected for a monthly CARE award.

The premise for these cards is simple – managers, going about their day to day activities, if they spot someone "going the extra mile" or clearly exemplifying our CARE values, someone who just gets on and does their job quietly and effectively, or indeed if a staff member does something "out of the ordinary" then use the supply of "thank you" and "well done" cards to acknowledge this promptly, writing a personal message and giving the card personally to the member of staff. The Trust's official twitter and Facebook accounts then share these stories with its followers – 8,000 on twitter and over 3,000 on Facebook.

Social media

We have seen a growing use of social media over the past 12 months to share and celebrate the achievements of both individuals and teams; individuals across the organisation are using this platform to share their experiences, thank their colleagues and celebrate success.

6.2. Overview

Staff engagement continues to be a priority for the organisation and is inextricably linked to patient outcomes as well as the Trust's quality, safety and financial performance.

The Trust's overall staff engagement score was 7 out of 10, a significant increase since 2017 and the biggest increase in staff engagement at BHT since 2015. Other key questions reported that

staff recommending us as a place to work increased from 55% in 2017 to 60% in 2018 and as a place for care and treatment, increased from 67% to 70%.

We have continued to invest in the development of our staff through clinical and non-clinical education and training. Over 70% of staff reported in the annual NHS Staff Survey that they had benefited from non-mandatory learning, development and training; whilst this is above average, this number has declined over the past four years, reflecting pressures on central education budgets received from Health Education England. Qualitative and quantitative feedback from these interventions, as well as the results from the NHS national staff survey, have demonstrated the positive impact that these interventions have on staff.

We have a well-established multi-disciplinary leadership development programme, set up in 2015 and attended by over 50 senior leaders in the last year. A programme for first line/middle managers has been completed by over 150 leaders. We run numerous bespoke leadership and team development sessions and are supporting 45 colleagues to complete accredited leadership apprenticeships externally. A bite-size leadership programme is in place for junior doctors alongside a career development service.

Our BHT Way quarterly leadership sessions continue to be well attended, and provide a forum for two-way conversations about the direction of the Trust.

The Trust values difference, and recognises the value that people from different backgrounds, with different skills and experiences bring to the workforce across our organisation. Having a diverse workforce means improved opportunities for cultural awareness, sensitivity and understanding which are of benefit to patients in the delivery of care.

The Trust Board is fully committed to the principles and practices of equal opportunity and diversity in employment and service delivery. The Trust aims to create a framework which promotes a working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, and in which all decisions are based on merit and the needs of the service (see section 11 for full details)

This includes full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities; continuing employment of, and arranging appropriate training for employees who become disabled persons during the period when they were employed by the Trust; and career development and promotion of disabled persons employed by the Trust.

Our Equality and Diversity Policy was reviewed and ratified in November 2018, and is compliant with all relevant equalities legislation. We publish details of the demographic profile of our workforce annually as part of our Public Sector Equality Duty monitoring; through this analysis we can compare and monitor our workforce with the demographics of our local community in Buckinghamshire. This helps us to identify any under or over representation and ensure that we are meeting our obligations as set out in law and best practice.

6.2.1. Recruitment and retention

The Trust is one of the largest employers in the county with a staff headcount of c6, 200 people as at 28 February 2019. We are committed to recruiting and retaining the highest calibre of staff in all areas. At the end of the financial year, the numbers of full-time equivalent (fte) staff employed had increased by 20fte from 5,237fte in March 2018 to 5,257fte in March 2019. The staff group with the largest growth was the Support Services category with an increase of 108.8fte during this period. One of the contributory reasons for this growth is the EU recruitment strategy where nurses pending the NMC's English language requirements are appointed into a Band 4 Nursing Assistant Practitioner role.

Nursing staff

The Trust launched the Nursing, Midwifery and Therapy Transformation Board in March 2018 to put in place a dynamic and proactive approach to making the Trust a great place to work, delivering the Trust's values as well and ensuring we maximize the efficiency and effectiveness of our non-medical workforce. Recruitment and retention of nursing staff were two of the key work streams and the approach is described below.

As at 31 March 2019, our nurse vacancy rate stood at **18%** and there were **353 f.t.e** registered nurses in post. The vacancy figure reflects both recruitment and retention challenges, which are seen across much of the country as the recruitment market for UK qualified nurses remained highly competitive, as demand from NHS organisations out-stripped supply.

Our approach to maintaining the nursing workforce comprises three strands:

- Recruitment of high quality nurses from the UK.

In particular, we continue to work with partner universities in the UK to support nursing undergraduate degrees; recruiting well and looking after these staff in the first two years post qualification through an extended preceptorship programme (see details below in section **xx**)

- Develop and grow our own staff through our nurse apprenticeship programme

As part of our on-going work to review skill mixes we have embedded Band 4 nursing roles; these have been filled by staff who have the appropriate Foundation Degree but are also an opportunity for EU trained nurses who are yet to pass the English test. We also continue to monitor the impact of Brexit on both recruitment and retention of EU nurses. We have seen an increase in the numbers of these roles over the year – from 30 individuals at the end of March 2018 to **90 individuals** at the end of March 2019.

- Sustainable recruitment from the EU

Through partner universities in Portugal we are providing newly trained Portuguese nurses the chance to undertake an Erasmus placement within the Specialist Services division. This year, 15 individuals joined the Trust on placement between October and December 2018, of which 12 have joined us as Nursing Assistant Practitioners. This sustainable two-way partnership is benefiting individuals, the teams they are joining and our patients.

Language requirements for overseas nurses introduced in 2016 continue to impact on the volume of EU nurses registering with the NMC and this trend is reflected within the Trust. However, in a change this year, we have supported staff in achieving a new accredited language standard – the Occupational English Test - which is designed specifically for individuals working in health. We have seen a higher proportion of overseas staff successfully achieve this standard and go on to register with the NMC.

Retention Focus

A Retention Lead post was established in February 2018 through external funding for a 12 month post to focus on retention and co-ordinating Trust wide initiative; the work-stream was part of the work of the Nursing, Midwifery and Allied Health Workforce Transformation Board, chaired by the Chief Nurse and the Director of Organisation Development & Workforce.

In April 2018, 75 delegates attended a Recruitment and Retention summit, entitled 'Real Working Lives', looking at issues that impact on nurse recruitment and retention through the differing needs of three generations; newly qualified staff, those with families in their 30s - 40s, and those working at 50+ and on into retirement.

A new exit questionnaire, allowing us to collate more comprehensive data on leavers, was rolled out in April 2018 and we have received 233 this year. This allowed us to identify themes and areas of concern to focus on.

Drawing on this information from staff, we have put in place the following activities this year:

- Our “itchy feet” programme continues, as it is now used a retention case study nationally. In 2018/19 there were 192 fte (to Jan 19) internal nurse moves during the year, a measure of the success of this programme.
- We have developed and run 50+ Workability Workshops, focusing on a bitesize resume of the Flexible Retirement policy and options that are available for retire and return. 64 delegates have attended this year, all reporting Excellent or good feedback. A further 46 members of staff are booked onto future courses into 2019/20
- The Flexible Retirement and Flexible working policies have both been reviewed and now offer as much scope as possible for staff to work flexibly. To promote this further, ‘Stay Conversation’ guidance sent out to all managers. In collaboration with Education, Learning and Development, 27 career conversations have taken place with staff thinking of leaving the Trust, to support them with pursuing new opportunities to stay and progress.
- The Royal College of Nursing ‘Rest Rehydrate and Refuel’ campaign was strongly promoted across the Trust and external funding was obtained in order to supply each member of BHT staff with a re-useable water bottle. These were printed with BHT CARE values and approved by infection control. 4200 bottles were distributed around the Trust and very positive feedback was received from staff about this initiative.

The outcome of this work has been a reduction of 3% in turnover during this financial year. Due to the success of this post we have a permanent retention lead in post from February 19, who will continue to develop and lead on this work.

In December 2018, we joined cohort 4 of NHSI’s retention programme, with the aim of reducing nurse turnover still further. The action plan for this will be delivered during 2019/20.

6.3. Temporary Staffing

Managing usage and spend on agency staffing has been a priority for the organisation. We have had considerable success in meeting changes driven by national rules and caps from NHS Improvement and have led the way regionally in our management of agencies, despite a challenging first few months of the year. Total agency spend in 2018-19 was £10.7m, above our NHSI set ceiling of £10.5m.

In particular we have:

- Continued to meet the price cap and wage cap rules in all but the most specialist and hard to fill areas (e.g. theatres, A&E)
- Management of nursing temporary staffing has been managed by NHSP since May 2017. Bank fill has remained flat over the year at 65%.
- Maintained a ban on agency healthcare assistant staff since April 2017
- We have transferred the management of all non-medical workforce temporary staff management to NHSP – we expect to realise the efficiency benefits (through greater visibility and control) of this in the coming months

6.4. Employee benefits highlights

The Trust continues to provide a range of employee benefits. These include salary sacrifice schemes for staff including childcare vouchers and for bike purchases as part of a cycle to work

scheme. The staff benefits pages on the intranet provide a wide range of local and national businesses offering discounted goods and services for staff – for everything from purchasing a new car or mobile phone, to days out with the children, restaurants and beauty services.

6.5. Education, learning and development

The Trust is committed to providing all staff with personal development, access to appropriate training for their jobs and line management support to succeed. The Education, Learning and Development (ELD) team works in close collaboration with the Health Education England, local Higher & Further Education Institutions and private & commercial training providers to ensure that the workforce of today and tomorrow has the right numbers, skills, values and behaviors, at the right time and in the right place to provide the safest care possible for our patients and service users.

The Trust's approach to the development of our people in 2018/19 was focused around supporting three key themes:

- Inspirational leaders developing strong teams
- Attracting and retaining high calibre and engaged people
- Pioneering new ways of working across sites, services and organisations

In 2018/19, all of our colleagues participated in educational activities managed by the Education, Learning and Development Team.

Education, learning and development is also an area that we are working with partners across the Buckinghamshire Integrated Care System (ICS) (See below for further details).

6.5.1. Leadership and Management

In 2018, we launched our rebranded 'Three Peaks' Leadership development programme. A programme originally designed in 2015 using external experts and evidence based models and theories. The programme was turned into a modular one with clear progression pathway. Peak 1 for aspiring leaders, peak 2 for current leaders and peak 3 for senior leaders.

Joint Integrated Care System (ICS) Leadership Development and Apprenticeship Partnership
Since September 2018, 3 ICS staff have undertaken BHT's Senior Leadership Programme (peak 3) and a further 4 will begin in February. In line with our vision to run joint leadership training and apprenticeships with ICS partners across Buckinghamshire, we have now agreed to run four collaborative apprenticeships from September 2019. These will include L3 Team Leader and L5 Departmental Managers programmes to start in September 2019, led by BHT. HR Consultancy and Project Management apprenticeships will be led by Buckinghamshire County Council.

Team engagement and cultural development

In 2017, we invested in the 'Go-Engage' programme and further strengthened our engagement and cultural development journey using proven methodology. In 2018, we started to see the result of the quarterly Go Engage Survey (incorporating Staff Friends & Family Test) the first of which was completed in June. 653 staff completed the survey (33% response rate). Staff engagement was 3.89/5, an increase from 3.78/5 in the National Staff Survey results in October 2017. The third quarterly Go Engage Survey is currently in the field and results will be returned by the end of March. Interpretation of these results will help to understand if the increase in staff engagement is a trend or an outlier.

12 teams have now completed the team engagement programme in December. Numerous actions were carried out by each team to improve staff engagement whilst on the programme. Each team is currently undertaking a final team survey which will be used to measure improvements made. A further 8 have been confirmed to take part in Cohort 2 of the programme in March, and we are in the process of recruiting additional teams to fill the remaining 6 spaces.

Coaching

Last year eighteen people completed EMCC Foundation in coaching and 9 people are completing the EMCC Practitioner program. 1-1 coaching is gaining momentum and is open to all within the Trust. We are using our coaches to support development (e.g. coaching Leadership Pathway delegates to implement their learning). We continue to play an active role in the Bucks Coaching Network to support delivery of coaching within BHT and across partnering organisations in the Integrated Care System (ICS).

In 2019 we are looking to develop coaching supervision across the Trust which will provide both quality assurance & support for our coaches within the Trust.

Talent management

The Trust started a talent management programme in 2018 with the initial focus on the creation of a formal succession plan for executive / senior leadership roles at the Trust. The process and methodology will be as per our Talent Management strategy (copy attached). This plan will form part of our piloting process prior to rolling out the full programme across the Trust in 2019.

By creating a senior talent pool, we will look at identifying & developing talent from our current senior leaders group for future roles mitigating the risk of leaving the organisation exposed when leadership changes happen.

Whilst talent management is made accessible for the senior layers, a second pilot within National Spinal Injuries Centre will see an inclusive approach to talent management made accessible to first line leaders in the organisation.

In summary the two pilots will serve to provide BHT with a top-down and a bottom up approach to Talent management.

Pilot 1 Aims. Develop Succession Plans for the Executive Team at BHT, through the identification, development and deployment of potential successors.

Pilot 2 Aims. Support bottom up inclusive talent management within National Spinal Injuries Centre to inform local level ward manager succession plans.

6.5.2. Core education programmes and support

In order to retain these high calibre people and create a learning organisation that would attract talent we have put a focused effort on our educational offering at BHT.

During 2018/19 we have invested in staff, learning environment and high tech equipment. Some key highlights are set out below.

Medical Education

Medical education continues to be a key area of focus nationally, regionally and locally due to shortage of medical workforce. We have been investing heavily in our learning environment to ensure our doctors in training receive the best possible experience while with us to ensure that we support their development in line with our the NHS Long Term Plan. The medical education department provides curriculum delivery, simulation training, leadership training for all its learners.

Undergraduate training is provided for 174 medical students from Oxford Medical School, St George's Medical School, the University of Buckingham Medical School and ad-hoc elective medical students. The team facilitates placements, trainee well-being, shadowing opportunities and teaching activity including clinical simulation.

Postgraduate training is provided for all specialties to 276 support trainees at all levels. The Postgraduate team administers the Trust study leave funding to enable trainees, Consultants and SAS doctors to access training applicable to their role. The team have participated in an inaugural 'recruitment' event held by HEETV for medical students who are joining HEETV.

The education infrastructure has been upgraded with the redecoration of the existing education center in SMH and the relocation of the Doctor's Mess. Charitable funds have been secured to install audio-visual equipment to support this new facility.

This year has seen the arrival of several groups of new learners, to include the UBMS students who joined us in March 2019. Their curriculum requires skills development through simulation, and a new programme of learning has been developed to provide this. Whilst the students have specific course learning outcomes to achieve, there is also the potential to develop inter-professional skills and simulation courses, which will include our other professional undergraduate students.

Library and Knowledge Service

Knowledge Management has been a key priority for the service during 2018-2019 and we have piloted several activities which we plan to roll out more widely in the next financial year. These include facilitating knowledge cafes, testing out a knowledge exit interview for staff leavers, using the Evidence and Knowledge Self-assessment tool and exploring options for establishing an institutional repository.

The service retained its Library Quality Assurance Framework score from the previous year and was commended for areas of innovation and evidence of support for Trust staff from board to ward.

In January 2019, the library launched its Twitter account which has been very successful in increasing awareness of library activities and services. Trust staff can access support to use Twitter for learning and sharing knowledge.

Simulation Learning at BHT (SIM Bucks)

Over the past two years the team and facilities at BHT have been developed and expanded. The service now has a permanent specialist team with simulation experience and an open door policy. Simulation as a learning modality is immensely popular for all healthcare professional groups, and training remains the primary activity of the team. Simulation is used to test patient pathways and to simulate real patient journeys in order to share the learning from real incidences. Having the opportunity to practice clinical and team skills in a safe learning space has huge benefits for all healthcare workers.

New ventures this year for the simulation team include;

- simulating a fire evacuation from the spinal injuries unit
- developing inter-professional learning courses for hospital staff
- simulated skills courses for doctors returning to training
- facilitating mental health crisis simulation courses.

Mandatory & Statutory Training

At the end of the financial year, statutory training levels were at **92%**, against an overall Trust target of 90%. Our mandatory training levels were at **90%** against an overall target of 90%. Our performance has been consistent (10 months of 90% compliance)

In 2018, the education team reviewed the provision of statutory and mandatory training across the organisation, engaging with colleagues across the organisation. The outcome of the review will be combined reporting of statutory and mandatory training for 2019/20 and to separate training matrices by professional groups, in addition to improving both the content and the delivery mechanism of statutory and mandatory training. The new Mandatory & Statutory Training (MaST) matrices will be published in May and will be reviewed annually.

6.5.3. Developing career pathways and pioneering new ways of working across sites, services and organisations

Apprenticeships and Career Development Pathways

BHT has expanded provision for a wide range of apprenticeships, both clinical and non-clinical. These comprise:

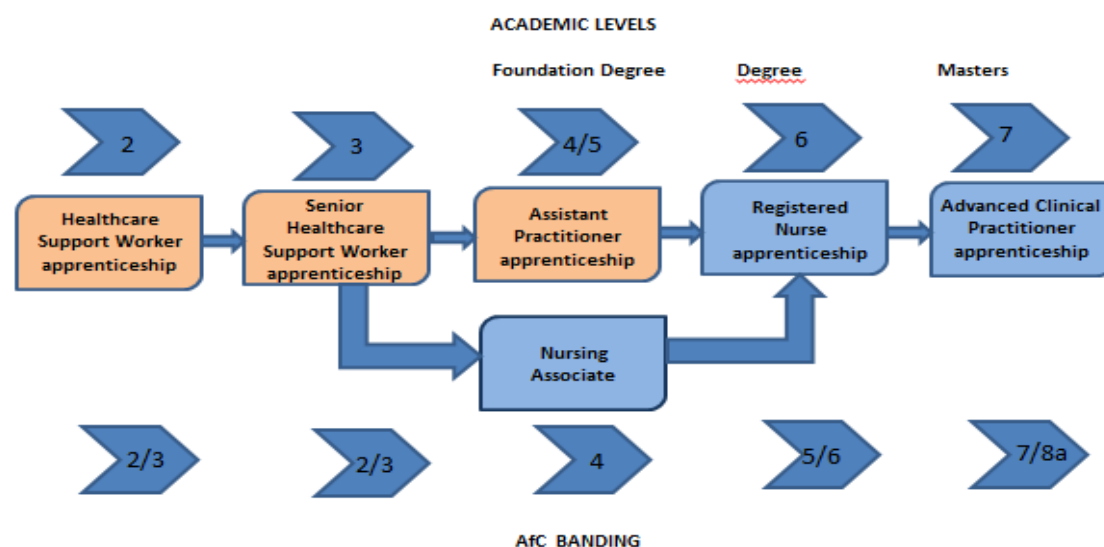
Business Administration, IT, Senior Healthcare Support Workers, Healthcare Assistant Practitioner, Nursing Associates, Team Leader/Supervisor, Project Management, Operational Departmental Manager, Chartered Manager Degree, Digital technology, Cyber Security, Pharmacy, Audiology, Ophthalmology, Nursing Degree, Advanced Clinical Practice, Mammography Associate.

This coming year, we will work with our Executive Board/Heads of Divisions, Service Leads and ICP partners to interpret our workforce and patient demographic – to plan our apprenticeships *intelligently* and landscape a sustainable future NHS here at Buckinghamshire Healthcare NHS Trust – a future that maximises the impact for both staff and patient experience/outcomes.

Nursing Apprenticeship Pathway

In BHT we are focusing on apprenticeships as an opportunity to address our workforce shortages. Apprenticeship levy is being utilised to support the educational development of existing staff into identified professional roles. Given the nursing workforce shortage and declining nursing student numbers (via the direct entrant UCAS route) the main focus for apprenticeships is currently the nursing workforce.

The apprenticeship levy funding will facilitate the Trust in 'Growing its own Workforce' through an 'Earn and Learn' route will support the development of registered nurses from band 2 to band 7/8 which is available to facilitate staff retention and recruitment.



Multi-professional Preceptorship

We are now in the eleventh year of the multi-professional Preceptorship programme in Buckinghamshire Healthcare Trust. All clinical areas participate in the preceptorship programme and the programme is well attended. Preceptee nurses are recruited from our main partner, Bedfordshire University, other higher educational institutes and from overseas. Preceptees are supported in practice as part of the nurse retention plan and our ambition to extend support into individuals second year is now a reality

In accordance the recommendations of the *Reducing Pre-Registration Attrition and Improving Report 2018* (RePAIR), we have extended our preceptee programme from 12 to 24 months, with the second year focusing on emerging leaders

6.6. National staff survey 2018

The 16th NHS national annual staff survey was conducted between October and December 2018. All staff within the Trust were invited to participate in the survey either online or in paper format; 2954 surveys were returned representing a 51% response rate. This was an increase when

compared to the previous year's response rate of 49%, and compares favourably with the national average response rate for combined acute and community Trusts in England of 41%.

Four of the six divisions achieved over a 50% response rate.

Corporate	Specialist Services	Integrated Medicine	Integrated Elderly & Community Care	Women & Children & Sexual Health	Surgery & Critical Care
68%	45%	40%	56%	52%	51%

There have been several changes to the national reporting structure this year. Key Findings have been replaced with 10 themes, and themes are all scored on a scale of 0-10. For all themes, higher scores indicate more positive results. In previous years, the staff engagement score was recorded on a scale between 1-5, but it is now scored between 0-10. Legacy data has been converted into the new format to allow for trend analysis.

Highlights

There are 10 themes which summarise groups of questions regarding staff experience. BHT is performing better than average in 4 themes, and in line with the national average in 6 themes. Since 2017, BHT has achieved statistically significant improvements in safety culture and staff engagement and no significant reductions in any themes.

Theme	Equality, Diversity & Inclusion	Health & Wellbeing	Immediate Managers	Morale	Quality of Appraisals
BHT	9.2	6.2	6.9	6.2	5.5
National average	9.2	5.9	6.8	6.2	5.4
Theme	Quality of care	Bulling & Harassment	Violence	Safety Culture	Staff Engagement
BHT	7.5	8.3	9.6	6.7	7.0
National average	7.4	8.1	9.5	6.7	7.0

Staff engagement

The Trust's overall staff engagement score was 7 out of 10, a significant increase since 2017 and the biggest increase in staff engagement at BHT since 2015. Of note, the Division of Integrated Elderly & Community Care reported an overall staff engagement score of 7.4 and the Division of Surgery and Critical Care reported a score of 7.2.

6.7. Consultation, negotiation and communications

The Trust recognises and has developed a positive working relationship with its Trade Unions, Staff Organisations and Professional Bodies over many years. We work with these bodies on a number of areas - for example organisational change, working conditions and pay, disciplinary and grievance, health and safety, harassment and bullying (dignity and respect) and improving working lives.

6.8. Communications and provision of information to employees

During 2018/19, the Chief Executive continued to promote and embed the “BHT Way”, which underpins the relationship with our staff. A quarterly forum headed up by the Chief Executive and Executive colleagues is in place for 500 leaders across the Trust. This forum is used to develop and shape strategy. Other regular activities include the monthly team-briefing from the CEO or Director to ensure messages are cascaded verbally throughout the organisation, a weekly staff e-bulletin, and a chief executive blog. These activities are supported through the Trust intranet, which has been significantly enhanced over the past year, with up-to-date news and features, a staff blog, and a comment function on stories to encourage a two-way dialogue on Trust matters.

6.9. Freedom to speak up - Raising concerns and Whistleblowing

The Trust Freedom to Speak up Guardian, (FTSUG) has been in post since May 2017. The FTSUG meets regularly with the Chief Executive, sits on the Trust Strategic Workforce Committee and reports formally to Trust Board twice a year. In addition to the FTSUG, we continue to promote the number of ways in which staff can raise concerns, which includes directly to the named non-Executive director.

Since the appointment of the Trust FTSUG we have seen a positive and significant increase in the number of staff coming forward to raise concerns and speak up; quarter 1 and 2 of this financial year showed a 177% increase in comparison to the same quarters the previous year with no significant recurring themes, suggesting improving awareness, outreach and improved confidence of staff. This demonstrates progress in our journey to improve our positive speaking up culture

Learning and resulting changes are essential from the concerns raised; in addition to feedback sessions delivered to teams, two formal Trust-wide lessons learnt sessions have also been delivered by our FTSUG.

A key project this year has been the development and launch of “Building a Climate of Respect” which, in its first phase (launched in December), includes a video and resource guide providing clear messages on our zero tolerance approach to poor behaviors, bullying and harassment at BHT from our Chief Executive, Director of Workforce and Organisational Development, the Chair of our staff side and the Freedom to Speak Up Guardian.

The NHS Staff survey is a key measure of the impact this work is having on staff; our results for 2018 showed significant improvements from 2017. Two questions relate specifically to raising concerns:

69.5% of respondents said they would feel secure raising concerns about unsafe clinical practice, a 4% increase from 2017.

57.2% of respondents said they are confident that the Trust would address their concern, a 4% increase from 2017.

6.10. Occupational health, Staff Wellbeing and Healthier Lifestyles Services

The Trust takes a proactive stance on staff wellbeing, which is supported by the Executive team, as part of a holistic whole system approach. This is an area that is challenging at both a local and national level, as reflected in staff survey results. While we remain in top quartile nationally, this is an area we remain focused on to support our staff.

Staff Survey results in relation to Staff Well Being CQUIN

Staff Survey Results	Does your organisation take positive action on Health & Wellbeing	CQUIN		
		2016	2017	2018

% Responding 'Yes definitely'	37.94%	36.00%	32.70%
Number of respondents	2960	2792	2893
In the last 12 months have you experienced MSK problems as a result of work activities			
% Responding 'No'	75.67%	76.29%	75.10%
Number of respondents	2968	2813	2901
During the last 12 months have you felt unwell as a result of work related stress?			
% Responding 'No'	68.11%	66.64%	64.20%
Number of respondents	2970	2806	2913

6.10.1. Psychological Health Interventions

Alongside the counselling service we also run other interventions to complement the psychological wellbeing support.

Fast-track Counselling Service

In 2018/19, we had 422 referrals for counselling. Feedback from staff using the counselling service resulted in a 100% satisfaction rate in relation to meeting their requirements, listening effectively, focusing on important issues, fostering a safe environment, and would recommend service to colleagues. This service helps prevent staff going off work and supports staff that are unwell to improve their health and return to work in a timely way.

SOS (Supporting Our Staff) sessions

In October 2019, we introduced drop in sessions as an opportunity for staff to talk in confidence about any concerns, personal or work related. 17 staff have used this service to date.

Team Resilience sessions

A total of 51 training sessions to over 500 staff have been delivered this year. Our Understanding Stress, Building Resilience (USBR) was developed and is delivered in house by the wellbeing team and provides insight into how stress impacts us and hints and tips on ways to build personal resilience. It includes the Health and Safety Executive stress management standards and fosters positive discussions, improves confidence in talking about issues and works on finding solutions.

Managing Change

At a corporate level, the wellbeing team supports the successful implementation of change. We attend the opening of formal consultations and are available to support affected staff at regular intervals throughout the consultation process. We support staff to make the best of their own contribution to the change process and to handle stress as effectively as possible.

Introducing Mindfulness

A Mindfulness programme has now been successfully established in the Trust by a Member of the Wellbeing Team who has recently qualified as a Mindfulness Teacher. A total of 681 staff have

accessed this programme this year. The session is delivered as a stand-alone subject or combined with Understanding Stress and Building Resilience.

In addition, Mindfulness Drop in sessions are held monthly at SMH and WH in the multi- faith rooms

Wellbeing at Work Course

This is a one day interactive course, which is open to all members of staff, aimed at supporting sickness absence reduction. 37 people have attended. The course explores the Five Ways to Wellbeing, Understanding Stress Building Resilience, managing sickness and Mindfulness.

Wellbeing Wednesday Seminars

A varied programme of seminars held after 4pm and again at 5pm across sites, covering themes that have emerged from sickness meetings with staff. The most popular Seminar received was the Management of the Menopause which has led to our first Menopause Café held in March 2019.

Mediation

A mediation service began in January 2017; in 2018/19 there have been 21 mediation referrals to the service. A recent review of the service looked back at the mediation activity, emerging themes and ways to promote the service within the Trust.

6.10.2. Physical Health

Referrals to fast-track Physio Service

We have access to fast track Physiotherapy service in place for staff that is triaged through our Occupational Health and Wellbeing Team and provided by our in house physiotherapy team. 219 staff have been referred during 2018/19.

We also provide information and reduced cost activities and interventions to support physical health through building relationships with local gyms and Bucks New University facilities at Wycombe.

Staff Massage Service

This is available to all staff and the service is delivered at Amersham Hospital, 66a High Street and Stoke Mandeville Sites. 187 staff have used this service in 2018-19.

12 Week Weight Loss Challenge

This is a popular offering with staff challenged to lose 5% of their weight over a twelve week period. This year, 56 staff signed up to the challenge and given support to lose weight using the NHS Choices healthy eating plan.

Making Every Contact Count (MECC)

Since April 2018, 338 new Nurses and Health Care Assistants to the Trust have received an introduction to basic Healthier Lifestyles Brief Intervention messages and Make Every Contact Count. Evaluation of this training has been good. A MECC e-learning package is also available to staff as part of their personal development. We have also developed a longer course for health care assistants already working in the organisation which is aimed at both self-care and MECC. MECC is now being more widely adopted within the STP and we are part of the implementation group. MECC is about encouraging our staff to have brief conversation with patients about lifestyle issues and making changes, alongside thinking about making positive changes for themselves and becoming a role model/ advocate to others.

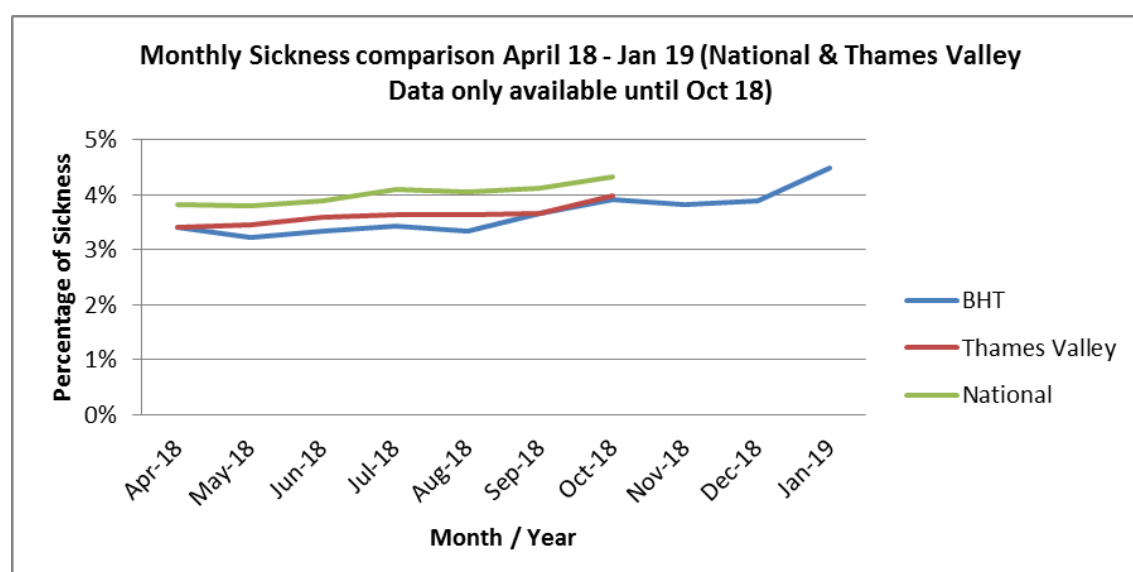
Staff NHS Health Checks

The wellbeing service, in conjunction with Buckinghamshire County Council 'Live Well Stay Well' service, visited several of our hospital sites in 2018/19 and 91 of our over 50's staff had a full health check and advice session.

6.10.3. Sickness Absence

The Employment Best Practice and Occupational Health teams work closely in partnership with divisional management teams using a case management approach. Key interventions include: Health Summits, well-being interventions, sickness absence management training sessions, case conferences, data reporting and analysis, application of sickness absence policy (formal and informal processes), guidance and advice on Equality Act i.e. reasonable adjustments.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
BHT	3.4%	3.2%	3.3%	3.4%	3.3%	3.7%	3.9%	3.8%	3.9%	4.5%
Thames Valley	3.4%	3.5%	3.6%	3.6%	3.7%	3.7%	4.0%			
National	3.8%	3.8%	3.9%	4.1%	4.1%	4.1%	4.3%			




7. How we have been engaging and involving our patients and carers in 18/19

Buckinghamshire Healthcare NHS Trust is committed to involving the public of Buckinghamshire and our patients in developing our services and influencing the strategic direction of the organisation.


7.1 Listen To Our Patient Voice

Our key focus was to work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E. To achieve this goal we aim to be in the top 20% of performing trusts in the country for overall patient experience by 2020 in line with the Patient and Carer Experience Strategy 2017 to 2020.

Improving the patient experience in response to what patients have told us from surveys, complaints and Friends and Family

Objective:	Year 1 - Recruit and train volunteer patient representatives to become members of Patient Forums across the trust
Status:	Met 
<p>Improvements achieved:</p> <p>Patients / carers that support the trust's Patient Led Assessment of the Care Environment (PLACE) have been recruited and trained to join the trust Patient Experience Group (PEG) on a permanent basis. The PEG group has grown significantly and now comprises of 22 members.</p> <p>Guidance on developing and supporting the role of patient representatives has been created and distributed.</p> <p>Guidance for patient representatives has also been created and distributed which includes the following:</p> <ul style="list-style-type: none">To act as a 'critical friend' to the trust on the delivery of the Patient/Carer Strategy.To take part in quality assurance activities such as quality rounds, speaking to patients and working with staff on improving patient experience.To provide input and feedback on trust policies and strategies that impact on patient/carers experience.	
<p>Further improvements identified:</p> <p>As more patient experience representatives were recruited to support the trust, it became more apparent that a coaching style of introduction and support should be used rather than formal training and as such the guidance will be reviewed and adapted accordingly.</p>	

7.2 Improving the patient experience

Objective:	Reduce 12 hour and more waiting times in A&E by 40%
	Improve the turnaround time for TTO medicines (this will form part of the Singles Transfer of Care project)
	Reduce the number of cancellations in the outpatient department by 40%
Status:	Partially Met 
Improvements achieved:	
68% reduction in patients waiting for more than 12 hours in A&E	
30% improvement in turnaround time for TTO medication	
Improvement not achieved:	
The trust is continuing to implement processes to reduce outpatient cancellations. Although we have not seen a reduction of 40% set out for 2017/18 there are robust plans in place to ensure a significant reduction by 2020/2021.	

8. Academia and Industry - The Oxford Academic Health Science Network (AHSN)

Oxford Academic Health Science Network

The Oxford AHSN leads a number of programmes that bring together universities, industry and the NHS to improve health and prosperity in our region through rapid clinical innovation adoption. Some examples of these programmes are described below and a list of projects involving Buckinghamshire NHS Healthcare Trust is also included.

The Clinical Innovation Adoption programme aims to improve patient outcomes and reduce costs by speeding up implementation of evidence-based innovations in the NHS.

The aim of the Strategic and Industry Partnerships programme is to facilitate business creation and growth and accelerate clinical innovation adoption, bringing better health and wealth to our region.

The national Patient Safety Collaborative (PSC) programme is funded and co-ordinated centrally by NHS Improvement, and organised and delivered locally by the 15 Academic Health Science Networks (AHSNs). The PSC works with networks of NHS staff, patients, national and local partners, academics, businesses and voluntary organisations to implement patient safety initiatives

Programmes the trust is involved with or exploring

National Programme	What it is
Emergency laparotomy	Reduce length of stay
Maternity and Neonatal Health Safety Collaborative	Support MNHSC
PReCePT	Reduce incidence of cerebral palsy through improving uptake of MgSO ₄
Sepsis	Deteriorating patient - reduce avoidable harm by improving reliability of recognition, response and communication
TCAM Transfer of Care Around Medicines)	Improve safety and compliance
Local Programme	What it is
Hydration in care homes	Reduce UTIs in care homes and admissions resulting from UTIs
Heart failure	Service Transformation - identifying HF patients
Diagnostic - pre eclampsia	ELECSYS - avoid unnecessary admission because of mis-diagnosis
Diagnostic - flu	Point care test to diagnose flu in Emergency Departments
Local Programme (cont)	What it is
Diagnostic - stroke mimics	Point of care test to better detect stroke mimics
Emergency Department Collaborative	Shared learning
FallSafe bundle	Evidence based solutions to prevent falls
Sleepio	Digital solution to tackle sleep deprivation
ITP Products and others	What it is
Endocuff	Endoscope tip to improve colonoscopies
Non-injectable connector	Prevention of injection into wrong line

Urolift

Day case treatment for benign prostatic hyperplasia

9. Research

9.1. Research and Innovation

2018/2019 has been an exciting year for Research and Innovation. We have grown in the number of research studies (199 studies open) that are open and the number of innovations we are supporting.

We are growing in partnerships with universities and industry to increase opportunities for growth. In 2018/19 nearly 6000 patients consented to be part of research studies.

We have been successful in building partnerships for new innovation studies two of which are funded through Innovate UK, these are around cataract follow up through artificial intelligence and another study using imaging to build software for specific diagnosis for specific diseases. We are also part of several projects for point of care testing in sexual health and another for stroke studies. The partnership between the Trust, Bucks New University, Buckinghamshire CCG and council, for Bucks Life Sciences now has a delivery vehicle called Bucks Health and Social Care Ventures. There are currently 5 SME's (small medium enterprises) on cohort 1 of the accelerator programme and cohort 2 will be launched in the summer.

The team have been building a social media presence to communicate to the community and to build awareness amongst colleagues and external partners and we have also built a new web page that will go live in April.

Bethan Peach who is a retired medical researcher has joined the Patient Research Ambassador team as a volunteer to help promote NHS health research from a patient's point of view. Bethan said, "Engaging patients in clinical research can provide the NHS with a most powerful resource, and enables the patients themselves to help direct future health decisions."

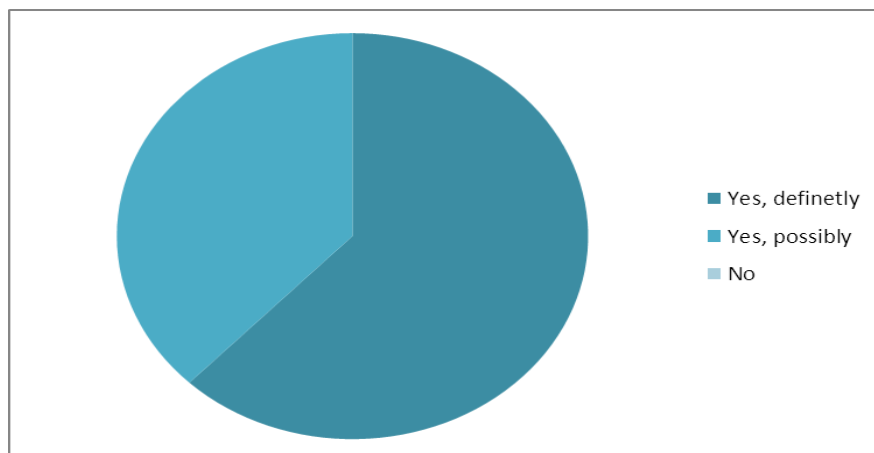
Data on number of studies open

Study type	Number of active studies
Academic/student	3
Commercial non-portfolio	2
Commercial portfolio	36
Non-commercial non-portfolio	20
Non-commercial portfolio	138
Total	199

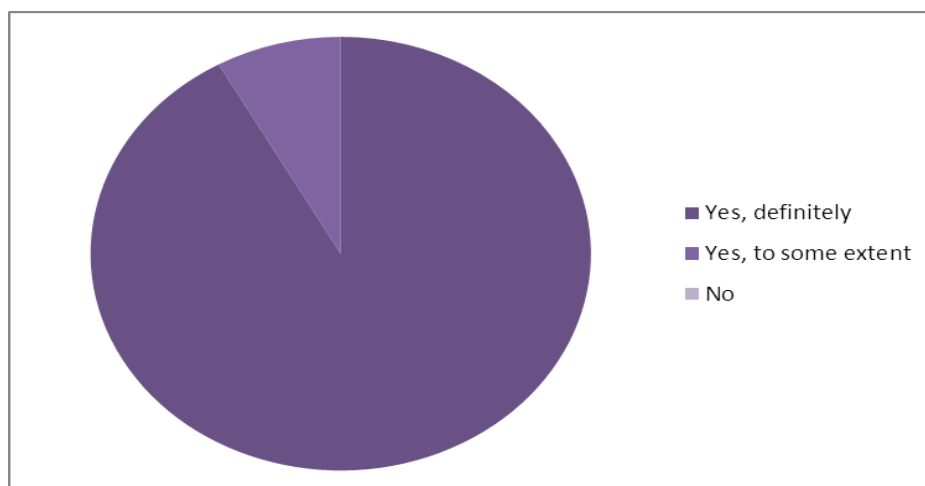
Specialty	No of studies open
A&E	4
All patient areas	4
Cardiology	30
Community	7
Critical care	10
Dermatology	3
Diabetes	7
Gastro	14
Neurology (excluding Stroke)	5
Obstetrics & Gynaecology	17
Oncology & Haematology	44
Ophthalmology	8
Orthopaedics	1
Paediatrics	9
Pharmacy	4
Plastics & Burns	3
Radiology	2
Respiratory	4
Rheumatology	6
Spinal	10
Stroke	7
Total	199

Research & Innovation-Patient feedback

Has your experience in research made you more likely to be involved again?

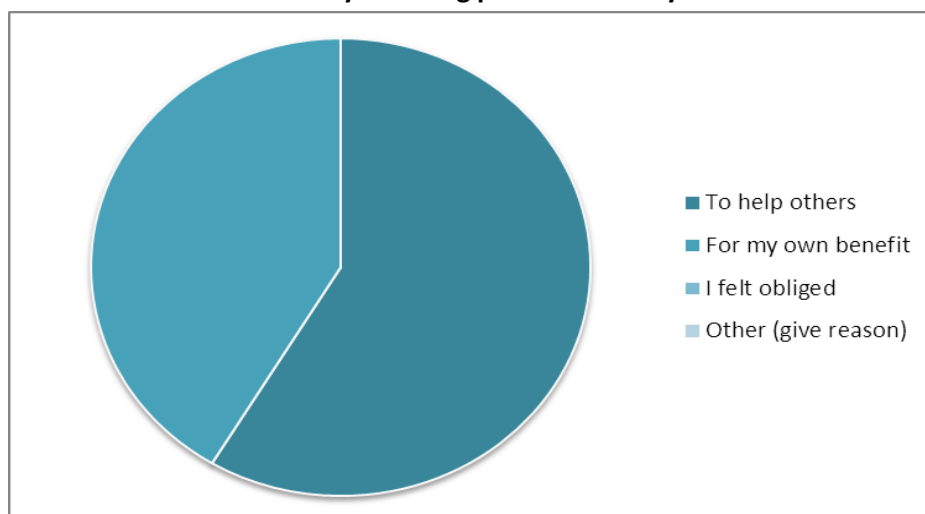


Do you feel that your participation in research was valued?



92% of our patients say research has been a positive experience

What were the reasons for you taking part in the study?



The Team



At the Thames Valley & South Midlands Awards our following team members were successful

Chris Cleaver	Outstanding contributions to children's research
Michelle Anderson	Outstanding Research Champion
Kim Davenport	Research Rising Star-Highly commended
Jamil Razzaque	Outstanding Research Practitioner
John Smith	Patient Research Champion

Denise Watson also was awarded the Trust's CEO's Leader award

Chris Cleaver completed his MSc and his paper was on the transition of clinical nurse to research nurse, this paper gives us insight to enable clinical nurses to move into the role of research nurses with necessary support. Overall though the interviews conducted were positive about the role and the team.

In 2018/19, the team were one of the top three satisfied teams in the Trust and the most engaged from the staff survey results

Looking forward

2019/2020 is already set to be an exciting year with the opening of the Research and Innovation facility which includes an Innovation Centre for SME's to work with us. There are exciting collaborations coming together now for the New Year which we look forward to reporting back next year.

10. Charitable and voluntary services partners

The Trust is incredibly grateful to the many people who give their time for free and donations in support of improving our services for patients. They include:

- the Trust's Charitable Fund
- the charity **Scannappeal**
- **the League of Friends, working across our acute and community** hospital sites
- the **Cancer Care and Haematology Fund** at Stoke Mandeville Hospital
- the **RVS**, staffed almost exclusively by volunteers
- **the** Florence Nightingale Hospice Charity.

Along with individual volunteers these groups have all made a significant contribution to helping our teams improve the experience and environment for patients.

The Trust's charitable fund receives income which is made up of donations, legacies, funds from activities and investment income. These monies are used to enhance services focused on patients' welfare, staff welfare, research and general charitable hospital purposes. In year the Charity has purchased equipment, provided an enhanced environment for our patients, including paying for refurbishment of the Spinal Injuries Centre reception and open areas and supported our staff. We are grateful for everyone who has contributed to the Charity to help us to help our patients.

The Trust Board is the corporate Trustee of the funds, and a separate annual report and accounts are produced for the charity, which are available from our website www.buckshealthcare.nhs.uk. The Charity also has a section on the website providing more information on its activities.

11. Equality and Diversity

We have a commitment to ensure that equality and diversity is integrated at the core of our organisation and as part of this we ensure that we meet all the legislative and good practice requirements in this area.

Throughout 2018/19, we have continued our work to embed equality and diversity as core to everything we do, central to the successful delivery of quality for patients and staff. Key activities from 2018/19 are:

- Launch of our revised Equality and Diversity Policy (formerly Equal Opportunities Policy) in November 2018
- Introduction of a new Equality, Diversity and Inclusion (ED&I) Steering Group to set the strategic direction for ED&I and to drive this forward within the Trust
- The establishment of BAME (Black Asian and Minority Ethnic) and Disability Staff Networks. Work has also commenced on establishing an LGBTQQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Allies and Pansexual) Staff Network.
- The introduction of a Reciprocal Mentoring Scheme initially for BAME staff. This scheme provides the opportunity for staff to mentor Senior Leaders within the Trust, to enable them to understand some of the lived experiences of staff with these protected characteristics.
- We celebrated a number of ED & I related events including Human Rights, Equality and Diversity Week, Black History month and International Women's Day.
- We have taken part in the Consultation exercise for the Disability Workforce Equality Standard to be implemented later in 2019
- We have actively participated in ED&I Networks facilitated by the Thames Valley and Wessex Leadership Academy (TVWLA), including their 'ED&I Through the OD Lens' Programme, with a view to embed that learning within this Trust and benefit from these links to facilitate further collaboration in the future
- We have continued to work in collaboration with TVWLA and the Royal Berkshire NHS Foundation Trust to deliver an Inclusivity Leadership Programme to a number of senior managers and Clinical Leaders

Gender pay gap

At the end of March 2019, we published our second iteration of the Trust's Gender Pay Gap report, which looks at a snapshot of data as at 31 March 2018. The table below shows our overall mean and median gender pay gap based on hourly rates of pay as at the snapshot date (31 March 2018). It also captures the mean and median difference between bonuses paid to men and women in Buckinghamshire Healthcare NHS Trust in the year up to 31 March 2018 (i.e. 1 April 17 – 31 March 18). In a change to last year, these bonuses include the vouchers awarded to staff to recognise long service; this has had a significant impact on our outcomes. This and further details about the drivers of the pay gap are set out in our public board papers and the separate gender pay gap report, which are available on the Trust website at:

<https://www.buckshealthcare.nhs.uk/Downloads/Equality-and-diversity-annual-reports-and-key-documents/>

Despite the Gender Pay Gap, we are confident that men and women are paid equally doing equivalent jobs across the Trust. We are committed to reducing the Gender Pay Gap throughout the organisation, but recognise that this may take several years to achieve

Difference between men and women		
	Mean	Median
Hourly fixed pay	29.3%	15.0%
Bonus Pay Gap (overall)	87.0%	33.3%

The Public Sector Equality Duty (PSED)

This duty is placed on all NHS Trusts and provides a legal framework to protect against discrimination, harassment and victimisation, promoting equality of opportunity and nurturing good relations between people who share a 'protected characteristic' and those who don't. In accordance with the duty, we publish our equality information annually on our public website. We continue to develop our publication. Our PSED reports for 18-19 will be published during the early part of the 19-20 financial year. A summary of the notable findings for 18-19 have been highlighted below:

Public Sector Equality Duty (PSED) 2018-19: notable findings	
Education, Learning and Development	<ul style="list-style-type: none"> • Less than one percent of attendees on the Leadership Pathway had declared a disability – compared to 2% of Trust employees as a whole • Learning beyond Registration – the female/male split was 55% female to 45% male – compared to the Trust wide split of 82% female to 18% male.
Employee Relations	<ul style="list-style-type: none"> • The Workforce Race Equality Standard states that as a member of staff of BAME origin in 2017-18 you were 1.52 times more likely than a White person to be subjected to formal disciplinary action, The PSED report gives further context that staff of Asian origin are more likely to be affected by this. This is being addressed in the WRES 2018 -19 Action Plan
Flexible Working	<ul style="list-style-type: none"> • Applications for Flexible Working during 2017-18 were broadly in line with the Trust demographic for all elements.
Recruitment	<ul style="list-style-type: none"> • The Recruitment PSED shows that in 2017-18 5% of shortlisted applicants declared a disability, but 3% of those appointed declared a disability. • 47% of candidates at shortlisting were BAME compared with 22% who were appointed. This is also reflected in the WRES 2017-18 data, and this is addressed in the WRES Action Plan.
Volunteers	<ul style="list-style-type: none"> • Volunteers of a BAME background increased by 0.5% in 2017-18, increasing this figure to 8.5%. However this is considerably lower than both the Buckinghamshire figure and the Trust workforce profile figure, and implies that the Trust could put measures in place to increase its recruitment of BAME volunteers.
Workforce Profile	<ul style="list-style-type: none"> • The percentage of staff declaring a disability has remained unchanged since 2017, remaining at 2% as against 14% in declared within the Buckinghamshire population.
Engagement – Interpreting Services	<ul style="list-style-type: none"> • Since 2016, requests for British Sign Language have increased by 145% in the 2017-18. • Urdu, Romanian and Polish are the three most requested

	languages for interpreting.
Business Planning	<ul style="list-style-type: none"> • Our planning processes incorporate the principles set out in the Five Year Forward View • The Trust is working collaboratively with our ICS partners to ensure our plans are aligned
Patient Engagement	<ul style="list-style-type: none"> • It seems that a large proportion of patients who declare a disability are involved in Patient Engagement activities – 51% compared to 14% of the Buckinghamshire population • A very small proportion of patients under the age of 24 are involved in Engagement Activity – and they form less than 0.5% of participants.
Patient Profile	<ul style="list-style-type: none"> • There is an increase of instances where Ethnicity is not recorded on patient records despite admissions having increased by 15% during 2017-18

Inclusive leadership Training

To help improve our inclusivity within the Trust we were successfully awarded funding from TVWLA to run a joint inclusive leadership programme with Royal Berks and the Integrated Care System during 2018-19. This has being co-delivered by “The Performance Coach” as a train the trainer package enabling it then to be delivered wider across the Trust. This year we have:

- Included this in our Senior Leadership Pathway (3x cohorts this year)
- Included it in our Preceptorship Programmes
- We have offered a minimum of two Bitesize courses this year, and plan to continue this going forward

Again we will review this with the intention of identifying any opportunities to deliver this to more people and departments.

Workforce Race Equality Standard (WRES)

The NHS WRES was launched in April 2015, with all NHS organisations being required to publish data on an annual basis from the previous financial year and a corresponding detailed action plan. Trusts are measured against nine specific workforce related indicators and then benchmarked via a national reporting template.

A comprehensive Trust action plan is in place (and published on the Trust website), following up from the issues identified from the WRES reporting for 2018. Key elements of the plan are:

- A continued focus on recruitment, with values based recruitment being rolled out during the this financial year.
- A focus on Disciplinary actions to ensure that the process is applied fairly in all cases, and is not applied disproportionately to BAME Staff.

Full outcomes for 2018 WRES report were reported to the Board and published on the Trust website. We are pleased to report that metrics reported as part of the Trust’s national NHS Staff Survey have shown some improvements, notably the percentage of BAME staff believing that the Trust provides equal opportunities for career progression (81% in 2018, compared to 78% in 2017). We are also conscious of areas that still require improvement. Key findings from WRES 2018 are set out below:

- The likelihood of white shortlisted applicants who attended interview being appointed to posts is more than two times greater than BME shortlisted applicants. These figures show a further deterioration from 2017, and the ratio is now 2.44, compared to 2.41 a year ago. This is also an outlier from national data. Despite analysis of the data, we have been unable to understand the root cause of this difference. This issue therefore remains a priority.

- The relative likelihood of BME staff entering formal disciplinary process compared to that of white staff is now 1.52 times higher than for White staff. Although there is a significant improvement in this metric compared to the year before (3.5), achieving equity on this figure remains a priority.
- There has been a small increase in the number of BAME staff experiencing harassment, bullying and abuse from staff, which is higher than for white staff and numbers overall are unacceptable at 21% (reported by white staff) and 23% (for BAME staff). This will therefore be an ongoing focus for the Trust.
- BAME staff continue to be more likely than white staff to access non mandatory education and training (white staff are 0.71 times less likely to access non mandatory training and CPD). This is a change from the previous year when white staff were 0.44 times less likely to access non mandatory training and CPD.

Future requirements

Looking forward to 2019/20, there are two new requirements. Following the introduction of the WRES the NHS Equality and Diversity Council (EDC) announced in October 2016 that a Workforce Disability Equality Standard (WDES) will be mandated via the NHS Standard Contract in England from approximately April 2019 – the metrics for this standard are in the final stages of development and indicative data from the 2018 NHS staff survey is available to Trusts. The Sexual Orientation Standard with a focus on including equality monitoring for patients is a new standard and whilst not yet mandatory is recommended as part of demonstrating compliance with the Equality Act (2010) and the EDS2.

Progress against the Trust equality objectives – Patient Focussed Work including the Accessible Information Standard

The key actions are focused around the following priorities;

- Continue to give priority and focus to the implementation of Accessible Information Standard
- Implement equality monitoring across all patient and staff surveys carried out by our clinical audit and effectiveness department
- To demonstrate an increased use of British Sign Language (BSL interpreters across the Trust by raising awareness with staff
- Improved patient access and experience
- Learning disability outcomes

Patient focussed work – 2018-19 Update

Action	Legislation and/or best practice	2018 Update
<ul style="list-style-type: none"> • Continue to give priority and focus to the implementation of Accessible Information Standard 	AIS legislation	<ul style="list-style-type: none"> • Mandatory AIS training implemented for all staff. • AIS awareness included into corporate induction for all new starters • AIS incorporated into pay-day training. • A three minute introduction video has been purchased useful in multiple settings to provide a key overview, used widely from service level to Trust Board • A communication need alert has been established on Medway • Trust wide patient friendly poster to identify common communication needs by symbol to

		<p>encourage patients to tell staff if they have a communication need and need help whilst in Trust's care.</p> <ul style="list-style-type: none">• A two page quick reference toolkit for staff has been developed• Information resource with a variety of materials on our intranet that staff can access to help provide further information or understanding. http://swanlive/corporate-information/accessible-information-standard. All materials updated Jan 2018• A bulk mail system which is fully compliant with AIS standards and enables patients to request information in a variety of formats including large print, and audio. All Ophthalmology letters sent on yellow paper. In the 4 months since its introduction, over 90,000 letters have been sent with 44% being accessed digitally, which allows readers a wide range of accessibility tools.• Trust website has browse aloud software• A team of specialist learning disability nurses who have supported 107 patients this year• British Sign Language translation services• Browsealoud support software, which adds speech, reading, and translation options to BHT website. Online content can be read aloud in multiple languages.																																																
<ul style="list-style-type: none">• Implement equality monitoring across all patient and staff surveys carried out by our clinical audit and effectiveness department	PSED and EDS2	Equality monitoring has been implemented across all of the relevant surveys																																																
<ul style="list-style-type: none">• To demonstrate an increased use of British Sign Language (BSL) interpreters across the Trust by raising awareness with staff	Trust Equality Objectives	<p>Following a procurement process by the procurement department the contract was awarded to thebigword; the current contract runs to the end of September 2020, with option to extend for a further 2 years:</p> <p>Face to face service:</p> <table><tr><th>Month</th><th>Serviceable</th><th>Serviced</th><th>Fulfilment</th></tr><tr><td>Oct 17</td><td>190</td><td>184</td><td>97%</td></tr><tr><td>Nov 17</td><td>223</td><td>205</td><td>92%</td></tr><tr><td>Dec 17</td><td>179</td><td>162</td><td>91%</td></tr><tr><td>Jan 18</td><td>209</td><td>198</td><td>95%</td></tr><tr><td>Feb 18</td><td>181</td><td>174</td><td>96%</td></tr><tr><td>Mar 18</td><td>191</td><td>185</td><td>97%</td></tr><tr><td>Apr 18</td><td>184</td><td>178</td><td>97%</td></tr><tr><td>May 18</td><td>218</td><td>205</td><td>94%</td></tr><tr><td>Jun 18</td><td>174</td><td>164</td><td>94%</td></tr><tr><td>Jul 2018</td><td>143</td><td>127</td><td>89%</td></tr><tr><td>Aug 18</td><td>141</td><td>127</td><td>90%</td></tr></table>	Month	Serviceable	Serviced	Fulfilment	Oct 17	190	184	97%	Nov 17	223	205	92%	Dec 17	179	162	91%	Jan 18	209	198	95%	Feb 18	181	174	96%	Mar 18	191	185	97%	Apr 18	184	178	97%	May 18	218	205	94%	Jun 18	174	164	94%	Jul 2018	143	127	89%	Aug 18	141	127	90%
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Oct-18	71	69	97.18%																																																							
Service Provision																																																										
<ul style="list-style-type: none">• Wide range of choice in relation to languages• Video access for BSL (British Sign Language)• Facility for access for the deaf to all services via the website																																																										
<ul style="list-style-type: none">• Improved patient access and experience	EDS 2	<p>BHT commissioned AccessAble (formerly DisabledGo) to develop accessibility guides to all of its hospitals. These are now available on the AccessAble website: www.accessable.co.uk/organisations/buckinghamshire-healthcare-nhs-Trust and linked to the BHT website.</p> <p>The guides provide patients visiting or coming into the hospitals with extensive range of information to let them know what access will be like during visit. It looks at the route they will use getting in and what is available inside.</p>																																																								
<ul style="list-style-type: none">• Learning disability outcomes	EDS2	<p>Learning disability nurses developed new guidance for staff 'Supporting people with a learning disability or Autism in hospital: Good Practice Guideline' Includes an A&E grab sheet that people with a learning disability complete in the community, with details about their communication and care needs, to bring into A&E with them so that staff are quickly made aware of their needs. It also includes the Think Twice guide line.</p> <ul style="list-style-type: none">• Time: To orientate to a new environment and process new information• Where: Sustainable environment, quiet area• Inclusion: Patient carer, family partnership working																																																								

		<ul style="list-style-type: none"> • Communication: Alternative forms of communication, mental capacity • Extra: Extra monitoring and support, deterioration, epilepsy red tray
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In addition, the following measures have been implemented to ensure that the protected characteristics of our service users are also considered / recognised:

Age:

- 'Red Bag' scheme to ease transition for patients from care homes to hospital; contain medical information and medication. Given to hospital staff, information ensures patients get the right care quickly.
- Dementia: The Trust has volunteers who work with people with affected on Wards 1, 2, 8 and 9 at Stoke Mandeville Hospital. Patients encouraged to use the 'Knowing Me' personal passport.

Pregnancy and maternity:

- Plan implemented to improve experience of birth partners
- New teenage pregnancy pathway
- Specialist antenatal clinics for women who have experienced a previous pregnancy loss and for women at risk of pre- term birth
- Patient experience Midwife appointed to improve our birth reflections service , and collect real time feedback and ensure learning from feedback is embedded in our service
- Transition to parenthood pathway developed in collaboration with family nurse partnership and health visiting

Disability:

We have conducted an extensive programme of patient engagement with patients of the National Spinal Injuries Centre, with aim of improving the patient experience. Patient recommendations including:

- Make more effective use of beds in NSIC for patients with a spinal injury:
- Improve the care environment.
- Have consistent policy for regularity and process for booking follow up appointments:
- Contribute to improving patient's experience of healthcare outside of the NSIC
- New staff/patient group taking forward recommendations, focussed on coproduction

Race, religion or belief:

- Menus tailored to different, religions and ethnicities, African Caribbean, Kosher, Asian Vegetarian, Halal diets.

Gender reassignment:

- The Trust has gender neutral toilets at its Brookside clinic site

Spiritual and Religious needs for our patients / carers (users of our services)

The Trust Chaplaincy services cover four of the Trust sites: Stoke Mandeville Hospital, Wycombe Hospital, Amersham Hospital and Buckingham Hospital. Stoke Mandeville and Wycombe have designated multi-faith facilities available for anyone to use. The facilities are used for Muslim prayers, Sunday prayers, training and supervision for volunteer chaplains and mindfulness and meditation sessions. The prayer rooms are open for patients, visitors and staff. Bibles, Qurans, common prayer books, pastoral cards, chaplaincy leaflets holding crosses and rosaries, prayer mats and prayer screen are all available.

In line with the 2016 chaplaincy guidelines, we have diversified the team to reflect the patient

demographic: c60% patients relate to a Christian faith, c20% non-religious and over 5% Muslim. The core chaplaincy team is multi-faith, is headed up by a Humanist and includes Christian Vicars, Pastors and Muslim leaders. The team is also supported by volunteers from various faiths, including Bahai, and Buddhist. This enables the team to offer both generic and equitable spiritual and pastoral care as well as specific religious support including Holy Communion and religious rites.

Team activities include:

- Ward visits providing support with ethical issues, anxieties and concerns.
- Collaborative working with local faith and belief groups.
- Adult and baby funerals,
- Annual baby remembrance service for parents and their families held 14 Oct 2018
- 'Tree of Light' annual remembrance services held 3 December in Aylesbury and 9 December 2017 in Buckingham
- Hospice weddings
- Referrals from healthcare staff, family members/ friends or self-referrals
- Induction training for new nursing staff and volunteers

Equality Delivery Standard 2 (EDS2)

We will be carrying out EDS2 Grading Panels during April 2019. The results of the EDS2 grading panels will be published in our 2019/2020 annual report.

The current EDS2 tool has been reviewed during February/March 2019. The results of this review will be announced between April – June 2019.

12. Our estate and sustainability

During the year capital funding has been limited and a risk based approach has been taken in relation to the allocation of capital. There is an acknowledgment that this inevitably has had an impact on level of risk around the estate. This risk is being managed in a systematic way and mitigated as far as possible within available resources.

The sustainability report is shown in Appendix 3.

13. Emergency planning, resilience and response (EPRR)

Emergency, Preparedness, Resilience and Response issues affect all services and teams within the Trust. Emergency situation and incidents can occur at any time 24/7 and the Trust needs to be prepared for any eventuality. This can be also said for Business Continuity management requirements as well. The Emergency Planning Officer supported by the Emergency Planning Office Manager help support and facilitates business continuity management and incident response requirements, training and exercise to ensure that the Trust can respond effectively and efficiently for the best outcomes for our patients to any incident or issues that might arise.

The emergency preparedness team oversees and facilitates the Trust's statutory obligations placed on it by the Civil Contingencies Act 2004. The Trust is classed as a Category 1 Responder under the act. The team works closely with preparedness and response partners across the region including all of the emergency blue light services, the EPRR team from NHS England South, Buckinghamshire Clinical Commissioning Group, Thames Valley Local Resilience Forum, Thames Valley Local Health Resilience Partnership, University of Buckingham Medical School, and other NHS Trusts in the region.

Each year the Trust works with the NHS England South EPRR team and the Buckinghamshire Clinical Commissioning Group to undertake the annual EPRR Core standards audit. For 2018/2019 the Trust achieve an overall rating of 'Substantially Compliant'. The Trust also works closely with the South Central Ambulance service on the annual Hazmat/CBRN audit process.

During 2018/2019 there were a number of incidents that affected the Trust which the emergency preparedness team were able to support in many ways. The most significant incidents in 2018/2019 include:

- Business continuity issue around the temporary closure of the Cystoscopy unit in September and ensuring patients were not affected
- Partial ceiling collapse in the ED due to a water leak in the roof space in September
- Declaration of an Internal Critical incident in October due to an outbreak of Norovirus on the SMH site
- Hot water system leaks in the roof of the ICU in November
- The long term national clinical waste disposal issue that affected a number of Trusts across the country. Owing to excellent contingency planning and close liaison with our facilities management providers there were no impacts on the provision of services to patients on the SMH site for the duration of the incident, from September through to April
- EU Exit (Brexit). This incident took approximate four months of the teams time as well as a large number of staff across the Trust who provided invaluable support to the process. The initial response has provided a wealth of learning and information for the final EU Exit when it starts again later in 2019.
- A delivery lorry accidentally becoming stuck in roof pillars of the Claydon Wing in February. There was no damage to the main structure of the building and there was no interruption to patient care as a result of the accident

The annual training and exercising programme was successfully completed including training for hazardous materials incidents (including chemical incident response suits), major incident declarations and response management, Gold and Silver Commanders, the Silver Doctor role, loggists, Business Continuity planning and much more. The Emergency Planning Officer not only

prepared and facilitated exercises for services across the Trust but provided support to exercises provided by the TVLRF, and NHS England.

14. Information governance

Information Governance is a framework that enables person-identifiable and corporate information to be managed according to ethical, mandatory and statutory standards. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. It supports clinical research and corporate governance and provides a structure to bring together all of the requirements, standards and best practice that apply to the handling of personal information thus allowing:

- Compliance with the law
- Development of year on year improvement plans
- Implementation of Department of Health advice and guidance
- Patient confidence in the NHS
- Secure and confidential information handling activities

Buckinghamshire Healthcare NHS Trust has embedded this management and support framework in order to promote and provide a secure and confidential service to its users and staff.

The Trust recognises the importance of managing information appropriately and securely and has a nominated board level executive director as the Senior Information Risk Owner (SIRO). The role is responsible for ensuring the Board has reliable assurance that appropriate controls are in place and that risks are managed in relation to all the information used for clinical, operational and financial purposes.

The Trust Caldicott Guardian is responsible for the establishment of procedures governing access to, and the use of, person-identifiable information and the transfer of that information to other bodies, where this permitted. The Caldicott Guardian is supported by the Information Governance Manager and Caldicott & Information Governance (IG) Committee, which monitors compliance with key legislation and the performance of the Trust through the Information Governance Toolkit.

The Data Security & Protection Toolkit sets out the National Data Guardian's (NDG) data security standards and demonstrates an organisation is working towards or meeting the NDG standards. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. During 2018/19, internal Auditors RSM undertook a sample review of the Trust's completed DSP Toolkit assertions to test for completeness and validity of evidence associated with the 10 Data Security Standards.

The Caldicott and Information Governance Committee monitors the performance of the Trust against the requirements of the Data Security and Protection Toolkit. The Trust has self-assessed its performance on information governance requirements using the standards stipulated in NHS Data Security and Protection (DSP) Toolkit. The Trust has satisfactorily met all the mandatory standards for 2018/19 submission. Final end of year submission was at the end of March 2019.

During 2018/2019 there were five reportable data breaches. These breaches were reported to the Information Commissioner which were reviewed, assessed and none were upheld and no further action taken as they felt that appropriate and timely remedial actions were promptly taken by the Trust, which helped to contain the situation and no serious harm or adverse effects ensued.

Committed to Freedom of Information

The Trust received in total 683 Freedom of Information requests in the period 1st April 2018 to 31st March 2019, 45 more than in the same period the previous financial year, a 7% increase.

8 were referred on to other organisations as information requested was not held by the trust. 11 were closed because no response from the requestor was received after four months following a request for clarification. Full exemptions were applied to 92 where no information was provided to the requestor and there were 161 other requests where only part of the information was made available due to partial exemption. 57% were responded to within 20 working days. This is a decrease from last year due to staffing shortages which have now been addressed and a new FOI co-ordinator is in place.

15. Counter Fraud

The Trust continues to take its responsibilities to combat fraud seriously and has a full programme in place to support this.

DIRECTORS' REPORT

16. Our Trust Board

The Trust Board provides strategic leadership to the organisation. It sets the strategic direction, ensuring management capacity and capability, monitoring and managing performance and fosters the appropriate culture.

It outlines the vision of the organisation and champions and safeguards 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 financial and quality controls of risk management are robust.

Our Board roles are shown in the diagram below:



The Chair, Ms Hattie Llewelyn-Davies' performance was summarised by Senior Independent Director in the following way:

- The Chair had supported the Board through the unsettling period of change in the makeup of the Executive and had brought on a new NED from associate NED as two longer serving NEDs left the Board, ensuring the values of a strong unitary Board are preserved and embedded.
- The Chair had demonstrated strategic leadership, and she had supported, challenged and mentored a first-time Chief Executive in taking over the role in an interim capacity. Together they kept the organisation focused on its significant improvement journey. It was commendable that the interim Chief Executive developed under her leadership to the extent that he had been successfully appointed to the substantive CEO role.
- The Chair had an excellent attendance record, seldom if ever needing to rely on a deputy. She was well-known and respected throughout the organisation.
- The Chair was skilful in managing meetings, allowing all points of view to be considered, bringing matters to a conclusion and highlighting issues that needed resolution.
- The Chair had demonstrated her considerable knowledge of the NHS and wider system.

As well as being the focal point for galvanising NED walkabouts in the Trust, the Chair organised governance learning visits to other trusts and a multi -party visit to a new build clinical environment to understand aspects of new build technology and planning.

The Chair is highly respected across a wide range of skills having been brought in by other Trusts as an adviser and asked to join the Board of NHS Providers.

The Accountable Officer for 2018/19 was Mr Neil Macdonald.

Neil Macdonald has been interim Chief Executive since April 2018 and substantively appointed at the Trust in February 2019. Neil has previously held the post of Chief Operating Officer and Divisional Director for Surgery and Critical Care in the Trust.

His most significant impact has been his ability to engage as a leader with our services and generate a sense of collective endeavour. His open approach and high visibility, including an active Twitter account, open staff engagement events and involvement in on-call and Feedback Friday has helped improved our staff engagement and patient safety scores in the staff survey in 2018/19.

Neil has refocussed the Board in delivering three core objectives for 2019/20 which will support our vision of being the safest healthcare systems in the country; improving our culture, implementing new workforce models and tackling inequalities and variation. He has enhanced the capacity and capability of the senior team in areas such as Digital, Estates, Finance and Integrated Care linked to our challenges for the future. Neil has sought support from NHS Improvement and external bodies in areas such as estates and finance where we need to improve our process, systems and governance. He has led a recent CQC inspection for the Trust which will be reported in June 2019.

The challenges for Neil and Board are to focus on our core objectives to transform care for our patients and develop the new Executive Director team. The importance of implementing a financial sustainability plan whilst maintaining improvements in quality of patient care for the Integrated Care System will be the key leadership challenge for 2019/20.

Board self-review

The Board's last detailed self-assessment using the Well-led Framework was considered by the Board and Executive Management Committee in July 2018. This was followed up by an external

review completed by EY in January 2019. Areas of good governance identified noted the support Chair and Chief Executive received from the Board and the positive impact they have made.

Key areas of achievements are

- Non-Executive Directors (NEDs) on the Board have a good mix of experience including finance and clinical between them and are able to hold Executive Directors (EDs) to account for their portfolios.
- The Executive management team felt able to positively challenge colleagues, holding them to account when required.
- It is clear the Trust supports personal and professional development as this was echoed by all the internal stakeholders we interviewed. The tone is set at the top, with the Chair focused on continued development of the EDs and NEDs and Board development seminars taking place every alternate month.
- It was noted that progress against corporate objectives is discussed quarterly by the Trust Board. Furthermore, the Trust also uses exception reporting, which also includes actions taken to address the issues, as part of its monthly performance monitoring.
- The key challenges facing the Trust with regard to its financial and operational performance was recognised by all and received an appropriate level of focus.

Areas noted for improvement include:

- The continued improvements Board reporting where the identification of key messages could be further developed
- In line with the approach undertaken to develop the BHT Way, the Trust should refresh its five year strategy to align its goals with the Integrated Care System.

The Trust also participated in a review of financial governance supported by NHSI in September 2018

NHS Improvement has undertaken a review into the Trust's financial governance to establish the extent to which the Trust's structures, systems and processes are sufficient to support delivery of the financial improvement required for 2018/19. Areas of good practice from the review include the commitment of staff to improving the financial position of the Trust and a willingness to understand the key areas that it should prioritise for improvement.

The top 3 Recommendations include improving the quality and clarifying the financial information and reports to the Board and its committees; increase the focus on grip and control, supported by the NHSI checklist, to improve the Trusts run rate; and continue to develop KPIs alongside the enhanced FRP in order to monitor performance. The Trust is already developing and implementing these recommendations.

The Board of Directors has seen some changes in 18/19. Changes are set out below.

Directors who have joined the Board

	Post	Date
Ms Alison Williams	Commercial Director	Commencement December 2018
Mr Tom Roche	Non-Executive Director (role changed from associate NED)	February 2019
Ms Natalie Fox	Interim Chief Operating Officer	March 2018
Ms Caroline Trevena	Interim Director of Finance	November 2018

Directors who have left the board

	Post	Date
Ms Rachel Devonshire	Non-Executive Director	January 2018
Mr James Drury	Director of Finance	November 2018

Mr Neil Macdonald has changed role from Interim Chief Executive Officer to become the substantive Chief Executive in January 2019.

There has been a comprehensive externally facilitated Board Development Programme in place through the year. The programme has considered the technical knowledge requirements of the Board, the strategic knowledge some of which has been provided by partners in the health economy, and has included work on the Board behaviour required for top performing Boards. The work has included testing of best practice, talent management and leadership development.

Each Board member has received an appraisal and has a personal development plan in place.

A review of attendance by Board members at Board meetings, seminars and sub-committees shows great commitment from all the current Board members. The attendance record is reviewed at each Trust Board meeting in public.

The Board draws on best practice as relevant to an NHS Trust from the UK Corporate Governance Code and the Foundation Trust Code of Governance to shape its governance processes.

Many of the statutory functions of the Board are set out in the Standing Orders Reservation and Delegation of Powers and Standing Financial Instructions. These are modelled on the Department of Health 'Model Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions', March 2006.

16.1. Directors and the register of interests

The register is maintained by the Director for Governance and reported annually to the Board and the Declaration of Interests is a standing item at Board and Committees.

Name	Position	Interests Declared
Dipti Amin -	Non-Executive Director	Non-Executive Director on the Board of Cambridge Innovation Capital Non-Executive Independent Director on the Board of the University of Hertfordshire Consultant advisor at ESMS Global Revalidation Appraiser for IQVIA
Natalie Fox -	Chief Operating Officer	None
Rajiv Jaitly -	Non-Executive Director	GFG Ltd, Advisory Board Member Jaitly LLP, Managing Partner Board Member London & Quadrant Housing Trust Heirloom Investment Fund SPC - non-executive director; shares held directly in a number of healthcare and other companies which are not material holdings such as in GSK, Astra Zeneca, Reneuron and Legal & General Board Director of Board Apprentice Global Ltd Board Director and Council Member – Trinity College London
Graeme Johnston -	Non-Executive Director	Advisory board member Patient Focussed Medicine Development: a global industry not for profit in Pharmaceutical sector Member scientific advisory board for Immunology, UCB pharma: a drug company which sells several drugs to the NHS. Lay chair of University of Buckingham Medical School, Fitness to Practise Committee. UofB may engage in training with BHT. Attendee at Buckinghamshire CCG (north locality) patient engagement group. BUCKS CCG are the principal commissioners of BHT Services
Tina Kenny –	Medical Director	Visiting Professor, Buckinghamshire New University Registered director of Bucks Healthcare Projects Ltd
Hattie Llewelyn-Davies -	Chair	Owner/Director of consultancy business that does not undertake work with the NHS but may advise organisations that do. Chair of Colne Housing (Society Ltd): £7k per annum Chair of PA Housing; £20k per annum Member of the board of NHS Providers. Trustee of Bucks Museum Trust. Trustee of Friends of Horsey Seals. Mental Health Act Manager for Hertfordshire Partnership University NHS Foundation Trust, £10k per annum. Minority shareholder in TIAA Ltd, who provide Internal Audit services to NHS Trusts and CCGs.
Mary Lovegrove -	Non-Executive Director	Director of Allied Health Solutions Professor Emerita - London South Bank University Visiting Professor – Singapore Institute of Technology Visiting Professor- Buckinghamshire New University Trustee of the Burdett Nursing Charitable Trust

Name	Position	Interests Declared
		Chair of the Joint Council for Cosmetic Practitioner Register Committee
Neil Macdonald -	Chief Executive Officer	Wife managing partner of Marlow Medical Group & chair of FedBucks (Buckinghamshire primary care federation) Scannappeal Trustee
Carolyn Morrice	Chief Nurse	None
Bridget O'Kelly -	Director of Workforce and Organisational Development	None
Tom Roche -	Non-Executive Director	Non Exec Chair of Clarks of Amersham (Local SME) Qualified and accredited executive coach
David Sines -	Associate Non-Executive Director	Self-employed consultancy with Health Education England and with Department of Health and various non Buckinghamshire CCGs related to workforce planning and educational development. Trustee of the Burdett Nursing Charitable Trust and Patron of the Learning Disability Choice Support in London Non-Executive Director with Central London Community Health Trust Emeritus Professor - Buckinghamshire New University Provost for Health and Advisor to the Vice Chancellor at Buckinghamshire New University
Caroline Trevena	Director of Finance	
David Williams	Director of Strategy and Business Development	Brother is a personal injury lawyer and may act for clients from the spinal injury unit and elsewhere across the Trust.
Ali Williams -	Commercial Director	Associate Lecturer, Cranfield University £2000/pa variable

REMUNERATION REPORT

16.2. Remuneration report Directors' remuneration

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 remuneration committee.

The remuneration committee is made up of all the non-executive directors and is responsible for agreeing the remuneration of the executive team and senior managers who are not subject to Agenda for Change (the national pay system adopted by the NHS). The committee reviews the pay of executive directors annually taking into account prevailing factors such as national pay rises and salaries paid by other NHS employers.

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 leaving	Date of expiry	Extended date of tenure
Ms Hattie Llewelyn-Davies (Chair)	March 2014		March 2016	March 2020
Professor Mary Lovegrove	May 2014		April 2016	April 2020
Mr Graeme Johnston	March 2013		March 2017	April 2021
Mr Rajiv Jaitly	June 2015		June 2017	June 2019
Ms Dipti Amin	June 2015		June 2017	June 2019
Mr Tom Roche	Feb 2019		Feb 2021	

There are no rolling contracts, nor is there any performance related pay for any director.

In 2018/19 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.

Membership of the nomination and remuneration committee during 2018/19 comprised the voting Non-Executive Directors and was extended to the non-voting Associate Non-Executive Directors:

Ms Hattie Llewelyn-Davies (Chair) Professor Mary Lovegrove Mr Graeme Johnston Mr Rajiv Jaitly Dr Dipti Amin Mr Tom Roche	Professor David Sines (non-voting)
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Full details of directors' remuneration and pension benefits are given below:
[Auditable Element ¹]

Salaries and allowances

Table 1: Single total figure table

Name and title	Date(s) of Service		2018-19						2017 - 18			
			(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(e)	(f)
			Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	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*	All pension- related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
	Appointment	Termination	£000	£	£000	£000	£000	£000	£000	£	£000	£000
Chairman Mrs Hattie Llewelyn-Davies	March 2014		35-40					35-40	35-40			35-40
Non-Executive Director Mr Graeme Johnston	March 2013		5-10					5-10	5-10			5-10
Professor Mary Lovegrove	May 2014		5-10					5-10	5-10			5-10
Non-Executive Director Mr Rajiv Jaithy	June 2015		5-10					5-10	5-10			5-10
Non-Executive Director Dipti Amin	June 2015		5-10					5-10	5-10			5-10
Non-Executive Director Rachel Devonshire	June 2015		5-10					5-10	5-10			5-10
Associate Non-Executive Director Professor David Sines	March 2012		5-10					5-10	5-10			5-10
Associate Non-Executive Director Mr Tom Rouché	October 2017		5-10					5-10	0-5			0-5
Chief Executive Mr Neil Dardis	April 2015	March 2018						-	165-170		62.5-65	230-235
Chief Executive Mr Neil Macdonald	March 2018		135-140				30-32.5	165-170	0-5		0-2.5	5-10
Director of Finance Mr James Drury	September 2016	October 2018	70-75				17.5-20**	85-90	135-140		n/a*	260-265
Director of Finance Mr Wayne Preston	October 2018	November 2018	10-15				0-2.5**	10-15				
Director of Finance Ms C Trevena	November 2018		60-65				40-45	105-110				
Chief Nurse and Director of Patient Care Standards Mrs Carolyn Morrice	April 2015		110-115				0	110-115	105-110		62.5-65	170-175
Medical Director Dr Tina Kenny	April 2015		165-170				0	165-170	165-170		30-32.5	195-200
Director of Strategy Mr David Williams	April 2015		110-115				30-32.5**	115-120	110-115		17.5-20	130-135
Chief Operating Officer Mr Neil Macdonald	April 2015	March 2018						-	115-120		35-37.5	155-160
Acting Chief Operating Office Ms N Fox	April 2018		120-125				22.5-25**	140-145				
Director of HR and Organisational Development Bridget O'Kelly	August 2017		100-105				22.5-25	165-170	60-65		N/A	60-65
Commercial Director Ali Williams	December 2018		30-35				n/a*	30-35				
Director of HR and Organisational Development Ian Anderson	April 2015	August 2017						-	45-50			45-50

n/a - Non-Executive Directors are not entitled to pension

n/a* - Prior Year or part year comparators not available

** all pension related benefits has been calculated by the Trust based on pension rules and salary information

¹ This auditable element includes: Single total figure of remuneration for each director; CETV disclosures for each director; payments to past directors; payment for loss of office (if relevant)

Table 2: Pension Benefits

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2019	Lump sum at age 60 related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real Increase in Cash Equivalent Transfer Value*	Employer's Contribution to stakeholder pension**
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100 £
Chief Executive Mr N MacDonald	2.0-2.5	0-2.5	25-30	50-55	366	287	79	13,800
Chief Operating Officer Ms N Fox	0-2.5	0-2.5	40-45****	50-55****	733	516	217	17,300
Medical Director Dr T Kenny	0-2.5	0-2.5	50-55	160-165	N/A**	N/A**	N/A**	24,400
Director of Nursing Ms C Morrice	0-2.5	0-2.5	35-40	105-110	979	685	294	16,100
Director of Finance James Drury	2.0-2.5	0-2.5	20-25****	105-110****	N/A**	N/A**	N/A**	10,100
Director of Finance Wayne Preston	0-2.5	0-2.5	40-45****	100-105****	809	657	152	1,600
Director of Finance Ms C Trevena	5-7.5	12.5-15	35-40	85-90	708	515	193	8,700
Director of Strategy Mr D Williams	0-2.5	0-2.5	35-40****	90-95****	743	634	109	16,100
****Director of HR and Organisational Developments Ms Bridget O'Kelly	0-2.5	-	40-45	N/A	564	435	129	14,700
Commercial Director Ms Ali Williams	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* The Real Increase In Cash Equivalent Transfer Value is net of employee contributions to the pension scheme.

**There have not been any contributions to a stakeholder pension scheme by the Trust

*** These Directors are members of NHS Pension Scheme 2008 section and are therefore not entitled to a lump sum.

**** Pensions information received has not been relied on as the comparative information to current did not appear sensible in terms of scheme benefits. Therefore the Trust has undertaken an internal calculation of the benefit based on scheme regulations and salary information

This table only includes Executive Directors where the Trust has made contributions to a pension scheme.

n/a* Prior year or current year data not available has been used where details are not available

n/a** CETVS were not obtainable for these members of staff

Signed

Neil MacDonald
Chief Executive

Date

28th of May 2019

Staff Numbers

[Auditable element ²]

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

Average Staff Numbers	Total	Permanently Employed	Other	Prior Year Total	Prior Year Permanently Employed	Prior Year Other
	Number	Number	Number	Number	Number	Number
Medical and dental	714	706	7	716	703	13
Ambulance staff	-	-	-	-	-	-
Administration and estates	918	892	26	1,080	1,043	37
Healthcare assistants and other support staff	832	742	90	846	765	81
Nursing, midwifery and health visiting staff	1,856	1,646	210	1,974	1,767	206
Nursing, midwifery and health visiting learners	-	-	-	35	35	-
Scientific, therapeutic and technical staff	881	825	56	700	665	35
Healthcare science staff	-	-	-	255	223	32
Social care staff	-	-	-	-	-	-
Other	6	6	0	7	7	0
TOTAL	5,207	4,818	390	5,612	5,206	406
Number of employees (WTE) engaged on capital projects	28	28	0	28	28	0

Banding of Senior Managers

The breakdown of senior managers, by band, is shown below.

Managers/Senior Managers		
	31st March 2019	31st March 2018
Agenda for Change Banding	Headcount	Headcount
Band 7	51	51
Band 8	105	88
Band 9	10	8
Non Agenda for Change Contracts	7	6
Total	173	153

Pay multiples

[Auditable element ³]

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Buckinghamshire Healthcare NHS Trust in the financial year 2018/19 was £165,000 to £170,000 (2018/19 £165,000 to £170,000). This was 5.7 times (2018/19 5.5 times) the median remuneration of the workforce, which was £29,910 (2018/19 £31,159).

In 2018/19 31 employees received remuneration in excess of the highest-paid director. Remuneration ranged from £170,000 to £225,000. These are generally annualised costs of locum and agency medical consultants. Total remuneration includes salary, non-consolidated performance-related pay (none awarded in 2018/19 or 2017/18) benefits-in-kind but not severance payments. It does not include

² Auditable element: Analysis of staff numbers

³ Auditable element: Fair pay (pay multiples) disclosures

employer pension contributions and the cash equivalent transfer values of pensions. None of the employees who received remuneration in excess of the highest paid director received redundancy payments in 2018/19 (2017/18 nil).

**The tables below details Exit packages including Redundancy paid to Trust employees:
[Auditable element⁴]**

Exit packages and severance payments

Table 1: Exit packages

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£s
2018-19						
Less than £10,000	3	9	6	15	9	24
£10,000 - £25,000			2	24	2	24
£25,001 - £50,000					-	-
£50,001 - £100,000					-	-
Totals	3	9	8	39	11	48

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£s
2017-18						
Less than £10,000	2	8	18	39	20	47
£10,000 - £25,000	1	11	3	53	4	64
£25,001 - £50,000	1	40	0	0	1	40
£50,001 - £100,000	1	67	0	0	1	67
Totals	5	126	21	92	26	218

Table 2: Analysis of Other Departures

	Number of exit package agreements	Total Value of Agreements	Prior YearNumber of exit package agreements	Prior Year Total Value of Agreements
	Number	£000s	Number	£000s
Other Exit Packages - disclosures (Excluding Compulsory Redundancies)				
Contractual payments in lieu of notice*	8	39	20	84
Exit payments following Employment Tribunals or court orders			1	8
Total	8	39	14	37

‘Off Payroll’ employees

The ‘Review of Tax Arrangements of Public Sector Appointees’ was published by the HM Treasury in 2012, which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that allow it to assure itself of 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 31st March 2019, and new engagements during the period 1st April 2018 to 31st March 2019.

⁴ Auditable element: Exit packages

Table 1	Number
Number of existing engagements as of 31 March 2018	3
<i>Of which, the number that have existed:</i>	
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

Table 2	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	5
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	5
Number for whom assurance has been requested	5
<i>Of which:</i>	
assurance has been received	5
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

The information above has been subject to audit.

Audit committee

The directors who were members of the audit committee during the year were:

Graeme Johnston	Non-Executive Director (Chair)
Rajiv Jaitly	Non-Executive Director
Dipti Amin	Non-Executive Director
Tom Roche	Non-Executive Director

Auditors

Grant Thornton are appointed to provide external audit services to the Trust.

The audit fee for 2018/19 was agreed at £71,475 plus VAT for the audit of the financial statements and review of the Quality Accounts.

Directors' declaration in respect of audit

In line with current guidance, each director has given a statement that, as far as they are aware, there is no relevant audit information of which Grant Thornton (the Trust's auditors) is unaware. Each director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information, and to establish that Grant Thornton is aware of that information.

17. Our financial performance

The external auditors are required to ensure that the information given below is in line with that shown in the audited Financial Statements, and gives a consistent view of the Trust's financial position to that outlined in those statements.

17.1 Improving financial management to deliver better value for money

The Trust is required to demonstrate that it achieves Value for Money for taxpayers by demonstrating economy, efficiency and effectiveness in the use of the resources available.

The majority of the services we provide are commissioned by other NHS organisations and Local Authorities, accounting for approximately 90% of total income. Within the prices that we are paid for most of this activity, (known as the tariff), there is the in-built national assumption that we will make efficiency savings. This, when combined with other factors such as inflationary pressures, meant that the Trust had to plan to deliver savings in 2018/19 of £20m, to deliver a £10m surplus.

This surplus plan was agreed with NHS Improvement (NHSI). Included in this plan was access to Provider Sustainability and Transformation Funding (PSF), £12m available to BHT, subject to delivery of key operational targets and financial plans. The planned deficit excluding PSF was therefore £2.0m.

There were a number of pressures on the Trust finances in year which meant that the Trust did not deliver to its plan, discussions with NHSI were on-going throughout the year with regard to the forecast position. NHSI reporting rules state that forecast position can only be moved at quarter end, and at Month 9 the Trust formally revised its forecast, with additional potential deterioration highlighted as a risk. Additional pressures impacted the Trust over winter and further forecast deterioration was identified and disclosed as a risk and NHSI informed. A number of these risk items materialised in the year end position leading to the £35m reported deficit position, £45m variance to plan.

The £45m under delivery of the in-year plan was driven through non-receipt of PSF £12m, CIP's not achieved of £12m, operational expenditure pressures of £5m, income shortfall of £9m, and £7m of underlying pressures.

Grant Thornton, the Trust's external auditors, consider whether the Trust has put into place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as part of the audit work it carries out on the Trust.

In addition, the 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 in its use of resources for the year ending 31 March 2019.

17.2 The efficiency programme

As outlined above, there was a 'deflator' built into the tariff that the Trust is paid for its activity for 2018/19, which together with the underlying deficit and other cost pressures meant that the Trust was required to deliver savings of £20m in year.

Efficiency savings of £8m, (40%) were achieved.

Levels of savings going forward remain challenging and the plan for 2019/20 includes £15m expected efficiency.

17.3 Performance in year

As stated above the Trust did not deliver to plan, due to a number of issues, the most significant of which include:

- Failure throughout the health and social care economy to reduce demand for services to a level that the whole economy can afford. Additional activity, over and above that planned, leads to inefficiencies in service provision as pressure is placed on beds, with staffing levels having to be readjusted, additional beds opened and patients being placed in wards not specific to that speciality.
- The requirement to meet targets such as the 18 week Referral Time to Treatment, 2 week cancer referrals and A&E waiting times, and to assist in the provision of additional winter resilience, has led to the Trust needing to pay incentive payments in order to increase capacity through evening and weekend working.
- The Trust did not deliver on its constitutional target of A&E wait times, nor its financial plan and as such did not receive £12m of PSF.
- A challenging 5% Efficiency Plan was only partly delivered.
- Income levels were under delivered against plan, driven by less activity from out of county, in county block contract as part of Bucks ICS curtailing income expansion opportunities, and commercial income delivery plans slipping.

The Trust marginally failed to deliver its Agency Spend Cap, a maximum spend limit set by NHSI. The limit was £10.5m, and the Trust spent £10.7m.

The Trust is required to meet, or undershoot, certain targets known as 'External Financing Limit' and 'Capital Resource Limit'. In 2018/19 the Trust achieved these targets within acceptable tolerance levels.

The external auditors are required to give the Trust a conclusion on whether, in their opinion, it obtains 'Value for Money'. In reaching this conclusion, the auditors review whether the Trust has proper arrangements for securing financial resilience and challenging how it secures economy, efficiency and effectiveness.

'Going concern' basis

The Trust annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Department of Health and Social Care (DHSC) group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

In preparing the financial statements the directors have performed a "going concern assessment". This has taken into consideration the overall financial position and expectation of future support. This future support has not yet been confirmed. The Trust has submitted to NHSI a financial plan which delivers a break-even position, provided performance targets are

delivered to secure nonrecurrent incentive payments of £18.6m. The plan also requires delivery of £15m of efficiency savings. This has been embedded into the financial budgets approved by the Trust board and signed off at an operational level by the individual budget holders. The Trust board recognises that this is a highly demanding plan, which is subject to a high degree of risk. The Trusts sustainability is dependant on full delivery of costs efficiencies and incentive targets in year, and the recurrent delivery of efficiencies into the future. Should the Trust not meet its financial targets, and therefore lose some or all of the £18.6m of incentive payments, further cash support is likely to be required. As such support would be contingent on events during the year, this support has not yet been requested or confirmed.

The Trust has also considered its level of borrowing, most significantly from the DHSC. Given the need for the delivery of public services it is unlikely that the DHSC will enforce a loan repayment which would prove detrimental to the delivery of public services. However, this position has not yet been confirmed. A breakeven position in year would mean that the Trust would not be required to add significantly to current loan balances and financial recovery plans in place will further improve the future borrowings position. However, if this is not achieved, further support is likely to be required.

Although these factors represent material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern, the Directors, having made appropriate enquiries, still have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the 2018/19 Group Accounting Manual, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. On this basis, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

Expense recognition

There have been 3 compulsory redundancies in year with a cost to the Trust of £9k.

Non-current assets

The Trust is required to report the 'fair value' of its non-current assets. In assessing the fair value, it takes into account the advice of experts, where appropriate. A full re-valuation has been undertaken during March 19, by the Trusts advisors Cushman and Wakefield, a firm of specialist valuers. The impact of this valuation has been included in the accounts.

The lifecycle costs of the PFI have been capitalised, in line with accounting standards, and the impact upon asset values included in the accounts. A pre-payment has been included for contractual lifecycle costs incurred by the Trust but yet to be undertaken.

The Trust is not aware of any material differences between the carrying value of its properties and their market value in their current condition.

Donations

We were extremely fortunate again in 2018/19 to benefit from support from Scannappeal, the Trust charities and the League of Friends; to assist with the purchase of medical and other equipment. There have also been donations of smaller items of equipment and charitable support for activities such as training and research, for which we are extremely grateful.

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.

Financing arrangements

The Trust has revenue loans approved with the Department of Health to a principal value of £72m.

An Interim Revolving Working Capital Facility approved by the Department of Health was utilised by the Trust to draw down £32.8m, up to March 15. The Trust is required to maintain a cash balance between set parameters, and interest is payable at 3.5% of the outstanding balance.

The majority of the remaining loan balance is in the form of revenue support loans accessed over the last two years. These were required to support the Trust's working capital due to the non-delivery of the financial control total. These loans are repayable in three years from draw down date, and attract an interest rate of 1.5%.

The Trust does have a residual balance on a revenue support loan drawn in March 13, attracting interest of 0.85%, which will be fully paid down in 19/20.

The Trust had a Capital Investment Loan of £9m approved in 2014/15 to support significant investments in capital projects, which is to be utilised as required. £3.1m of the total loan value of £9.0m was drawn down in March 2015 to match capital expenditure incurred to that point, with a further £3.4m drawn down in February and March 2016. £1.3m was drawn down in March 2019, the remaining £1.2m is due to be drawn down in 2019/20. The interest rate is 1.45%.

Interest payable on current loan balances is £1.7m (excluding PFI).

Under IFRS, the Trust is required to account for the Private Finance Initiative (PFI) schemes and any equipment held under finance leases by accounting for both the value of the asset and the future liability to pay. This future liability is shown on the Statement of Financial Position as 'borrowings'. The amount paid to our PFI partners is accounted for as either service charges for the services provided, or finance charges on the 'borrowing' for the buildings in the Income Statement.

Cash flow

The Trust had a year-end cash balance of £2.1m. It is required to manage its cash in order to meet, or 'undershoot', its External Financing Limit (EFL). The Trust underspent against its EFL by £157k in 2018/19.

The Trust's loan arrangements are discussed under 'Financing Arrangements' above. The Trust has modelled its future cash flows in order to meet its financing obligations and capital expenditure requirements, and these form the basis of its cash management strategy.

The Trust earns interest on its bank balances and is subject to interest rate fluctuations on these earnings. Interest rates are currently very low, so the risk of them reducing by a material amount and thus reducing the Trust's income earned is also considered to be low. The Trust's loans are at fixed interest rates so the Trust is not exposed to interest rate risk in respect of loans.

Interest earned on bank balances during the year amounted to £130k (2017/18 £39,000).

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 Trust's performance in 2018/19 is shown in a Note to the Financial Statements.

The Trust is working to improve its performance under the Better Payments Practice Code, which requires that 95% of undisputed invoices should be paid within 30 days of receipt. During 2018/18 the Trust overall paid 83.7% of invoices on time, and 85.7% of its non-NHS invoice by value, 82% in 2017/18.

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.

Compliance with setting charges for information

The Trust is compliant with the Treasury's guidance on setting charges for information which can be found under http://www.hm-treasury.gov.uk/psr_mpm_annexes.htm

17.4 2019/20 and beyond

The Trust will focus on meeting the challenges set out in NHS England's Ten Year Plan. This is being channelled through the Trust being a key member and part of the Buckinghamshire Integrated Care System (ICS) which aims to reshape the way health services are delivered in Buckinghamshire. This will support the Trust to continue to deliver its services in the most efficient and sustainable way, ensuring that the capacity in our services is available to meet the demands being placed on them.

The Trust's savings target remains challenging in the current climate, with active participation in the ICS helping to ensure that full impact of changes are understood in both the short and long term for the system as a whole. There will be a continued focus on minimising levels of expenditure; including reducing the requirement for higher cost temporary staffing. The Trust will continue to utilise the national benchmarking data benchmarking taking into account the recommendations of the Lord Carter review on expenditure in the NHS.

The Trust continues to work with commissioners to finalise contracts for affordable activity levels in 2019/20 and developing contract structures that support development of the ICS, and understand the impact of any future changes in income flows.

Signature Date
Chief Executive

FINANCIAL ACCOUNTS 2018/19

Buckinghamshire Healthcare NHS Trust

Annual accounts for the year ended 31 March 2019

Independent auditor's report to the Directors of Buckinghamshire Healthcare NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2019 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; and
- have been prepared in accordance with the requirements of 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 group and 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 we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We draw attention to note 1.2 in the financial statements which indicates the Trust has submitted a financial plan for 2019/20 to NHS Improvement which delivers a breakeven position after delivery of a £15 million savings programme. Delivery of the plan is also dependent on the Trust meeting performance targets in order to secure incentive payments of £18.6 million. The Trust recognises that this is a highly demanding plan, which is subject to a high degree of risk. Should the Trust not meet its financial targets, and therefore lose some or all of the £18.6 million of incentive payments, further cash support from the Department of Health and Social Care (DHSC) is likely to be required. As such support would be contingent on events during the year, this support has not yet been requested from DHSC or confirmed by them.

The Trust has also considered its level of borrowing, most significantly from DHSC. The Trust believes it is unlikely that DHSC will enforce a loan repayment which would prove detrimental to the delivery of public services. However, this position has not been confirmed by DHSC.

These events or conditions, along with the other matters as set forth in note 1.2, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer 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; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 28 May 2019 we referred a matter to the Secretary of State:

- under section 30(b) of the Local Audit and Accountability Act 2014 in relation to the Trust's breach of its break-even duty for the three-year period ending 31 March 2019
- under section 30(a) of the Local Audit and Accountability Act 2014 in relation to the ongoing breach of the Trust's breakeven duty for the three-year period ending 31 March 2020.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

The Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, 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's and the 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 have been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2017, except for the effects of the matters described in the basis for qualified conclusion section of our report we are satisfied that, in all significant respects, Buckinghamshire Healthcare NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- The Trust budgeted to make a surplus of £10 million in 2018/19 but incurred an adjusted deficit of £31.6 million. Significant risks underpinning the budget were not well understood by the Board and adequate arrangements were not in place to ensure that it could be delivered
- The Trust planned to make efficiency savings of £20 million in 2018/19 but only delivered £8.3 million of these planned savings
- The Trust plans to breakeven for 2019/20 but this is dependent on delivering cost improvements of £15 million. The Trust's cost improvement programme had not been finalised by 31 March 2019 and it is not certain that it can be delivered, particularly given the failure to deliver all planned savings in 2018/19.

These matters identify weaknesses in the Trust's arrangements for developing and delivering savings plans and setting a sustainable budget with sufficient capacity to absorb emerging cost pressures. These matters are evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

The Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion 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 2019, and to report by exception where we are not satisfied.

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 be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Buckinghamshire Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors 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 Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady

Paul Grady
Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor
London


28 May 2019

Statement of Comprehensive Income

	Note	Group		Trust	
		2018/19	2017/18	2018/19	2017/18
		£000	£000	£000	£000
Operating income from patient care activities	3	391,297	382,474	391,297	382,474
Other operating income	4	25,353	29,950	26,209	30,117
Operating expenses	5	(433,377)	(399,807)	(432,974)	(399,072)
Operating surplus/(deficit) from continuing operations		(16,727)	12,617	(15,468)	13,519
Finance income	10	415	319	130	39
Finance expenses	11	(9,416)	(9,306)	(9,416)	(9,306)
PDC dividends payable		(4,194)	(4,725)	(4,194)	(4,725)
Net finance costs		(13,195)	(13,712)	(13,480)	(13,992)
Deficit for the year from continuing operations		(29,922)	(1,095)	(28,948)	(473)
Deficit for the year		(29,922)	(1,095)	(28,948)	(473)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
	15	2,308	649	2,308	649
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains/(losses) on financial assets mandated at fair value through OCI	16	94	(79)	-	-
Total comprehensive income / (expense) for the year		(27,520)	(525)	(26,640)	176
Surplus/ (deficit) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(28,950)	(473)	(28,950)	(473)
Buckinghamshire Healthcare Projects Ltd		2	-	2	-
Buckinghamshire Healthcare NHS Trust Charity		(974)	(622)	-	-
TOTAL		(29,922)	(1,095)	(28,948)	(473)
Total comprehensive income/ (expense) for the year attributable to:					
Buckinghamshire Healthcare NHS Trust		(26,642)	176	(26,642)	176
Buckinghamshire Healthcare Projects Ltd		2	-	2	-
Buckinghamshire Healthcare NHS Trust Charity		(880)	(701)	-	-
TOTAL		(27,520)	(525)	(26,640)	176
Adjusted financial performance (control total basis):					
Surplus / (deficit) for the period		(29,922)	(1,095)	(28,948)	(473)
Remove impact of consolidating NHS charitable fund		974	622	-	-
Remove net impairments not scoring to the Departmental expenditure limit		(2,526)	(1,740)	(2,526)	(1,740)
Remove I&E impact of capital grants and donations		(173)	(678)	(173)	(678)
Adjusted financial performance surplus / (deficit)		(31,647)	(2,891)	(31,647)	(2,891)

Statement of Financial Position

		Group			Trust	
		31 March	31 March	1 April	31 March	1 April
	Note	2019	2018	2017	2018	2017
		£000	£000	£000	£000	£000
Non-current assets						
Intangible assets	12	1,970	2,164	1,060	1,970	1,060
Property, plant and equipment	13	270,778	264,343	261,663	270,778	261,663
Other investments / financial assets	16	8,368	8,274	8,356	-	-
Receivables	20	3,815	4,131	4,312	3,815	4,131
Total non-current assets		284,931	278,912	275,391	276,563	267,035
Current assets						
Inventories	19	6,894	6,566	6,385	6,894	6,384
Receivables	20	34,553	36,604	28,661	34,529	27,463
Other assets	21	147	147	146	147	146
Non-current assets for sale and assets in disposal group	22	-	-	325	-	325
Cash and cash equivalents	23	3,431	3,954	5,855	2,191	3,975
Total current assets		45,025	47,271	41,372	43,761	38,293
Current liabilities						
Trade and other payables	24	(35,917)	(33,212)	(28,461)	(35,830)	(28,152)
Borrowings	26	(5,525)	(5,436)	(4,978)	(5,525)	(4,978)
Provisions	28	(446)	(419)	(443)	(446)	(443)
Other liabilities	25	(166)	(150)	(24)	(166)	(24)
Total current liabilities		(42,054)	(39,217)	(33,906)	(41,967)	(33,597)
Total assets less current liabilities		287,902	286,966	282,857	278,357	271,731
Non-current liabilities						
Trade and other payables	24	-	-	(312)	-	(312)
Borrowings	26	(125,857)	(101,898)	(100,633)	(125,857)	(100,633)
Provisions	28	(999)	(1,131)	(1,240)	(999)	(1,240)
Other liabilities	25	(268)	(291)	(314)	(268)	(314)
Total non-current liabilities		(127,124)	(103,320)	(102,499)	(127,124)	(102,499)
Total assets employed		160,778	183,646	180,358	151,233	169,232
Financed by						
Public dividend capital		188,293	183,501	181,951	188,293	181,951
Revaluation reserve		41,223	38,915	38,266	41,223	38,266
Income and expenditure reserve		(78,283)	(49,195)	(50,985)	(78,283)	(50,985)
Charitable fund reserves	18	9,545	10,425	11,126	-	-
Total taxpayers' equity		160,778	183,646	180,358	151,233	169,232



Neil MacDonald
Chief Executive
Date

28th of May 2019

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	183,501	38,915	(49,195)	10,425	183,646
Impact of implementing IFRS 9 on 1 April 2018	-	-	(140)	-	(140)
Surplus/(deficit) for the year	-	-	(30,534)	612	(29,922)
Revaluations	-	2,308	-	-	2,308
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	94	94
Public dividend capital received	4,792	-	-	-	4,792
Other reserve movements	-	-	1,586	(1,586)	-
Taxpayers' and others' equity at 31 March 2019	188,293	41,223	(78,283)	9,545	160,778

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	181,951	38,266	(50,985)	11,126	180,358
Prior period adjustment	-	-	2,263	-	2,263
Taxpayers' and others' equity at 1 April 2017 - restated	181,951	38,266	(48,722)	11,126	182,621
Surplus/(deficit) for the year	-	-	(861)	(234)	(1,095)
Revaluations	-	649	-	-	649
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	(79)	(79)
Public dividend capital received	1,550	-	-	-	1,550
Other reserve movements	-	-	388	(388)	-
Taxpayers' and others' equity at 31 March 2018	183,501	38,915	(49,195)	10,425	183,646

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	183,501	38,915	(49,195)	173,221
Impact of implementing IFRS 9 on 1 April 2018	-	-	(140)	(140)
Surplus/(deficit) for the year	-	-	(28,948)	(28,948)
Revaluations	-	2,308	-	2,308
Public dividend capital repaid	4,792	-	-	4,792
Taxpayers' and others' equity at 31 March 2019	188,293	41,223	(78,283)	151,233

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	181,951	38,266	(50,985)	169,232
Prior period adjustment			2,263	2,263
Taxpayers' and others' equity at 1 April 2017 - restated	181,951	38,266	(48,722)	171,495
Surplus/(deficit) for the year			(861)	(861)
Revaluations		649		649
Public dividend capital received	1,550			1,550
Taxpayers' and others' equity at 31 March 2018	183,501	38,915	(49,583)	172,833

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 funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 18

Statement of Cash Flows

Note	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Cash flows from operating activities				
Operating surplus / (deficit)	(16,727)	12,617	(15,468)	13,519
Non-cash income and expense:				
Depreciation and amortisation	5.1 11,854	11,650	11,854	11,650
Net impairments	6 (2,526)	(1,740)	(2,526)	(1,740)
Income recognised in respect of capital donations	4 (73)	(1,424)	(1,526)	(1,952)
Amortisation of PFI deferred credit	(23)	(24)	(23)	(24)
(Increase) / decrease in receivables and other assets	5,770	(6,417)	5,225	(6,559)
(Increase) / decrease in inventories	(329)	(181)	(329)	(181)
Increase / (decrease) in payables and other liabilities	(326)	5,769	(468)	5,911
Increase / (decrease) in provisions	(109)	(137)	(109)	(137)
Movements in charitable fund working capital	(361)	630		
Other movements in operating cash flows	(1,453)	(528)		
Net cash flows from / (used in) operating activities	(4,303)	20,215	(3,370)	20,487
Cash flows from investing activities				
Interest received	130	39	130	39
Purchase of intangible assets	(467)	(1,251)	(467)	(1,251)
Purchase of PPE and investment property	(10,946)	(10,013)	(10,946)	(10,013)
Net cash flows from charitable fund investing activities	285	280	-	-
Net cash flows from / (used in) investing activities	(10,998)	(10,945)	(11,283)	(11,225)
Cash flows from financing activities				
Public dividend capital received	4,792	1,550	4,792	1,550
Movement on loans from DHSC	26,848	4,180	26,848	4,180
Capital element of finance lease rental payments	(756)	(964)	(756)	(964)
Capital element of PFI, LIFT and other service concession payments	(2,132)	(2,325)	(2,132)	(2,325)
Interest on loans	(1,458)	(1,384)	(1,578)	(1,384)
Other interest	(120)	-	-	-
Interest paid on finance lease liabilities	(136)	(89)	(136)	(89)
Interest paid on PFI, LIFT and other service concession obligations	(7,739)	(7,813)	(7,739)	(7,813)
PDC dividend (paid) / refunded	(4,521)	(4,326)	(4,521)	(4,326)
Net cash flows from / (used in) financing activities	14,778	(11,171)	14,778	(11,171)
Increase / (decrease) in cash and cash equivalents	(523)	(1,901)	125	(1,909)
Cash and cash equivalents at 1 April - brought forward	3,954	5,855	2,066	3,975
Cash and cash equivalents at 31 March	3,431	3,954	2,191	2,066

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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 2018/19 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.

Note 1.1.1 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

The Trust annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

In preparing the financial statements the directors have performed a "going concern assessment". This has taken into consideration the overall financial position and expectation of future support. This future support has not yet been confirmed. The Trust has submitted to NHSI a financial plan which delivers a break-even position, provided performance targets are delivered to secure non-recurrent incentive payments of £18.6m. The plan also requires delivery of £15m of efficiency savings. This has been embedded into the financial budgets approved by the Trust board and signed off at an operational level by the individual budget holders. The Trust board recognises that this is a highly demanding plan, which is subject to a high degree of risk. The Trusts sustainability is dependant on full delivery of costs efficiencies and incentive targets in year, and the recurrent delivery of efficiencies into the future. Should the Trust not meet its financial targets, and therefore lose some or all of the £18.6m of incentive payments, further cash support is likely to be required. As such support would be contingent on events during the year, this support has not yet been requested or confirmed.

The Trust has also considered its level of borrowing, most significantly from the Department of Health and Social Care (DHSC). Given the need for the delivery of public services it is unlikely that the DHSC will enforce a loan repayment which would prove detrimental to the delivery of public services. However, this position has not yet been confirmed. A breakeven position in year would mean that the Trust would not be required to add significantly to current loan balances and financial recovery plans in place will further improve the future borrowings position. However, if this is not achieved, further support is likely to be required.

Although these factors represent material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern, the Directors, having made appropriate enquiries, still have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the 2018/19 Group Accounting Manual, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. On this basis, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern

Note 1.3 Consolidation

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 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.

Where there have been transactions between the Trust and the Charity, the impact of these transactions needs to be removed to avoid 'double-counting'. For example, where the Charity 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.

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 Accounts. In particular:

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

- Entitlement - when a particular resource is receivable or the Charity becomes legally entitled;
- 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 when considered 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 arose 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.

Other subsidiaries:

Entities over which Buckinghamshire Healthcare NHS Trust has the power to exercise control are classified as subsidiaries and are consolidated. Buckinghamshire Healthcare NHS Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines.

Buckinghamshire Healthcare Projects Ltd was incorporated on the 30th March 2017 (company # 10700085) to provide community outpatient services. The company commenced trading on the 4th of April 2018. The entity is a wholly owned subsidiary of Buckinghamshire Healthcare NHS Trust. As such, in accordance with the requirements of IFRS 10 Consolidated Financial Statements, the company has been consolidated Trust position as outlined above.

As a point of clarity the results of the company are reflected within the "Trust" position before the consolidation of the Charity which creates the "Group" numbers.

Note 1.4 Critical Accounting judgements and key sources of estimation uncertainty

In the application of Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

Note 1.4.1 Critical Accounting judgements in applying accounting policies

In the application of the NHS trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The Trust has judged that amounts paid to Private Initiate providers for the replacement of assets where the work has not yet been undertaken be recognised as a prepayment.

A clarification of professional guidance surrounding the estimation of remaining useful lives was released in January 2019. This has significantly reduced the remaining value in use of the Trust's Infrastructure. Management has undertaken an assessment of the impact this would have on the accounts should it be backdated to when the methodology was adopted by the organisation. This would have required an adjustment of £4.3m to the prior period. This has been assessed to be immaterial to adjust both in terms of value and the impact it would have on the understandability of the accounts.

Note 1.4.2 Sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The Trust depreciates the value of its assets over their estimated economic lives. It therefore has to estimate economic lives by taking into account such factors as depreciation and technical obsolescence. The actual life of the asset may be different to that estimated and, therefore, the amount of depreciation charged, and the carrying value of the asset at the date of the Statement of Financial Position, may be different to that which can subsequently be shown as should have been the case.

In order to calculate the carrying value of the Trust's provisions there are a number of areas which are required to be estimated :-

- a. The Trust will need to estimate the amount of its liability. In the case of legal claims, for example, it will use the advice of its experts but the actual amount of the liability will not be known until the outcome of the litigation.
- b. The Trust will need to estimate the probability of a liability existing. The outcome of the litigation may be uncertain but the Trust will use the advice of its experts on whether it is probable that it will be found liable.
- c. In the case of pensions and other benefits to be paid in the future, an estimate will be made for the length of time that the payment will be required to be made, using actuarial mortality tables. Discount rates will be used to estimate the present value of the future payments.
- d. The Trust will need to estimate the level of recovery of its receivables and make allowances for the expected level of impairment of those receivables. Actual experience may differ from these estimates.

e. The Trust will need to estimate expenditure which is not yet invoiced based on its understanding of the operations of the organisation. There are robust financial management procedures within the organisation where by discussions with budget managers are undertaken routinely to determine levels of reported expenditure. The Trust has a defined ordering process set out in the standing financial instructions to ensure that information on spend is captured to inform accruals.

f. The arrangements under Private Finance Initiatives have been accounted for based on historic information provided at the inception of the lease together with work undertaken to understand the transactions based on official PFI accounting models.

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

Note 1.5 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). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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.

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

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 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 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.

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 value of the benefit received when the Trust accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

The Trust has adopted the requirements of IFRS 15 on all classes of income within the scope of the standard. Disclosures and categorisations have been updated to reflect this. There has been no significant change to the amount recognised as income under the new standard.

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

Note 1.5.1 Revenue grants and other contributions to expenditure

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.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5.2 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.

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. It is the Trust policy that all annual leave entitlements have to be used in the year they accrue so the Trust does not accrue for any annual leave.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, 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.

Employer's pension cost 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 Property, plant and equipment

Note 1.8.1 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.

Note 1.8.2 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.

All 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.

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

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.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

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.

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 income.

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.

Note 1.8.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

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. 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.

Note 1.8.4 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.

Note 1.8.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT 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 IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

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'.

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.

Note 1.8.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	73
Dwellings	23	50
Plant & machinery	5	22
Transport equipment	2	5
Information technology	3	17
Furniture & fittings	7	23

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, 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 above.

The Trust has reduced the useful lives of buildings and dwelling due to a clarification of RICS guidance. This formally did not require specific consideration of the component parts of an asset or significant refurbishment or replacement of components in the assessment of remaining useful lives. However the clarification has indicated that this is no longer appropriate with the inevitable shortening of asset lives. The Trust has responded to this with a full annual revaluation that has been conducted by the Valuers, Cushman & Wakefield who have assess the remaining useful lives in accordance with the detailed guidance.

Note 1.9 Intangible assets

Note 1.9.1 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

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.

Note 1.9.2 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 under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

Note 1.9.3 Useful economic life of intangible assets

	Min life Years	Max life Years
Information technology	2	7
Development expenditure	-	-
Websites	-	-
Software licences	5	7
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 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.

Note 1.11 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

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.

Note 1.13 Financial assets and financial liabilities

Note 1.13.1 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 the Office of National Statistics.

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.

Note 1.13.2 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 finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

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. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, 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.

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.

Note 1.13.3 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

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.

Note 1.14.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

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 the discount rates published and mandated by HM Treasury.

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 32.3 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.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.1% (2017-18: positive 0.24%) in real terms. All other provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term rate of 0.76% (2017-18: negative 2.42%) for expected cash flows up to and including 5 years
- A medium term rate of 1.14% (2017-18: negative 1.85%) for expected cash flows over 5 years up to and including 10 years
- A long term rate of negative 1.99% (2017-18: negative 1.56%) for expected cash flows over 10 years.

All percentages are in real terms.

Note 1.15 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 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 29, 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 1.16 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.

At any time, 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, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 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, the amounts are stated net of VAT.

Buckinghamshire Healthcare Projects Limited accounts for VAT under rules applicable to private limited companies. The main items of income and spend relate to the purchase of medicines for use in outpatient dispensing. The income associated with changes for medicines and the associated dispensing fees are zero rates for VAT purposes, whilst the expenditure on medicines is reclaimable.

Note 1.18 Corporation tax

Subsidiary's corporation tax is calculated at 19% of the estimated taxable profit for the year. The company had a surplus of £2k meaning the liability is trivial to the accounts.

Note 1.19 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.

Note 1.20 Third party assets

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

Note 1.21 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, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However 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 1.22 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 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 *Leases* – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: adoption is not therefore permitted.
- IFRS 17 *Insurance Contracts* – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 *Uncertainty over Income Tax Treatments* – Application required for accounting periods beginning on or after 1 January 2019.

Note 1.26 Prior Period Adjustment

The Trust has not previously deferred the unspent portion of lifecycle costs on the PFI. Information has been obtained from the PFI provider which indicates that £5448k had been paid to them but the work not undertaken. Of this £2,263k related to the prior period.

Due to the significance of the amounts the Trust decided to adopt a policy of deferring the amounts until spent. Consequently this portion has been treated in the account as a prior period adjustment which is evidenced in the Statement of Changes in Equity.

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 and Clinical Commissioning Groups (CCGs) which are considered to be under common control. The Trust's income from NHS England and CCGs for patient care activities during the period was £387,895k (2017/18 £382,474k).

The balance to total income is other operating income of £25,353k (2017/18 £29,950k).

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 1.5

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Acute services		
Elective income	51,211	51,869
Non elective income	89,665	86,555
First outpatient income	22,915	22,125
Follow up outpatient income	19,627	18,235
A & E income	11,442	11,212
Other NHS clinical income	136,084	137,704
Community services		
Community services income from CCGs and NHS England	33,827	34,987
Income from other sources (e.g. local authorities)	15,200	15,916
All services		
Private patient income	2,481	2,348
Agenda for Change pay award central funding	3,402	-
Other clinical income	5,443	1,523
Total income from activities	391,297	382,474

Note 3.2 Income from patient care activities (by source)

	2018/19 £000	2017/18 £000
Income from patient care activities received from:		
NHS England	66,854	69,699
Clinical commissioning groups	298,840	290,122
Department of Health and Social Care	3,405	-
Other NHS providers	3,071	2,866
Local authorities	15,197	15,916
Non-NHS: private patients	2,481	2,348
Non-NHS: overseas patients (chargeable to patient)	216	312
Injury cost recover scheme	961	1,082
Non NHS: other	272	129
Total income from activities	391,297	382,474
Of which:		
Related to continuing operations	391,297	382,474
Related to discontinued operations	-	-

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

	2018/19	2017/18
	£000	£000
Income recognised this year	216	312
Cash payments received in-year	108	187
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	86	12

Note 4 Other operating income (Group)

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	988	940
Education and training (excluding notional apprenticeship levy income)	10,784	11,341
Non-patient care services to other bodies	1,271	2,417
Provider sustainability / sustainability and transformation fund income (PSF / STF)	3,292	4,996
Income in respect of employee benefits accounted on a gross basis	-	-
Other contract income	7,522	7,699
Other non-contract operating income:		
Receipt of capital grants and donations	73	1,424
Charitable and other contributions to expenditure	670	748
Amortisation of PFI deferred income / credits	23	24
Charitable fund incoming resources	730	361
Total other operating income	25,353	29,950
Of which:		
Related to continuing operations	25,353	29,950
Related to discontinued operations	-	-

Note 5.1 Operating expenses (Group)

	2018/19	2017/18
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	12,820	3,987
Staff and executive directors costs	261,972	249,616
Remuneration of non-executive directors	83	80
Supplies and services - clinical (excluding drugs costs)	33,525	30,359
Supplies and services - general	1,328	965
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,318	41,320
Inventories written down	203	161
Consultancy costs	1,229	1,993
Establishment	5,161	4,144
Premises	19,470	14,612
Transport (including patient travel)	2,057	2,064
Depreciation on property, plant and equipment	11,308	11,307
Amortisation on intangible assets	546	343
Net impairments	(2,526)	(1,740)
Movement in credit loss allowance: contract receivables / contract assets	206	-
Movement in credit loss allowance: all other receivables and investments	-	295
Increase/(decrease) in other provisions	320	270
Change in provisions discount rate(s)	(15)	10
Audit fees payable to the external auditor		
audit services- statutory audit	74	78
Internal audit costs	132	152
Clinical negligence	12,485	9,867
Legal fees	370	176
Insurance	258	209
Education and training	1,753	1,615
Rentals under operating leases	141	223
Redundancy	9	126
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	25,318	25,250
Hospitality	32	35
Other NHS charitable fund resources expended	400	872
Other	2,400	1,418
Total	433,377	399,807
Of which:		
Related to continuing operations	433,377	399,807
Related to discontinued operations	-	-

Explanatory Notes:

Purchase of Healthcare from non-NHS and Non DHSC bodies is due to the contract for musculoskeletal services purchased from Care UK for £4.8m and Out of hours GP cover from Fedbucks for £5.4m

Note 5.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2017/18: £1m).

Note 6 Impairment of assets (Group)

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(2,526)	(1,740)
Total net impairments charged to operating surplus / deficit	(2,526)	(1,740)
Impairments charged to the revaluation reserve	-	-
Total net impairments	(2,526)	(1,740)

The Trust has also had a reversal of impairment relating to prior periods. This is due to the deferral of the unspent PFI Lifecycle costs associated with South Buckinghamshire PFIs of £2,263k. The cost of this would previously have been capitalised resulting in higher impairment losses arising on revaluation. The impact of this has been reflected in opening Income & Expenditure reserves.

Note 7 Employee benefits (Group)

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	195,896	181,981
Social security costs	18,750	17,874
Apprenticeship levy	957	924
Employer's contributions to NHS pensions	24,144	23,374
Termination benefits	-	125
Temporary staff (including agency)	23,240	26,987
Total gross staff costs	262,987	251,265
Recoveries in respect of seconded staff	-	(132)
Total staff costs	262,987	251,133
Of which		
Costs capitalised as part of assets	1,006	1,391

Note 7.1 Retirements due to ill-health (Group)

During 2018/19 there were 4 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £543k (£137k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 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 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Operating leases (Group)**Note 9.1 Buckinghamshire Healthcare NHS Trust as a lessee**

The Trust leases cars and other vehicles used for Trust business through operating leases. These are usually taken out under a three year term. There are penalties for early termination of the lease and there is no automatic transfer of ownership or ability to purchase at non-market terms under these leases. The value of these arrangements has increased in year due to the offer of salary deduction and salary sacrifice schemes. These are charged directly back to the member of staff via payroll.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	141	223
Total	141	223
	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	105	62
- later than one year and not later than five years;	36	161
Total	141	223

Note 10 Finance income (Group)

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

	2018/19 £000	2017/18 £000
Interest on bank accounts	130	39
NHS charitable fund investment income	285	280
Total finance income	415	319

Note 11 Finance expenditure (Group)

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

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	1,526	1,272
Main finance costs on PFI and LIFT schemes obligations	6,006	6,312
Contingent finance costs on PFI and LIFT scheme obligations	1,732	1,501
Total interest expense	9,264	9,085
Unwinding of discount on provisions	4	4
Total finance costs	9,268	9,089

Note 12 Intangible assets - 2018/19

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	3,363	671	4,034
Additions	467	-	467
Reclassifications	(118)	-	(118)
Valuation / gross cost at 31 March 2019	3,712	671	4,383
Amortisation at 1 April 2018 - brought forward	1,580	290	1,870
Provided during the year	546	-	546
Reclassifications	(3)	-	(3)
Amortisation at 31 March 2019	2,123	290	2,413
Net book value at 31 March 2019	1,589	381	1,970
Net book value at 1 April 2018	1,783	381	2,164

Note 12.1 Intangible assets - 2017/18

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	2,538	-	2,538
Additions	825	426	1,251
Valuation / gross cost at 31 March 2018	3,363	426	3,789
Amortisation at 1 April 2017 - as previously stated	1,478	-	1,478
Provided during the year	53	290	343
Reclassifications	49	-	49
Amortisation at 31 March 2018	1,580	290	1,870
Net book value at 31 March 2018	1,783	136	1,919
Net book value at 1 April 2017	1,060	-	1,060

Note - the charity has no intangible assets so the group position is not included

Note 13.1 Property, plant and equipment - 2018/19

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	46,187	176,388	5,024	4,497	57,510	182	49,609	4,600	343,997
Additions	-	966	-	6,525	2,570	-	2,733	-	12,794
Reversals of impairments	2,726	(3,985)	(235)	-	-	-	-	-	(1,494)
Revaluations	(1,002)	3,172	138	-	-	-	-	-	2,308
Reclassifications	-	1,848	-	(6,287)	1,281	-	3,156	120	118
Disposals / derecognition	-	-	-	-	(146)	-	-	-	(146)
Valuation/gross cost at 31 March 2019	47,911	178,389	4,927	4,735	61,215	182	55,498	4,720	357,577
Accumulated depreciation at 1 April 2018 - brought forward	-	-	-	-	40,107	179	35,567	3,801	79,654
Provided during the year	-	3,917	103	-	3,722	2	3,389	175	11,308
Reversals of impairments	-	(3,917)	(103)	-	-	-	-	-	(4,020)
Reclassifications	-	-	-	-	3	-	-	-	3
Disposals / derecognition	-	-	-	-	(146)	-	-	-	(146)
Accumulated depreciation at 31 March 2019	-	-	-	-	43,686	181	38,956	3,976	86,799
Net book value at 31 March 2019	47,911	178,389	4,927	4,735	17,529	1	16,542	744	270,778
Net book value at 1 April 2018	46,187	176,388	5,024	4,497	17,403	3	14,042	799	264,343

Note - the charity has no property plant and equipment so the group position is not included

Note 13.2 Property, plant and equipment - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	46,187	172,999	4,659	5,438	52,658	182	47,354	4,442	333,919
Prior period adjustments									-
Valuation / gross cost at 1 April 2017 - restated	46,187	172,999	4,659	5,438	52,658	182	47,354	4,442	333,919
Additions	-	2,484	-	2,890	4,730	-	1,207	158	11,469
Reversals of impairments	-	(2,087)	(33)	-	-	-	-	-	(2,120)
Revaluations	-	576	73	-	-	-	-	-	649
Reclassifications	-	2,416	-	(3,831)	122	-	1,048	-	(245)
Transfers to / from assets held for sale	-	-	325	-	-	-	-	-	325
Valuation/gross cost at 31 March 2018	46,187	176,388	5,024	4,497	57,510	182	49,609	4,600	343,997
Accumulated depreciation at 1 April 2017 - as previously stated	-	-	-	-	36,661	177	31,845	3,573	72,256
Prior period adjustments									-
Accumulated depreciation at 1 April 2017 - restated	-	-	-	-	36,661	177	31,845	3,573	72,256
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	3,770	90	-	3,446	2	3,771	228	11,307
Reversals of impairments	-	(2,087)	(33)	-	-	-	-	-	(2,120)
Reclassifications	-	-	-	-	-	-	(49)	-	(49)
Accumulated depreciation at 31 March 2018	-	1,683	57	-	40,107	179	35,567	3,801	81,394
Net book value at 31 March 2018	46,187	174,705	4,967	4,497	17,403	3	14,042	799	262,603
Net book value at 1 April 2017	46,187	172,999	4,659	5,438	15,997	5	15,509	869	261,663

Note - the charity has no property plant and equipment so the group position is not included

Note 13.3 Property, plant and equipment financing - 2018/19

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	47,911	100,754	3,934	4,735	13,302	-	16,305	707	187,648
Finance leased	-	3,868	-	-	-	-	-	-	3,868
On-SoFP PFI contracts and other service concession arrangements	-	63,999	-	-	-	-	-	-	63,999
Owned - donated	-	9,768	993	-	4,227	1	237	37	15,263
NBV total at 31 March 2019	47,911	178,389	4,927	4,735	17,529	1	16,542	744	270,778

Note 13.4 Property, plant and equipment financing - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	46,187	93,322	4,522	4,056	11,212	-	13,668	745	173,712
Finance leased	-	3,907	-	-	1,379	-	-	-	5,286
On-SoFP PFI contracts and other service concession arrangements	-	68,992	-	-	-	-	-	-	68,992
Owned - donated	-	10,167	502	441	4,812	3	374	54	16,353
NBV total at 31 March 2018	46,187	176,388	5,024	4,497	17,403	3	14,042	799	264,343

Note - the charity has no property plant and equipment so the group position is not included

Note 14 Donations of property, plant and equipment

The Trust was fortunate in 2018-19 to receive donations of Medical Equipment from Scannappeal as well as from Buckinghamshire Healthcare NHS Trust Charity. No restrictions were placed on any of the the equipment.

Significant items included:

ITU Ventilators

E-Observations Systems

Ultra-sound scanners and Couch

Note 15 Revaluations of property, plant and equipment

The Trust commissioned an independent valuer, Cushman Wakefield, to conduct a full asset revaluation in 2018/19. The valuer valued Land and Building using "existing use value" as at the 31st of March 2019. 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 2019.

The revaluation resulted in a reversal of impairment of £2,526k (note 6) and an increase to the revaluation reserve of £2,308K.

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.

The Trust has reduced the useful lives of buildings and dwelling due to a clarification of RICS guidance. This formally did not require specific consideration of the component parts of an asset or significant refurbishment or replacement of components in the assessment of remaining useful lives. However the clarification has indicated that this is no longer appropriate with the inevitable shortening of asset lives. The Trust has responded to this with a full annual revaluation that has been conducted by the Valuers, Cushman & Wakefield who have assess the remaining useful lives in accordance with the detailed guidance.

Note 16 Other investments / financial assets (non-current)

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	8,274	8,356	-	-
Acquisitions in year	-	(3)	-	-
Movement in fair value through OCI	94	(79)	-	-
Carrying value at 31 March	8,368	8,274	-	-

Investments are related to the charity

Note 17 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 Trust accounts in accordance with IFRS 12. All intercompany balances have been eliminated and the companies reported surplus of £2k included within the "Trust" position. The company holds no significant assets or liabilities requiring separate disclosure.

Note 18 Analysis of charitable fund reserves

	31 March 2019 £000	31 March 2018 £000
Unrestricted funds:		
Unrestricted income funds	3,241	3,438
Restricted funds:		
Endowment funds	97	95
Other restricted income funds	6,207	6,892
	9,545	10,425

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 19 Inventories

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Drugs	3,039	3,347	3,039	3,347
Consumables	3,807	3,184	3,807	3,184
Energy	48	34	48	34
Charitable fund inventory	-	1	-	1
Total inventories	6,894	6,566	6,894	6,566
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £77,195k (2017/18: £71,729k). Write-down of inventories recognised as expenses for the year were £203k (2017/18: £161k).

Note 20.1 Receivables

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Current				
Contract receivables*	20,751		20,751	-
Trade receivables*		18,360	-	18,502
Accrued income*		11,496	-	11,496
Allowance for impaired contract receivables / assets*	(1,430)		(1,430)	-
Allowance for other impaired receivables	-	(985)	-	(985)
Deposits and advances	4	4	4	4
Prepayments (non-PFI)	2,999	3,126	2,999	3,126
PFI lifecycle prepayments	5,448	2,263	5,448	2,263
PDC dividend receivable	122	-	122	-
VAT receivable	3,952	1,171	3,952	1,171
Other receivables	1,996	694	2,683	694
NHS charitable funds: trade and other receivables	711	475		-
Total current receivables	34,553	36,604	34,529	36,271
Non-current				
Contract receivables*	2,955		2,955	-
Accrued income*		3,220	-	3,220
Allowance for impaired contract receivables / assets*	(635)		(635)	-
Allowance for other impaired receivables	-	(734)	-	(734)
Other receivables	1,495	1,645	1,495	1,645
Total non-current receivables	3,815	4,131	3,815	4,131
Of which receivable from NHS and DHSC group bodies:				
Current	15,808	23,234	15,808	23,234
Non-current	-	-		

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 20.2 Allowances for credit losses - 2018/19

	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 2018 - brought forward		1,719		1,719
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,859	(1,719)	1,859	(1,719)
New allowances arising	307	-	307	-
Changes in existing allowances	(101)	-	(101)	-
Allowances as at 31 Mar 2019	2,065	-	2,065	-

Note 20.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Group	Trust
	All receivables	All receivables
	£000	£000
Allowances as at 1 Apr 2017 - as previously stated	1,455	1,455
Transfers by absorption		
Increase in provision	295	295
Amounts utilised	(31)	(31)
Unused amounts reversed		
Allowances as at 31 Mar 2018	1,719	1,719

Note 21 Other assets

	Group		Trust	
	2019	2018	2019	2018
	£000	£000	£000	£000
Current				
Other assets	147	147	147	147
Total other current assets	147	147	147	147

Note 22 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
disposal groups at 1 April	-	325	-	325
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	(325)	-	(325)
disposal groups at 31 March	-	-	-	-

Note 23 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	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
At 1 April	3,954	5,855	2,066	3,975
Net change in year	(523)	(1,901)	125	(1,909)
At 31 March	3,431	3,954	2,191	2,066
Broken down into:				
Cash at commercial banks and in hand	1,285	2,012	45	124
Cash with the Government Banking Service	2,146	1,942	2,146	1,942
Total cash and cash equivalents as in SoFP	3,431	3,954	2,191	2,066
Total cash and cash equivalents as in SoCF	3,431	3,954	2,191	2,066

Note 23.1 Third party assets held by the trust

Buckinghamshire Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2019	31 March 2018
	£000	£000
Bank balances	2	2
Monies on deposit	-	-
Total third party assets	2	2

Note 24.1 Trade and other payables

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Current				
Trade payables	4,361	5,659	4,361	5,801
Capital payables	5,354	1,957	5,354	1,957
Accruals	16,834	16,087	16,834	16,087
Receipts in advance and payments on account	2,999	1,920	2,999	1,920
Social security costs	(61)	1,040	(61)	1,040
VAT payables	72	402	72	402
Other taxes payable	2,543	2,201	2,543	2,201
PDC dividend payable	-	205	-	205
Accrued interest on loans*	-	19	-	19
Other payables	3,728	3,509	3,728	3,509
NHS charitable funds: trade and other payables	87	213	-	-
Total current trade and other payables	35,917	33,212	35,830	33,141

Of which payables from NHS and DHSC group bodies:

Current	3,416	4,165	3,416	4,165
Non-current	-	-	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 26. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 24.2 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	31 March	31 March	31 March
	2019	2019	2018	2018
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-

Note 25 Other liabilities

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	143	127	143	127
Deferred PFI credits / income	23	23	23	23
Total other current liabilities	166	150	166	150
Non-current				
Deferred PFI credits / income	268	291	268	291
Total other non-current liabilities	268	291	268	291

Note 26 Borrowings

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Current				
Loans from DHSC	2,258	1,865	2,258	1,865
Obligations under finance leases	899	866	899	866
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	2,368	2,705	2,368	2,705
Total current borrowings	5,525	5,436	5,525	5,436
Non-current				
Loans from DHSC	72,972	46,430	72,972	46,430
Obligations under finance leases	1,266	2,055	1,266	2,055
Obligations under PFI, LIFT or other service concession contracts	51,619	53,413	51,619	53,413
Total non-current borrowings	125,857	101,898	125,857	101,898

Note 26.1 Reconciliation of liabilities arising from financing activities

Group	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	48,295	-	2,921	56,118	107,334
Cash movements:					-
Financing cash flows - payments and receipts of principal	26,848	-	(756)	(2,132)	23,960
Financing cash flows - payments of interest	(1,458)	-	(136)	(6,005)	(7,599)
Non-cash movements:					-
Impact of implementing IFRS 9 on 1 April 2018	19	-	-	-	19
Application of effective interest rate	1,526	-	136	6,006	7,668
Carrying value at 31 March 2019	75,230	-	2,165	53,987	131,382

Note 27 Finance leases

Note 27.1 Buckinghamshire Healthcare NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Gross lease liabilities	2,342	3,325	2,342	3,325
of which liabilities are due:				
- not later than one year;	957	1,000	957	1,000
- later than one year and not later than five years;	1,385	2,325	1,385	2,325
- later than five years.	-	-	-	-
Finance charges allocated to future periods	(177)	(404)	(177)	(404)
Net lease liabilities	2,165	2,921	2,165	2,921
of which payable:				
- not later than one year;	899	866	899	866
- later than one year and not later than five years;	1,266	2,055	1,266	2,055
- later than five years.	-	-	-	-

Note 28 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2018	127	1,151	96	176	1,550
Transfers by absorption	-	-	-	-	-
Change in the discount rate	(1)	(14)	-	-	(15)
Arising during the year	-	34	68	190	292
Utilised during the year	(36)	(114)	(20)	(165)	(335)
Reversed unused	(1)	-	(40)	(10)	(51)
Unwinding of discount	-	4	-	-	4
At 31 March 2019	89	1,061	104	191	1,445
Expected timing of cash flows:					
- not later than one year;	36	115	104	191	446
- later than one year and not later than five years;	53	946	-	-	999
- later than five years.	-	-	-	-	-
Total	89	1,061	104	191	1,445

The uncertainty of timing or amounts relating

- Pensions - uncertainty in respect of the length of time payable and therefore for the obligation for future payments.
- Legal Claims - For Employer Liability claims there are uncertainties relating to the likelihood of the Trust being held liable and the amount of any award.
- For Injury benefit claims the uncertainty relates to the length of time over which these may be payable.
- Other Provisions relate to carbon trading assessments, where there is an uncertainty of amount.
- The change in discount rate reflects the impact on the net present value (NPV) calculation of the injury benefit and early retirement provisions from 1% to 0.29%
- As the injury benefit and early retirement provision is discounted to their NPVs, due to their long term nature, the organisation incurs a charge in year which reflects the cost of reversing the discount factor applied to the opening balance. This is termed "unwinding of discount".

Note 28.1 Clinical negligence liabilities

At 31 March 2019, £93,250k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Buckinghamshire Healthcare NHS Trust (31 March 2018: £90,491k).

Note 29 Contingent assets and liabilities

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(70)	(45)	(70)	(45)
Gross value of contingent liabilities	(70)	(45)	(70)	(45)
Net value of contingent liabilities	(70)	(45)	(70)	(45)
Net value of contingent assets	-	-	-	-

The values are as notified by NHS resolutions based on their best estimate of claim processed. The Trust has no reason to disagree with this assessment which have historically been accurate.

Note 30 Contractual capital commitments

	Group		Trust	
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Property, plant and equipment	4,531	4,421	4,531	4,421
Intangible assets	-	-	-	-
Total	4,531	4,421	4,531	4,421

Note 31 On-SoFP PFI, LIFT or other service concession arrangements

Note 31.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	128,296	113,217	128,296	113,217
Of which liabilities are due				
- not later than one year;	9,535	8,705	9,535	8,705
- later than one year and not later than five years;	38,602	34,118	38,602	34,118
- later than five years.	80,159	70,394	80,159	70,394
Finance charges allocated to future periods	(74,309)	(57,099)	(74,309)	(57,099)
Net PFI, LIFT or other service concession arrangement obligation	53,987	56,118	53,987	56,118
- not later than one year;	2,368	2,705	2,368	2,705
- later than one year and not later than five years;	11,216	12,128	11,216	12,128
- later than five years.	40,403	41,285	40,403	41,285

Note 31.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	645,686	711,608	645,686	711,608
Of which liabilities are due:				
- not later than one year;	38,055	39,804	38,055	39,804
- later than one year and not later than five years;	157,671	161,249	157,671	161,249
- later than five years.	449,960	510,555	449,960	510,555

Note 31.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Unitary payment payable to service concession operator	39,234	39,278	39,234	39,278
Consisting of:				
- Interest charge	6,006	6,312	6,006	6,312
- Repayment of finance lease liability	2,132	2,278	2,132	2,278
- Service element and other charges to operating expenditure	25,318	25,250	25,318	25,250
- Capital lifecycle maintenance	861	1,674	861	1,674
- Revenue lifecycle maintenance	-	-	-	-
- Contingent rent	1,732	1,501	1,732	1,501
- Addition to lifecycle prepayment	3,185	2,263	3,185	2,263
	-	-	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-	-	-
Total amount paid to service concession operator	39,234	39,278	39,234	39,278

Note 32 Financial instruments

Note 32.1 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

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low 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 2019 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.

Note 32.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at fair value			Total book value
	Held at amortised cost	through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	22,601	-	-	22,601
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	2,191	-	-	2,191
Consolidated NHS Charitable fund financial assets	10,319	-	-	10,319
Total at 31 March 2019	35,111	-	-	35,111

Group	Assets at fair value				Total book value
	Loans and receivables	through the I&E	Held to maturity	Available-for-sale	
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	28,352	-	-	-	28,352
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents	2,066	-	-	-	2,066
Consolidated NHS Charitable fund financial assets	10,634	-	-	-	10,634
Total at 31 March 2018	41,052	-	-	-	41,052

Trust	Held at fair value			Total book value
	Held at amortised cost	through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	22,601	-	-	22,601
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	2,191	-	-	2,191
Total at 31 March 2019	24,792	-	-	24,792

Trust	Assets at fair value				Total book value
	Loans and receivables	through the I&E	Held to maturity	Available-for-sale	
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	28,352	-	-	-	28,352
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents	2,066	-	-	-	2,066
Total at 31 March 2018	30,418	-	-	-	30,418

Note 32.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	75,230	-	75,230
Obligations under finance leases	2,165	-	2,165
Obligations under PFI, LIFT and other service concession contracts	53,987	-	53,987
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	29,681	-	29,681
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Consolidated NHS charitable fund financial liabilities	-	-	-
Total at 31 March 2019	161,063	-	161,063

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	48,295	-	48,295
Obligations under finance leases	2,921	-	2,921
Obligations under PFI, LIFT and other service concession contracts	56,118	-	56,118
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	32,682	-	32,682
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Consolidated NHS charitable fund financial liabilities	-	-	-
Total at 31 March 2018	140,016	-	140,016

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	75,230	-	75,230
Obligations under finance leases	2,165	-	2,165
Obligations under PFI, LIFT and other service concession contracts	53,987	-	53,987
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	29,681	-	29,681
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2019	161,063	-	161,063

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	48,295		48,295
Obligations under finance leases	2,921		2,921
Obligations under PFI, LIFT and other service concession contracts	56,118		56,118
Other borrowings	-		-
Trade and other payables excluding non financial liabilities	32,682		32,682
Other financial liabilities	-		-
Provisions under contract	-		-
Total at 31 March 2018	140,016	-	140,016

Note 32.4 Fair values of financial assets and liabilities

Note 32.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
In one year or less	35,208	35,544	35,208	35,544
In more than one year but not more than two years	36,982	5,093	36,982	5,093
In more than two years but not more than five years	48,470	58,976	48,470	58,976
In more than five years	40,403	40,403	40,403	40,403
Total	161,063	140,016	161,063	140,016

Note 33 Losses and special payments

Group and trust	2018/19		2017/18	
	Total	Total value	Total	Total value
	number of cases Number	of cases £000	number of cases Number	of cases £000
Losses				
Cash losses	10	13	1	1
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	108	96	72	13
Stores losses and damage to property	62	207	21	161
Total losses	180	316	94	175
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	25	10	31	17
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	25	10	31	17
Total losses and special payments	205	326	125	192
Compensation payments received	-	-	-	-

Note 34 Gifts

Group and trust	2018/19		2017/18	
	Total	Total value	Total	Total value
	number of cases Number	of cases £000	number of cases Number	of cases £000
Gifts made	-	-	-	-

Note 35 Related parties

During the year, with the exception of one director disclosed below, none of the Department of Health 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 an executive director through a close family member.

	Expenditure £000
Fed Bucks	5,400
Marlow Medical Group	47

The Department of Health 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 Department is regarded as the parent Department. For example :

Buckinghamshire Clinical Commissioning Group
Herts Valleys Clinical Commissioning Group
Bedfordshire Clinical Commissioning Group
NHS England South Central
NHS England Wessex
Thames Valley Local Area Team
NHS Litigation Authority
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. Most of these 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.

One of the Trusts Directors was a Director of Scanappeal which is a charity linked to the Trust within the reporting period.

Note 36 Better Payment Practice code

	2018/19	2018/19	2017/18	2017/18
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	90,924	217,262	72,498	217,310
Total non-NHS trade invoices paid within target	58,078	186,250	38,270	178,060
Percentage of non-NHS trade invoices paid within target	63.9%	85.7%	52.8%	81.9%
NHS Payables				
Total NHS trade invoices paid in the year	2,742	39,240	2,024	23,681
Total NHS trade invoices paid within target	1,192	28,393	1,053	18,370
Percentage of NHS trade invoices paid within target	43.5%	72.4%	52.0%	77.6%

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 37 External financing

The trust is given an external financing limit against which it is permitted to underspend

	2018/19	2017/18
	£000	£000
Cash flow financing	28,627	4,350
Finance leases taken out in year		831
External financing requirement	28,627	5,181
External financing limit (EFL)	28,784	8,849
Under / (over) spend against EFL	157	3,668

Note 38 Capital Resource Limit

	2018/19	2017/18
	£000	£000
Gross capital expenditure	13,261	12,720
Less: Disposals	-	-
Less: Donated and granted capital additions	(1,526)	(1,952)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	11,735	10,768
Capital Resource Limit	11,736	10,881
Under / (over) spend against CRL	1	113

Note 39 Breakeven duty financial performance

	2018/19
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	(31,647)
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	(31,647)

Note 40 Breakeven duty rolling assessment

	to										
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£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)	(1,759)	(2,891)	(31,647)
Breakeven duty cumulative position	(3,955)	(3,809)	(2,783)	65	364	684	(6,762)	(17,629)	(19,388)	(22,279)	(53,926)
Operating income		294,906	345,367	340,397	350,921	359,449	369,844	370,225	391,843	412,591	417,506
Cumulative breakeven position as a percentage of operating income		(1.3%)	(0.8%)	0.0%	0.1%	0.2%	(1.8%)	(4.8%)	(4.9%)	(5.4%)	(12.9%)

ANNUAL GOVERNANCE STATEMENT

GOVERNANCE STATEMENT

Annual Governance Statement 2018/19

Name of organisation: Buckinghamshire Healthcare NHS Trust

Organisation Code: RXQ

1. SCOPE OF RESPONSIBILITY

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 the NHS 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*.

2. 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 ended 31 March 2019 and up to the date of approval of the annual report and accounts.

3. CAPACITY TO HANDLE RISK

The risk management process is led by the Board and is described in detail later in this statement. The Board has set a risk appetite statement as follows:

'The Board of Buckinghamshire Healthcare NHS Trust acknowledges that there are two important elements to risk appetite, namely risk avoidance and risk tolerance. Both are necessary to ensure that the organisation takes enough risk to develop the business, foster innovation and transformation whilst at the same time delivering a safe, efficient and effective service.

The extent of risk tolerance for each decision will vary in relation to the potential benefit against possible adverse consequence based on best current intelligence. Any decision will take into account the importance of risk control and risk management i.e. a choice may be made to take risk, but controls must be in place to minimise the possible adverse impact of the risk. Consideration will also be given to potential exit strategies should an adverse consequence materialise.

This approach applies to all aspects of the business including quality, people and money. Quality includes delivery of Operating Plan standards. Risk will not be considered in isolation but in aggregate.'

Each Executive director is responsible for a portfolio of services and has governance mechanisms in place for the delivery and risk management of that service. The Executive director portfolios are shown below in figure 1:

Figure 1 Executive portfolios

Neil Macdonald Chief Executive							
Natalie Fox Chief Operating Officer (interim)	Carolyn Morrice Chief Nurse	Dr Tina Kenny Medical Director	Wayne Preston Director of Finance (acting)	Bridget O'Kelly Director of Workforce & Organisational Development	David Williams Director of Strategy & Business Development	Ali Williams Commercial Director	Sue Manthorpe Director for Governance
<ul style="list-style-type: none"> • Integrated medicine • Surgery and critical care • Specialist services • Integrated elderly and community care • Therapies • Women, children and sexual health services • Emergency planning • Access • Capacity • Chaplaincy and bereavement services • Discharge/ delayed transfers of care 	<ul style="list-style-type: none"> • Professional lead for nursing, midwifery and allied health professionals • End of life care • Safeguarding • Healthcare governance • CQC compliance • Risk management/ clinical risk • Claims & litigation • Clinical audit and effectiveness • Patient experience • Patient safety • Quality improvement • Maternity champion Board • Patient safety 	<ul style="list-style-type: none"> • Designated Body Responsible Officer • Clinical governance • Director for Infection prevention and control • Medical performance • Medical education • Research and innovation • Patient safety • Organ and tissue donation • Medicines optimisation and medicines Management • Mortality case record review • New clinical procedures • GIRFT lead • Healthcare Scientists lead 	<ul style="list-style-type: none"> • Financial Performance and Reporting • Financial Strategy (including Long Term Financial Model) • Financial Services • Financial Recovery Plan • Procurement • External Audit • Internal Audit • Counter Fraud • Charitable Funds 	<ul style="list-style-type: none"> • Recruitment & employee services • General human resource management • Training & leadership & organisational management development • Education centres • Library services • Occupational health • Day care nurseries and play-schemes • Voluntary services • Equality and diversity • SIRO • FTSUG 	<ul style="list-style-type: none"> • Business planning & marketing • Strategy development • CCG & partnership development • IT • Bucks Integrated Care System 	<ul style="list-style-type: none"> • Property services <ul style="list-style-type: none"> – Estates & security – Health & safety • Income generation <ul style="list-style-type: none"> – Private patients and overseas visitors – Commercial services 	<ul style="list-style-type: none"> • Corporate governance • Executive office • Risk Compliance

The governance of all these portfolios is supported by the Director for Governance.

The Director for Governance leads on the delivery of the process for communicating and escalating risk throughout the organisation; recording the controls in place to manage risk; and reporting on actions being taken to reduce risk to a reasonable level. The moderation and consistency of risk scoring takes place at the Executive Management Committee facilitated by the Director for Governance. The Director for Governance provides training to the Board and leaders throughout the organisation on the risk management process and chairs a Risk and Compliance Monitoring Group which provides detailed oversight of the operational risks on behalf of the Executive Management Committee.

Training is based on the risk guidance and risk matrix originally designed and published by the National Patient Safety Agency.

The internal audit programme follows a risk based approach covering all areas over a three year period and enables the organisation to learn from good practice. Flexibility exists in the Internal Audit programme to target specific risks each year.

A comprehensive risk based statutory and mandatory training programme is in place for all staff to equip them to manage risk in a way appropriate to their authority and duties. This is linked to the National Learning Management System.

Processes for minimising and managing a range of risks are set out in a full compendium of policies and procedures, which are monitored and updated in a systematic way.

There is a fully embedded incident reporting and management process in place.

4. THE RISK AND CONTROL FRAMEWORK

4.1 Risk Management Strategy

The risk management process is set and monitored by the Board as part of its governance duties. The Board review of the effectiveness of the system of internal control enables them to take a clear view of the range and scale of risks facing the organisation. This is particularly evident through an agenda item at the end of each Board and Committee meeting where the Director for Governance is asked to sum up the key risks emerging from the business of the meeting and the actions required and the Board agrees their understanding of these risks and how they are being managed.

The Board has set a risk appetite statement for the organisation to be considered with every business case or new development.

The Board approves the Risk Management Strategy and Risk Management Policy which ensures that the Trust approaches the control of risk in a strategic and organised manner. The strategy describes the corporate and individual accountability for managing risk, the risk management process, the approach to training and how the success of the strategy will be monitored.

The Board makes a distinction between strategic risk and operational risk, using the Board Assurance Framework for the former and the Corporate Risk Register for the latter. The

processes underpinning these documents are aligned and are shown in more detail in the figures below:

Figure 2: Risk Communication Process for Board Assurance Framework

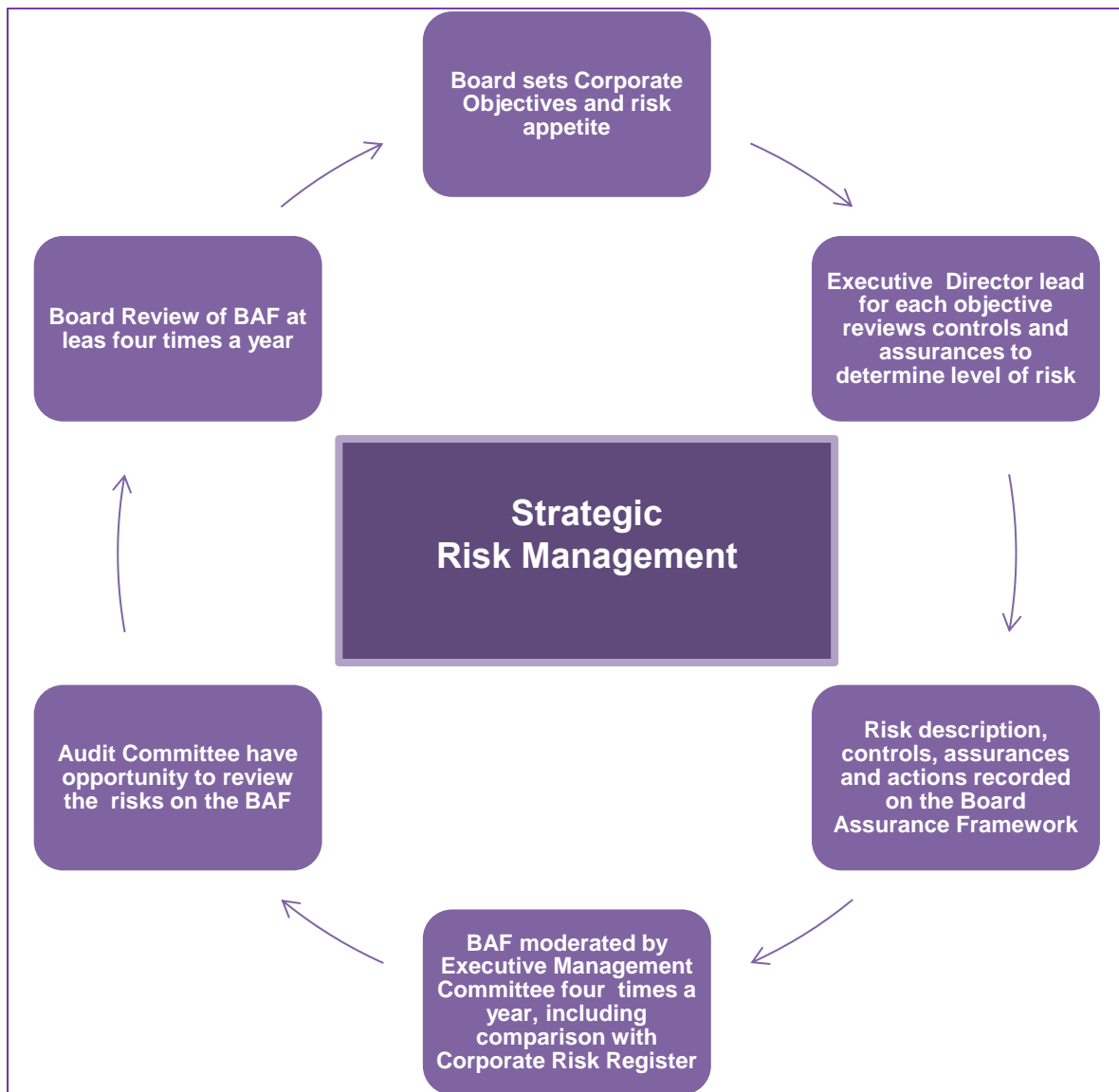
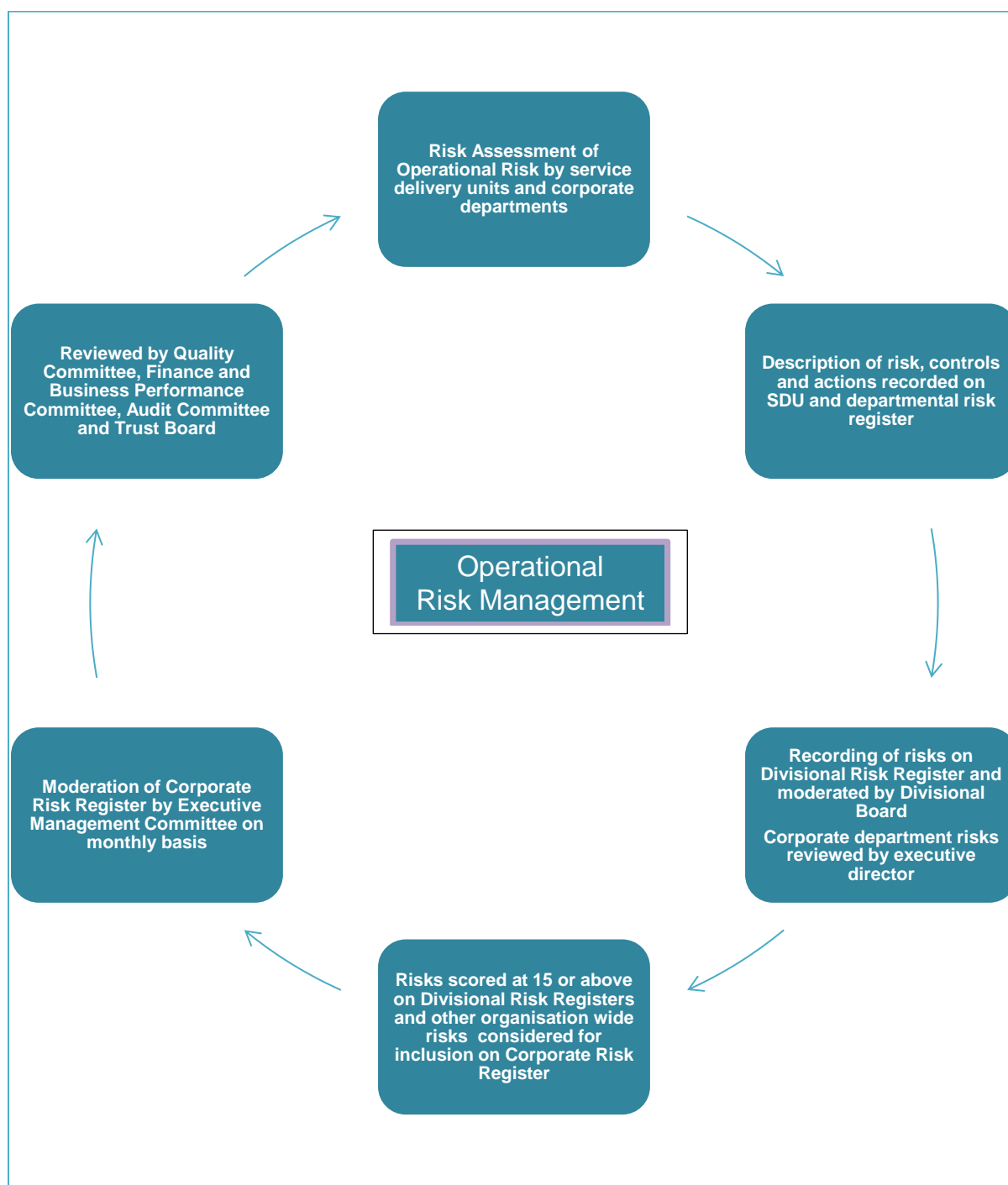


Figure 3: Risk Communication Process for Corporate Risk Register



Each Executive director has responsibility for specific areas of risk in addition to their corporate board responsibilities.

At a Divisional level the risk management processes are the responsibility of the Divisional Chairs, Divisional Directors and Heads of Nursing (in November 2018, the Divisional Chief Nurses changed to Heads of Nursing) and these are reported to the Chief Operating Officer. There are clinical governance leads identified in each service delivery unit.

Risk management training and awareness is included in the mandatory corporate induction programme and additional risk training is available for staff.

Guidance is also provided by specialist advisers including:

- Director of Infection Prevention and Control, and the Infection Control Team.
- Head of Occupational Health.
- Health and Safety Adviser.
- Fire Safety Advisers.
- Radiological Protection Adviser.
- Chief Pharmacist.
- Leads for Safeguarding Adults and Children.
- Human Tissue Act Designated individuals.
- Security Advisers.
- Caldicott Guardian.
- Information Governance Advisers.
- Procurement Adviser.
- Workforce Best Practice Advisers.
- Freedom to Speak Up Guardian.
- Whistleblowing Non-Executive Director lead.
- Guardian of Safe Working hours.

The Trust's strategy for managing its risk is to:

- Adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk through the processes and structures detailed in the Trust's risk management strategy and its related policies.
- Manage risk as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process
- Undertake risk assessment on both existing, new and proposed activities to ensure that:
 - Risk appetite is considered
 - Significant risks are identified
 - Assessments are made of their potential frequency and severity

- Risks are avoided where possible, and minimised by implementing durable and effective controls
- Risks are recorded on the Trust's risk register
- Put in place effective deterrents to minimise the potential for deliberate breaches such as prosecution for fraud, and disciplinary policy and processes.
- Ensure that the Board reviews the significant risks identified on the Board Assurance Framework and Corporate risk Register periodically and monitors the delivery of the Trust's objectives
- Use the risk registers to inform the Trust's business planning and investment decision making process so that informed decisions are made in the full knowledge of the level of risk
- Record the results of risk assessments on the Trust's risk registers and use them to ensure that any decision to accept risk is taken as an appropriate level in the Trust
- Utilise internal and external audit, the healthcare compliance assessment and other assessments by independent regulatory bodies to provide assurance that risk is being managed appropriately
- Commission external reviews when appropriate
- Review the impact of the actions to confirm that they are successfully reducing risk

Within each clinical division there are management teams in Service Delivery Units supported by clinical governance leads whose role is to ensure that:

- Risks within the division are identified through a process of risk assessment, which involves the prioritisation, the possible elimination or control of the relevant risk.
- The importance of managing risk is communicated to all staff within the division
- The Executive Management Committee is made aware of any unacceptable risks that cannot be managed within the divisions through an escalation process.
- Data from incidents, claims and complaints etc. is reviewed to identify any trends or areas for retrospective action.
- Learning is identified and that the feedback loop is completed.
- Assurance of the risk reporting and management process is provided to Board Committees.

Each division also has a clinical audit lead, medical devices lead and control of infection link nurses. They also have Health and Safety champions and leads with Information Governance responsibilities. Managers are responsible for ensuring effective risk management within their own area.

The mechanisms within Divisions providing assurance that there are effective controls in place are through:

- SDU management and clinical governance meetings to a standard template.
- Divisional Board mirroring of Service Delivery Unit processes
- Monthly performance meetings chaired by the Chief Operating Officer
- Internal and external reviews

There is cross-divisional challenge on risk processes through the Risk and Compliance Monitoring Group.

The Risk Management Strategy applies to all staff employed by Buckinghamshire Healthcare NHS Trust as well as temporary, agency and contracted staff and stresses the need to involve public stakeholders, as appropriate, in the risk management process.

The Board Assurance Framework (BAF) provides the Trust with a tool for the identification and treatment of principal risks to the achievement of the organisation's objectives. It also provides a structure for the evidence to support:

- (a) the annual governance statement and
- (b) The statement of compliance with national healthcare regulations.

Documented in the Board Assurance Framework are the levels of unmitigated risk, the controls put in place to minimise principal risks, and the residual risk. The Framework also seeks to give assurances that these controls are effective. Many of these controls are already well established in systems of working which reduce the likelihood of risks being realised.

Where gaps in control or assurance are identified, action plans with specific deadlines are developed and put into place. The BAF ensures that appropriate internal and external assurances are in place in relation to the management of all high-risk areas.

4.2 Quality Governance

There are multiple internal mechanisms in place to provide a sound governance framework for the delivery of high quality services. These mechanisms include an electronic incident reporting system; a process for identifying, reporting, investigating and acting on Serious Incidents, including Never Events; a comprehensive clinical audit programme; and a process for responding to complaints. There are also mechanisms for feedback from staff and patients and using data to underpin assurance and seek out risk.

The Trust Freedom to Speak up Guardian, (FTSUG) has been in post since May 2017. The FTSUG meets regularly with the Chief Executive, sits on the Trust Strategic Workforce Committee and reports formally to Audit Committee and Trust Board twice a year. In addition to the FTSUG, we continue to promote the number of ways in which staff can raise concerns, which includes directly to the named non-Executive Director for Whistleblowing.

Since the appointment of the Trust FTSUG we have seen a positive and significant increase in the number of staff coming forward to raise concerns and speak up; quarter 1 and 2 of this financial year showed a 177% increase in comparison to the same quarters the previous year with no significant recurring themes, suggesting improving awareness, outreach and improved confidence of staff. This demonstrates progress in our journey to improve our positive speaking up culture

Learning and resulting changes are essential from the concerns raised; in addition to feedback sessions delivered to teams, two formal Trust-wide lessons learnt sessions have also been delivered by our FTSUG.

The Trust introduced the role of Medical Examiner (ME) in December 2017 and since its introduction it has provided an unprecedented opportunity to develop a system that provides independent scrutiny of adult inpatient deaths, works in partnership with families and carers and that identifies opportunities for learning. The Trust model aligns with the learning from deaths programme as supported by NHS Improvement with a view to improving patient safety for future populations and aligns to the national Medical Examiner process proposed for 2019.

Following the introduction of a Medical Examiner Service and the incorporation of the Structured Judgement Review (SJR) methodology for reviewing case records of adult patients, independent screening of all in hospital adult deaths has shown consistent compliance above 99% in comparison to a compliance of 81% in previous years

In addition there are multiple sources of assurance from external sources, whether it is audit, peer review or inspection and oversight by regulators.

Assurance and risk from these mechanisms is reported through the meeting structure and reviewed at the Quality and Clinical Governance Committee and this is also reported to Audit Committee and Board.

The organisation has assured itself with regard to the information contained in the Quality Account 2018/19 through the following measures:

- Control mechanisms within the Medway application.
- A programme of clinical audit, including engagement with required national audits.
- External reviews initiated by the Trust.
- Results from National Staff Survey showing improvement in an open, learning culture.
- Review of the Quality Account whilst in draft by Board members, clinical leads, and contributors to the document to check for completeness and accuracy.
- Provision of a draft Quality Account for review by the Buckinghamshire Health and Adult Social Care Select Committee, Buckinghamshire Clinical Commissioning Group and Health Watch England.

- External audit of compliance with the Quality Account regulations and detailed review of two indicators within the report:
 - The ‘Percentage of Reported Patient Safety Incidents Resulting in Severe Harm or Death’ indicator testing.
 - The ‘Rate of clostridium difficile infections’ indicator testing.

Serious Incident Framework and Process

The Patient Safety Team which reports to the Chief Nurse is responsible for the Trust wide Serious Incident (SI) management process which meets the requirements of the NHS England SI Framework 2015. As part of the management of SIs the Trust hold Executive led internal Serious Incident approval panels (SE Group) which also has Clinical Commissioning Group (CCG) oversight. There is a serious incident learning forum based on thematic analysis of incidents which helps drive divisional learning. To complement this, there is a quarterly Serious Incidents approval panel specifically for falls. This was set up specifically as part of a range of innovative approaches the Trust is taking to actively prevent and reduce harm from falls.

Assurance for the management of SIs is through regular panel meetings with the Buckinghamshire CCG to facilitate timely sign off of SI's and this forum enables discussion on the quality of reports and investigations. It also provides assurance that the Trust is tracking completion of action plans, with sustainability of improvements evidenced.

The number and types of serious incidents are tracked closely. There is a focus on high quality investigations and analysis to enable rich learning from the incidents with the aim of developing preventative strategies to ensure the incidents do not recur in other areas.

Learning from Serious Events is also widely shared at Academic Half Days. The Trust Board also receive bi-monthly Serious Incident Reports.

4.3 Assurance of compliance with Care Quality Commission regulations

The Trust is required to register with the Care Quality Commission (“CQC”) under section 10 of the Health and Social Care Act 2008 and its current registration status is ‘Registered’. Buckinghamshire Healthcare NHS Trust is registered with the CQC with no conditions attached to registration.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period

Buckinghamshire Healthcare NHS Trust underwent an unannounced, focused CQC inspection between 6 -7 September, 2016. The inspection was undertaken using the new CQC framework which assessed whether services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

The following sites were inspected: Stoke Mandeville Hospital, Wycombe Hospital, and Buckingham Community Hospital.

The overall Trust rating of Requires Improvement has not changed from the comprehensive inspection in 2015. The following themes for improvement arose from the inspection areas:

- Safe management of Medicines
- Pharmacy workforce resourcing
- Embedding end of life care plans for all patients – some variability
- Variation in documentation- medical and nursing
- Infection control- clean equipment in 2 areas

The CQC noted areas of concern, for which it issued compliance notices regarding Regulation 12 –Safe care and treatment and Regulation 18- Safe staffing. A compliance action plan has been submitted to the commission by the required deadline and the Trust has already achieved several improvements in respect to these.

The Trust underwent a full CQC inspection in March 2019 and is waiting for the publication of the results.

The Trust remains fully compliant with the registration requirements of the CQC.

4.4 Management of risks to data security

The Executive Management Committee, Finance and Business Performance Committee and the Audit Committee have closely monitored the Trust's position in relation to data security and a number of actions have been taken in the year to strengthen this position. These actions include strengthening of the Trust firewalls; and diligent and timely application of 'patches' into the system when they are issued.

The Trust recognises the importance of managing information appropriately and securely and has a nominated board level executive director as the Senior Information Risk Owner (SIRO). The role is responsible for ensuring the Board has reliable assurance that appropriate controls are in place and that risks are managed in relation to all the information used for clinical, operational and financial purposes.

The Data Security & Protection Toolkit sets out the National Data Guardian's (NDG) data security standards and demonstrates an organisation is working towards or meeting the NDG standards. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. During 2018/19, internal Auditors RSM undertook a sample review of the Trust's completed DSP Toolkit assessment and the Trust was found to be overall compliant with the standards.

4.5 Major risks

A range of risks were identified in 2018/19 and were reported to the Board through the Board Assurance Framework and the top risks from the Corporate Risk Register.

The top strategic risks facing the organisation through the year were as follows:

Quality

The Board has been apprised of the risk to patient experience resulting from waiting times for patients on the urgent care pathway particularly during times of high activity during the winter period. The actions put in place to improve waiting times have had some impact but there is more to do to achieve full compliance with the target.

Workforce

One of the top risks facing the organisation has been the challenge to recruit and retain the right levels of substantive clinical staff. A reliance on the use of temporary staff as well as creating a significant cost pressure also carries with it the risk of an adverse impact on the quality of patient care. Recruitment activity has been relatively successful during the year for nursing and medical staff except for specialities where there is a national shortage. However, the recruitment of new nursing staff has not kept pace with the attrition of nursing staff and therefore this has continued to be a challenging risk.

Finance

Throughout the year the Board has monitored and overseen the development of mitigations to the risk around the delivery of the annual financial plan. The Board and its Finance and Business Performance Committee has worked through the year to fully understand the underlying financial risk and to put in place a strategy for the Trust to recover from its deficit position.

The risk around the cash position has also been monitored and managed through the year. This remains a challenge.

There has been significant focus on the risks arising from the limited availability of capital. This is attributed to the two PFI contracts which consume 10% of the Trust financial resource each year. In addition much of the retained estate owned by the Trust has significant back log maintenance challenges. The Trust also has a continuing debt issue of £70m and an outstanding capital loan of £6m. All of these issues impact on capital resources and cash available to drive change. These continuing issues have led to fluctuations in the Trusts financial forecasts throughout the year, with resultant increasing scrutiny from the Trust regulators NHS Improvement (more detail on the Financial Recovery Plan (FRP) is given in section 5).

Estates

An external review of the estates department and its compliance process highlighted a number of significant risks in compliance with legislative requirements. The review highlighted 34 key recommendations for improvement covering risk management, governance processes, staff development and learning. The recommendations are part of a detailed action plan monitored and reviewed at the Board.

Deficiencies resulting in realised risk

In summary, the deficiencies resulting in realised risk in 2018/19 are as follows:

- Issues of financial control resulting in a year-end deficit. The Board has worked through the year to ensure transparency and understanding of the underlying financial position, to minimise the deficit, and to plan for 18/19 (more detail in section 5).
- Issues relating to patient flow on the urgent care pathway resulting in not achieving the required 4 hour target (more detail in section 8.3).
- Issues relating to compliance with the 18 week admitted pathway for elective treatment (more detail in section 8.3).
- Issues relating to compliance with the cancer standard (more detail in section 8.3).

In recognition of the gaps in our compliance with some statutory legislation the Trust seeks to monitor mitigations through its corporate risk register

Future Risks

Many of the risks described in 18/19 will continue to be risks in 18/19, in particular delivery of the financial plan, recruitment and retention of high calibre staff, and managing the urgent care pathway in a way that optimises patient experience. These are complex risks to resolve and controls are in place to manage the current situation and to bring down the risk through focused actions.

There are clinical risks inherent in the delivery of healthcare which continue year on year and are managed through rigorous controls to prevent the risks from materialising into events that cause harm to patients.

4.6 Board self-review

The Board's last detailed self-assessment using the Well-led Framework was considered by the Board and Executive Management Committee in July 2018. This was followed up by an external review completed by EY in January 2019. Areas of good governance identified noted the support Chair and Chief Executive received from the Board and the positive impact they have made.

Key areas of achievements are

- Non-Executive Directors (NEDs) on the Board have a good mix of experience including finance and clinical between them and are able to hold Executive Directors (EDs) to account for their portfolios.
- The Executive management team felt able to positively challenge colleagues, holding them to account when required.
- it is clear the Trust supports personal and professional development as this was echoed by all the internal stakeholders we interviewed. The tone is set at the top, with the Chair focussed on continued development of the EDs and NEDs and Board development seminars taking place every alternate month.
- It was noted that progress against corporate objectives is discussed quarterly by the Trust Board. Furthermore, the Trust also uses exception reporting, which also

includes actions taken to address the issues, as part of its monthly performance monitoring.

- The key challenges facing the Trust with regard to its financial and operational performance were recognised by all and received an appropriate level of focus.

Areas noted for improvement include:

- Continued improvements in Board reporting where the identification of key messages could be further developed
- In line with the approach undertaken to develop the BHT Way, the Trust should refresh its five year strategy to align its goals with the Integrated Care System.

The Trust also participated in a review of financial governance supported by NHSI in September 2018

NHS Improvement has undertaken a review into the Trust's financial governance to establish the extent to which the Trust's structures, systems and processes are sufficient to support delivery of the financial improvement required for 2018/19. Areas of good practice from the review include the commitment of staff to improving the financial position of the Trust and a willingness to understand the key areas that it should prioritise for improvement.

The top 3 Recommendations include improving the quality and clarifying the financial information and reports to the Board and its committees; increase the focus on grip and control, supported by the NHSI checklist, to improve the Trusts run rate; and continue to develop KPIs alongside the enhanced FRP in order to monitor performance. The Trust is already developing and implementing these recommendations.

The Board of Directors has seen some changes in 18/19. Changes are set out below.

Directors who have joined the Board

	Post	Date
Ms Alison Williams	Commercial Director	Commencement December 2018
Mr Tom Roche	Non-Executive Director (role changed from Associate NED)	February 2019
Ms Natalie Fox	Interim Chief Operating Officer	March 2018
Ms Caroline Trevena	Interim Director of Finance	November 2018

Directors who have left the board

	Post	Date
Ms Rachel Devonshire	Non-Executive Director	January 2018
Mr James Drury	Director of Finance	November 2018

Mr Neil Macdonald has changed role from Interim Chief Executive Officer to become the substantive Chief Executive in January 2019.

There has been a comprehensive externally facilitated Board Development Programme in place through the year. The programme has considered the technical knowledge requirements of the Board, the strategic knowledge some of which has been provided by partners in the health economy, and has included work on the Board behaviour required for top performing Boards. The work has included testing of best practice, talent management and leadership development.

Each Board member has received an appraisal and has a personal development plan in place.

A review of attendance by Board members at Board meetings, seminars and sub-committees shows great commitment from all the current Board members. The attendance record is reviewed at each Trust Board meeting in public.

The Board draws on best practice as relevant to an NHS Trust from the UK Corporate Governance Code and the Foundation Trust Code of Governance to shape its governance processes.

Many of the statutory functions of the Board are set out in the Standing Orders Reservation and Delegation of Powers and Standing Financial Instructions. These are modelled on the Department of Health 'Model Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions', March 2006.

4.7 Compliance with NHS Provider licence

Although NHS Trusts are exempt from needing the Monitor NHS provider licence, directions from the Secretary of State require NHS Improvement to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate.

The Board self-certified against the following NHS provider licence conditions in May 2018 and will do this again in May 2019:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (**condition G6(3)**)

- The provider has complied with required governance arrangements
(**Condition FT4 (8)**)

Condition G6

This condition requires NHS Trusts to have processes and systems that identify risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. Providers must annually review whether these processes and systems are effective.

The Board has been assured through the following mechanisms that Condition G6 is in place:

- Preparation and publication of an Annual Governance Statement which sets out mechanisms of control and risk management for the Trust
- Head of Internal Audit opinion confirms that the organisation has an adequate and effective framework for risk management, governance and internal control. Further enhancements have been identified to ensure that it remains adequate and effective
- Performance reporting on a monthly basis through Board and Committees which includes monitoring of the requirements within the NHS Constitution and compliance with financial duties
- Board Assurance Framework updated on a quarterly basis, and Corporate Risk Register updated on a monthly basis and risk escalation processes in place
- Self-assessment using the Well-led Framework. The Board has revisited this in 2018 as part of the Board Development Programme
- External reviews including Health and Safety inspection, NHS Counter Fraud Authority, and clinical reviews
- Achieving Level 2 in the Single Oversight Framework and bi-monthly monitoring by NHS Improvement. However NHS Improvement (NHSI) has raised a number of concerns about the continued fluctuations in the Trusts financial position throughout the year. As a result NHSI have informed the Trust at year end the appropriateness of Trusts segmentation level was being reviewed. The Trust will still continue to receive significant support from NHSI to improve the gap in compliance with its licence.
- Consideration of and adoption of going concern basis
- External audit opinion on financial accounts, value for money and quality accounts

Condition ST4

This condition requires the provider to comply with required governance arrangements. These are summarised below with reference to the sources of assurance which confirm compliance:

Statement	Sources of Assurance
The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	<ul style="list-style-type: none">• Director for Governance and Interim Director of Finance provide expertise on standards of governance as they apply to the NHS and advise the Board and organisation accordingly• Review of elements of governance by CQC, NHS Improvement, External Audit, Internal Audit• Code of Conduct• Declaration of Interests
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	<ul style="list-style-type: none">• Board and relevant Committees are briefed on guidance issued by NHS Improvement in relation to governance. For example the grip and control spread sheet for financial management. This can be identified through meeting minutes
The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	<ul style="list-style-type: none">• Board and Committees set up in line with Monitor's Code of Governance for Foundation Trusts as far as it applies to NHS Trusts• Standing Orders, Standing Financial Instructions and Committee Terms of Reference reviewed in year by the Board• Self-reflection on effectiveness evident in minutes of Board meetings and Committees• Review of effectiveness of Audit Committee and performance in each committee• Chair's observation of each Committee and feedback to each

Statement	Sources of Assurance
	<p>Committee Chair</p> <ul style="list-style-type: none"> • Board development programme including Board self-reviews • Organisational structure charts showing lines of accountability • Performance Management Framework
<p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable</p>	<ul style="list-style-type: none"> • Board and committee forward plans • Board agendas and minutes • Care Quality Commission reports • Annual Governance Statement • Internal and External Audit • Local Counter Fraud Specialist Annual report • Auditor review of going concern declaration • Interaction with NHS Improvement Operational Productivity team • Risk Management Strategy and Policy • Board Assurance Framework • Corporate risk Register • Comprehensive business planning process involved Board and Committee sign off • Emergency Planning, Resilience and Response compliance reported to Finance and Business Performance Committee • Weekly Financial Recovery Boards compliance reported to Finance and Business Performance Committee • Information Governance Toolkit

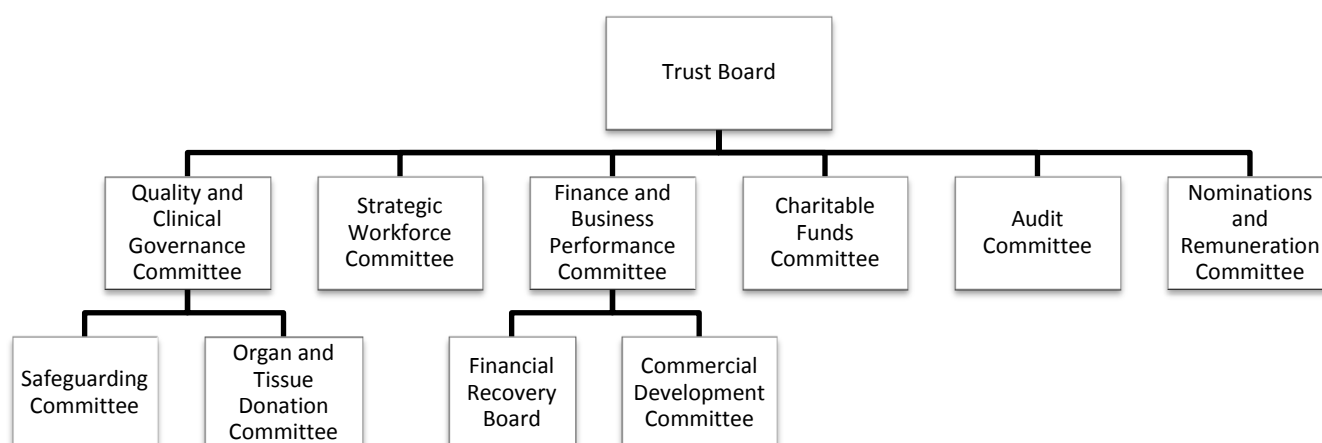
Statement	Sources of Assurance
legal requirements.	submission
<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<ul style="list-style-type: none"> • Work of the Nominations and Remuneration Committee • Recruitment process for Board members • Board development programme including Board self-review and process for 360 degree feedback • Quality Impact Assessment process • Leadership programme • Quality report to Board • Range of internal and external assurances to Quality Committee including clinical audit and other reviews • Monthly mortality reporting • Patient Experience Group • Programme of patient and public involvement reported to the Board • Feedback processes such as Friends and Family Test and complaints process • Range of patient stories to Board • Engagement with Healthwatch and the Health and Adult Social Care Select Committee • Serious Incident Management and Learning process
The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and	<ul style="list-style-type: none"> • Strategic Workforce Committee forward plan and meeting minutes • Quality and Clinical Governance Committee oversight of clinical

Statement	Sources of Assurance
appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	<p>workforce</p> <ul style="list-style-type: none"> • Workforce performance reports • Staff survey • CQC reports

The Trust Board comprises a Chair appointed by NHS Improvement (NHSI), five Non-Executive Directors appointed by NHSI and 5 Executive Directors including the Chief Executive Officer and the Director of Finance. The Board is supported in the delivery of its duties by two associate Non-Executive Directors (non-voting) and two non-voting Executive Directors.

The Board has formally established six Committees and three sub-committees in support of its function. The Committee structure is shown in Figure 4 below. The Board working arrangements, including composition of the Executive and Non-Executive membership, the committee structure and membership, and the Board development plan are in line with the Code of Governance expected of NHS Trusts and the guidance contained within 'The Healthy NHS Board'.

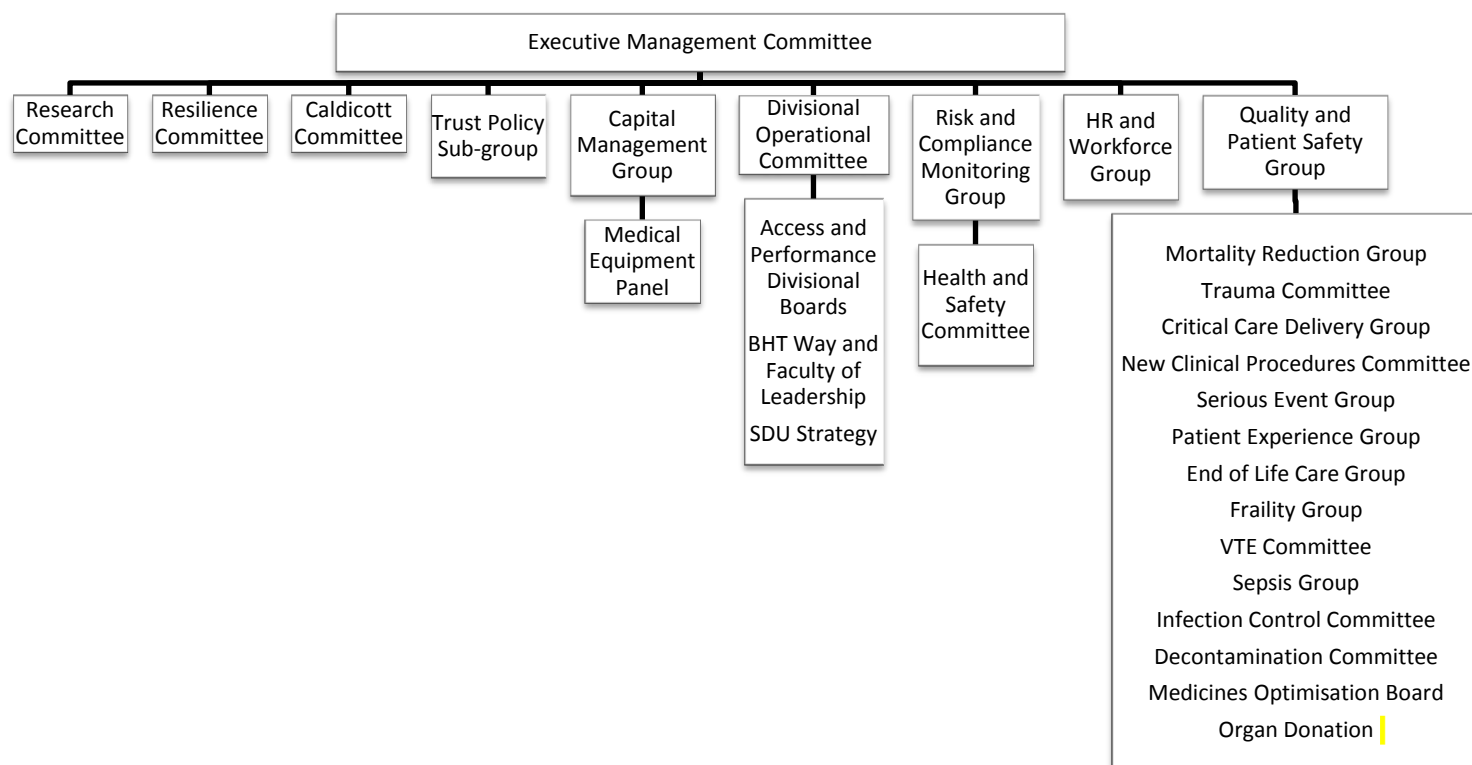
Figure 4 Board of Directors Committee Structure



The Board Committees support the Board in meeting its duty to set strategy and monitor the delivery of the organisation's objectives. A governance framework and processes are in place across the organisation to ensure that information flows clearly to the Board providing assurance where possible and highlighting risk identified through gaps in control or gaps in assurance.

Also important to the governance process are the Executive Management Committee and its sub-committees as shown in Figure 5 below. The Executive Management Committee is the key decision making and risk committee. It is chaired by the Chief Executive Officer and attended by the Executive Team, Director for Governance and Director of Communications. The Committee has reviewed and strengthened the operational meeting structure during the year and introduced a new Risk and Compliance Monitoring Group that reports to the Executive Management Committee.

Figure 5 Executive Management Committee and sub-committees



Also aligned to the Executive Management Committee are the transformational meeting structure, and the performance meeting structure as shown in Figures 6 and 7 respectively below:

Figure 6 Transformational meeting structures

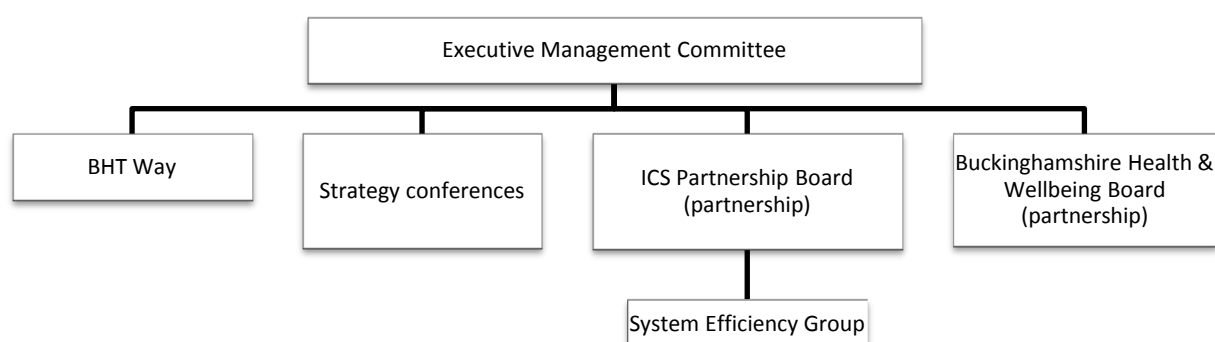
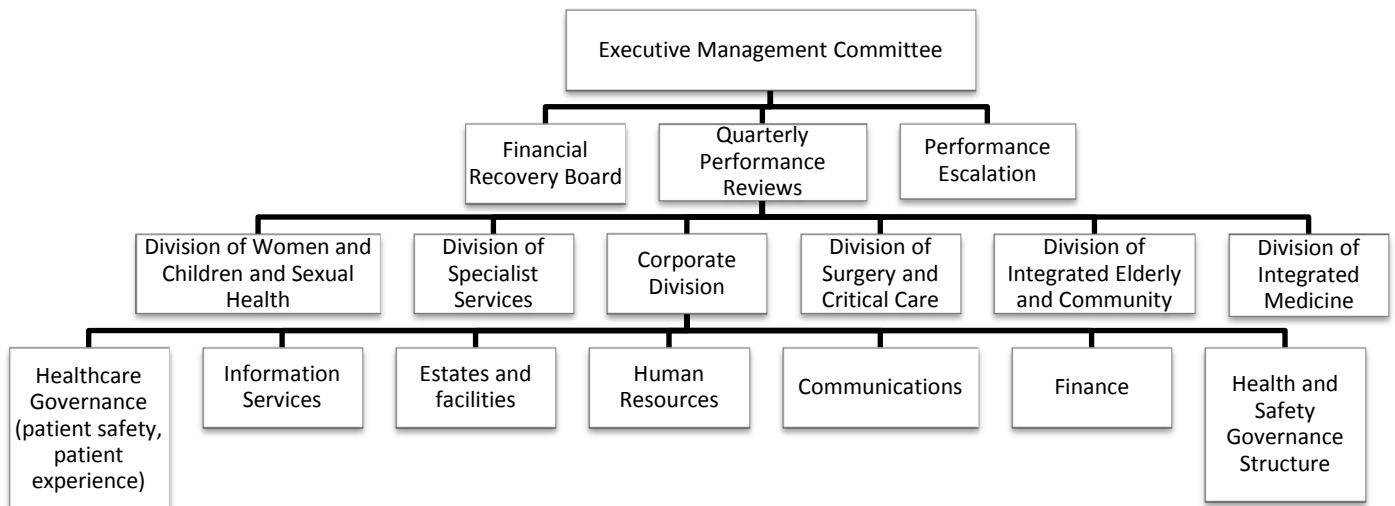
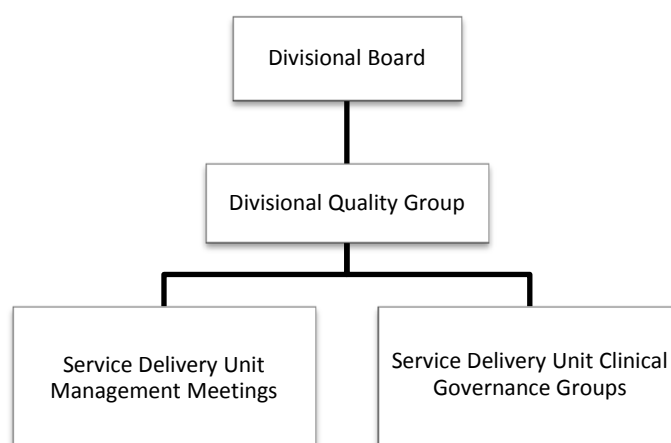


Figure 7 Performance Meeting structure



The clinical services are delivered through five clinical divisions each led by a Consultant Doctor Chair, Divisional Director and Divisional Chief Nurse as shown in Figure 7. Each of the Divisions has its own management and governance structure through which performance is monitored at service level, and which links to the Divisional performance meetings. The Divisional governance structure is shown in Figure 8 below.

Figure 8: Governance at Divisional Level



Description of Board and Committees

Trust Board

The Trust Board has responsibility for setting the overall direction, agreeing the Trust's principal objectives, assessing and managing strategic risks to the delivery of those objectives, and monitoring progress through regular performance monitoring reports.

The Board has delegated scrutiny of assurance processes relating to workforce, quality, and finance and information to four of its committees, namely the Audit Committee, Finance and Business Performance Committee, the Quality and Clinical Governance Committee and the Strategic Workforce Committee. The committees work together to deliver an integrated approach to governance. The Board Assurance Framework and the Integrated Performance Report each indicate which Committee scrutinises which element of assurance. Each of the committees has a Non-Executive chair and membership. There is a significant common membership across the four committees. Every Committee has terms of reference which have been reviewed in the year and an annual work plan.

There are two other Board Committees, the Nominations and Remuneration Committee, and the Charitable Funds Committee which are also described below.

The Board also has a designated sub-committee reporting into the Finance and Business Performance Committee: the Commercial Development Committee.

Audit Committee

The Audit Committee is responsible on behalf of the Board for reviewing the establishment and maintenance of an effective internal control and risk management process across the whole of the Trust's activities that supports the achievement of the Trust's objectives and monitors:

- The integrity of the financial statements of the Trust.
- The independent auditors' qualifications, independence and performance.

- The performance of the Trust's Internal Audit function and Local Counter Fraud provision.
- Compliance by the Trust with legal and regulatory requirements.

The Audit Committee is invested with sufficient authority to act with independence.

Mr Graeme Johnston, Non-Executive Director and Senior Independent Director chaired the Audit Committee throughout the year.

There have been some changes in membership through the year with Mr Tom Roche moving from associate to a full Non-Executive Director role in February 2019.

Mr Rajiv Jaitly has been a member of the Committee throughout the year. He also chairs the Finance and Business Performance Committee.

Mr Johnston and Mr Jaitly are both qualified accountants with considerable experience.

Meeting Date	Number of members attending
23 April 2018 (Extraordinary)	2
10 May 2018	4
24 May 2018 (Extraordinary)	3
5 July 2018	4
13 September 2018	2
23 November 2018	3
10 January 2019	4
21 st March 2019	4

The meetings that each member was eligible to attend, together with actual attendances, are shown below.

Member	Number of meetings eligible to attend	Number of meetings attended
Graeme Johnston	8	8
Rajiv Jaitly	8	8
Rachel Devonshire	2	0
Dr Dipti Amin	8	5
Mr Tom Roche	8	5

The Director of Finance and Director for Governance, the head of Internal Audit and the External Auditors attend each meeting and the Chief Executive Officer attends on an annual basis.

The Committee has an annual work plan with meetings timed to consider and act on specific issues within that plan. The Committee Chair reports to the Trust Board following each meeting.

The terms of reference of the Committee are reviewed annually and were last reviewed in January 2019.

The Audit Committee has received the Board Assurance Framework in full four times in the year in July and October 2018 and January and March 2019. The Committee is satisfied that it covers the full range of risks to achieving the objectives of the Trust. The Audit Committee has received assurance from the Quality Committee, Finance and Business Performance Committee and the Strategic Workforce Committee in relation to their more detailed review of individual risks. The Committee has requested more detailed Board consideration of individual BAF scores where it has considered necessary as part of its reporting to the Board. The Committee has acknowledged in the year the progress with the development of the Board Assurance Framework and the significant assurance rating provided by Internal Audit.

Review of the highest risks on the corporate risk register has allowed the Committee to assure itself the system of operational risk management is adequately identifying risks and allowing the Board to understand the appropriate management of these risks. The Committee has also reviewed the risk register for consistency with risks identified to Trust objectives through the Board Assurance Framework.

The Audit Committee has monitored the work of the Finance and Business Performance Committee, Strategic Workforce Committee and Quality Committee through shared membership and reports from the Chairs of the Committees. The Audit Committee concludes overall that there are no areas of significant duplication or omission in the Trust's governance systems that have come to its attention and are not adequately resolved.

The Audit Committee has reviewed the draft the Annual Governance Statement for 18/19 on the 09 May 2019. The Committee members have concluded that it is consistent with the view of the Committee on the organisation's system of internal control and, subject to approval of the final version at the 28th May meeting, accordingly recommended the Board's approval of the AGS.

The Committee has reviewed the process for the approval of policies and protocols covering financial matters to obtain assurance that the process provides for financial controls to meet all relevant regulatory, legal and code of conduct requirements.

The internal audit work plan is developed using a risk based approach. Internal auditors have a three year internal audit strategy, which has been formulated from meeting with Executive Directors, reviewing the Board Assurance Framework and Corporate Risk Register and focussing on areas of the Trust's operations which are either high risk or have not been recently reviewed as part of the regular audit cycle. This was used to populate the

Plan for 2018/19. Prior to agreeing the Internal Audit plan the Committee reviewed it and contributed to its development.

The Committee invites the Counter Fraud Specialist to attend to present reports on progress with this programme of work and has received the annual report on counter fraud services. The report highlighted work undertaken to embed an anti-fraud culture through raising awareness, deterrence, prevention, detection and counter-fraud management.

The Committee approved the Internal Audit Plan at the start of the financial year and received regular updates on the progress of work. In addition, reports and briefings were received from the External Auditors.

During 2018/19 the Committee has had the opportunity to put in place private meetings between external audit and the Committee members where considered necessary, following Audit Committee meetings.

The Accountable Officer meets with External Audit at least twice a year. This enables him to raise issues with them as necessary, brief them on any strategic developments and hear from them if they have any concerns.

During the year, members carried out a self-assessment using the 'Audit and Risk Assurance Committee Effectiveness Checklist' published by the National Audit Office

The Committee is due to have 6 standard meetings in 2019/20 plus two extraordinary meetings to sign off the annual accounts and audit. A work plan based on the model example in the NHS Audit Committee Handbook 2014 has been prepared for the Committee for 2019/20. The Committee will continue to review the assurances provided by the other Committees of the Board, and will receive 'deep dives' into BAF risks.

The Committee will continue to review the timeliness and robustness of the organisation's responses to Internal Audit reports and recommendations. Where gaps and weaknesses have been identified in the internal control framework, the organisation will provide assurance as to the actions taken to address the risk.

The Committee has received assurance on the clinical audit programme through the Quality Committee in 18/19 and has asked to review the clinical audit programme for 19/20 to ensure alignment with the internal audit programme and to receive assurance on the rigour of the programme and ensuing actions.

Quality and Clinical Governance Committee

The Quality and Clinical Governance 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.

The Committee has focused particularly on progress against actions within the Quality Improvement Plan to deliver the Quality Improvement Strategy and has seen the majority of actions completed within the year. The detail on Quality Performance in 18/19 is found in the Quality Accounts.

The Quality and Clinical Governance Committee has received assurance with regard to the design and delivery of the Clinical Audit programme and has challenged the organisation to have a more focused, risk based approach to the programme and to provide greater assurance on closing the loop on identified actions.

A structured programme of clinical service review deep dives has been followed through the year providing assurance from ward to Board.

The Committee welcomes a colleague from the Clinical Commissioning Group to the meeting to provide a level of external scrutiny and challenge.

Finance and Business Performance Committee

The purpose of the Finance and Business Performance Committee is to provide the Board with assurance concerning all aspects of finance, workforce and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. On behalf of the Trust Board, the Finance and Business Performance Committee oversees all aspects of the financial arrangements of the Trust. It provides the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and provides the Board with information and advice 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's performance is deteriorating or there are matters of concern.

The Committee reviews in detail every capital or revenue business case above the value of £1m.

The Committee has focused in 18/19 on consistency of delivery and transparency of information in relation to managing the risks in relation to the financial recovery plan.

There is an established process of divisional deep dives to provide assurance on granularity of risk management and improvements at divisional and service line level.

The Committee has sought and received assurance in relation to business continuity processes.

The Committee has overseen the progress of the estates strategy and the commercial development strategy.

The Committee also receives and monitors progress reports on the Trusts Financial Recovery Plans.

The Committee also oversees and monitors the development of the Trusts wholly owned subsidiary company BHPL.

Strategic Workforce Committee

The purpose of the Strategic Workforce Committee is to provide the Board with assurance regarding delivery of the People Strategy and Organisational Development Plan. On behalf of the Trust Board, the Strategic Workforce Committee oversees all aspects of the workforce and organisational development arrangements of the Trust. It provides the Trust Board with assurance that the workforce and organisational development issues of the Trust are being appropriately addressed, and will provide the Board with information and advice on key issues.

The Committee receives assurance around Health and Safety processes and compliance. The Committee has asked for systematic approach to the way in which it receives this assurance and this will further develop in 19/20.

The Committee receives the integrated performance Floodlight Report and reviews exception reports relating to workforce, in line with the NHSI *Developing Workforce Safeguarding* recommendations.

During 18/19 the Committee has reviewed the Trust's workforce and education strategies, key elements of the people agenda. The Guardian of Safe Working Hours, who continues to oversee compliance with the safeguards outlined in the [2016 terms and conditions of service \(TCS\)](#) for doctors, reports regularly into the Committee.

As required by the National Guardian Office, the Trust Freedom to Speak up Guardian (FTSUG) presents reports setting out activity, learning and resulting actions to the Strategic Workforce Committee, the Audit Committee, the Trust Board and meets regularly with the Chief Executive.

Nominations and Remuneration Committee

The purpose of the Committee is to regularly review and evaluate the structure, size, and composition (including knowledge, skills, diversity and experience individually and collectively) of the Board, making recommendations in this regard. The Committee monitors and takes decisions on:

- The formal, rigorous and transparent procedures in place for the appointment of Executive Directors to the Board.
- Executive salaries.
- The talent management of senior leaders in the organisation.
- Restructuring and redundancy as required.

Charitable Funds Committee

The overall purpose of the Charitable Funds Committee is to assist the Board in its role as Corporate Trustee of the charity in the performance of its duties. This is through providing assurance that the Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales and meet the objectives of the donors. The Committee approves charitable funds expenditure in accordance with standing orders and standing financial instructions as well as approving investment policy and monitoring investments on a regular basis.

Commercial Development Committee

The Commercial Development Committee has been established to provide assurance and strategic direction to innovative commercial thought leaders from within the organisation.

The committee:

- Receives assurance that commercial opportunities are being maximised;
- Provides advice and guidance for commercialisation and innovation initiatives;
- Receives assurance that Commercial Initiatives in work streams are in alignment with Trust Strategy and Values.

The ethos of the group is positive, fast paced and focussed and is intended to build an entrepreneurial culture within the organisation.

The Trust has invested in a wholly owned subsidiary company to deliver an Outpatient Pharmacy (Buckinghamshire Healthcare Projects Ltd). Trading commenced on the 4th April 2018. The Board of this company comprises both non-executive and executive directors.

4.8 Examples of how risk management is embedded

One example of how risk management processes are embedded relates to incident reporting, including serious incidents. Members of staff are actively encouraged to report both incidents and examples of outstanding practice. Incidents can be reported electronically on any computer in the Trust and themes are reviewed at service level, divisional level, committee level and board level. There are regular learning events set up to facilitate learning across the organisation. A culture of openness has continued to develop through the year.

Another area where processes have further embedded in 18/19 has been around the declaration of interests. The policy was re-written based on NHS England guidance published in the year and a communication process accompanied the new policy which required appropriate staff to complete a declaration of interest form. This has led to a rise in the number of declarations on the register. The register is published on the Trust web-site in line with best practice.

There is an accompanying template for any paper requiring the Board to make a significant decision which sets out the risk profile of the decision. This forms the foundation of risk for the 'project' as it moves forwards through due diligence and implementation and thereafter, when it has gone live. Risk mitigation actions are regularly reviewed within project reviews and exit strategies updated and in place at every phase. Escalation to the Board through this process will occur when appropriate.

4.9 Pension

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.

4.10 Managing Conflicts of Interest

The Trust has published on its public website an up to date register of interests for decision making staff within the last twelve months as required by the Managing Conflicts of interest in the NHS guidance.

A review of Declarations of Interest was conducted by Trust Internal Auditors in May 2018. The review concluded that the Board could take reasonable assurance that the controls in place to manage this risk were suitably designed and consistently applied. The review was scored at "Reasonable Assurance.

4.11 Sustainable Development Plan

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Trust faced another challenging year financially ending with a deficit of £31.6m. This has been driven by the following issues:

- £8.7m by non-receipt of PSF,
- £12m under delivery of efficiencies,
- £6m income restraint through the local commissioner block contract
- £6m expenditure pressures above plan for temporary medical staffing, drugs and estate compliance.

The Trust has sought to address these challenges with the development of a financial recovery plan (FRP) and enhanced governance arrangements, both of which are still evolving.

As part of the Trusts Financial Recovery Plan (FRP), the Trust has contracted a Turnaround Director and PMO Team to develop an FRP to move the Trust to Financial Sustainability. The FRP requires a multi-year solution, built up in three phases: phase 1: 18/19 delivery, phase 2: 19/20 planning and delivery, phase 3: multi-year sustainability plan.

In addition, recognising the need to improve the way the Trust finance function operates, the Trust employed AMEO to carry out a review of the service. The recommendations for this review forms part of the Trust plan to transform the service so that it can meet the changing needs of the Trusts commercial, service line management, block contract and overall financial control mechanisms.

Although the Trust remained in Segment 2 of the Single Oversight Framework at year end, NHS Improvement (NHSI) has raised a number of concerns about the continued fluctuations in the Trusts financial position throughout the year. As a result NHSI have informed the Trust at year end the appropriateness of Trusts segmentation level was being reviewed. The Trust will still continue to receive significant support from NHSI to improve the gap in compliance with its licence

The Finance and Business Performance Committee has continued to focus through the year on monitoring the delivery of the three year action plan towards an underlying break-even position. The action plan includes the following key elements:

- Budget setting is more formal, with an agreement of a realistic but challenging starting position. For the 2019/20 financial year divisional leads and corporate leads who hold budgets will meet, agree and sign off budgets with the Chief Executive, Chief Operating Officer and Director of Finance.
- Budget review and monitoring has been aligned to the NHSI Reporting Framework, establishing Control Totals, with movements permissible at set points in the financial year.
- Budgetary reporting is moving to a more balanced format that facilitates income and expenditure reporting, and allocates the costs of activity to the budget holders who are responsible for the spend.

- There continues to be a focus on the trusts financial recovery plan, with regular reports on progress to the Committee from the weekly Finance Recovery Board.
- The divisions have a consistent formal escalation process for managing budgets that deviate from plan, and this is supported at a corporate level through the performance management framework.
- Contract Management has been strengthened especially with regard to PFI contracts. This includes improving the review and monitoring of the contract to ensure continued best value.
- The Trust is prioritising future procurement initiatives and opportunities through the PPIB (Purchase Price Index and Benchmarking tool, and with other providers
- The Business Case governance processes have been redesigned and this has resulted in improving the assurance of Value for Money assessment, and evidence contribution to the Trust Financial Improvement Programme.
- The Divisions present 'deep dives' to the Board Committees to provide assurance on the management of key issues at the front line. This includes financial management.

6. INFORMATION GOVERNANCE

The Trust recognises the importance of managing information appropriately and securely and has a nominated board level executive director as the Senior Information Risk Owner (SIRO). The role is responsible for ensuring the Board has reliable assurance that appropriate controls are in place and that risks are managed in relation to all the information used for clinical, operational and financial purposes.

The Trust has also strengthened its commitment to improving its digital Technology to further mitigate risk and has appointed a Joint Strategic Director for Information Assets and Digital Development. The this role will assist to promote best practice in information governance and the effective sharing of information between the organisation of the Integrated Health Service (ICS) to achieve better outcomes for the residents of the county of Buckinghamshire.

The Trust Caldicott Guardian is responsible for the establishment of procedures governing access to, and the use of, person-identifiable information and the transfer of that information to other bodies, where this permitted. The Caldicott Guardian is supported by the Information Governance Manager and Caldicott & Information Governance (IG) Committee, which monitors compliance with key legislation and the performance of the Trust through the Information Governance Toolkit.

The Data Security & Protection Toolkit sets out the National Data Guardian's (NDG) data security standards and demonstrates an organisation is working towards or meeting the NDG standards. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. During 2018/19, internal Auditors RSM undertook a sample review of the Trust's completed Professional Data Security & Protection (DSP) Toolkit assessments to test for completeness

and validity of evidence associated with the 10 Data Security Standards. These were found to be adequate.

The Caldicott and Information Governance Committee monitor the performance of the Trust against the requirements of the Data Security and Protection Toolkit. The Trust has self-assessed its performance on information governance requirements using the standards stipulated in NHS Data Security and Protection (DSP) Toolkit. The Trust has satisfactorily met all the mandatory standards for 2018/19 submission. Final end of year submission was at the end of March 2019.

During 2018/2019 there were five reportable data breaches. These breaches were reported to the Information Commissioner which were reviewed, assessed and none were upheld and no further action taken as they felt that appropriate and timely remedial actions were promptly taken by the Trust, which helped to contain the situation and no serious harm or adverse effects ensued.

7. ANNUAL QUALITY ACCOUNT

7.1 Directors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2017).

The following steps have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data:

- The Board has a Quality and Clinical Governance Committee chaired by a Non-Executive Director with board director membership.
- The annual quality report is considered by the Quality and Clinical Governance Committee and includes input from a wide range of internal and external stakeholders to ensure it presents a balanced view.
- The Quality and Clinical Governance Committee reviews its performance against the NHS Improvement Quality Governance framework.
- The Trust employs a range of staff that possess the skills, experience and capability to deliver the quality priorities.

Quality priorities are identified both externally by key stakeholders and internally within the Trust.

The Trust identified twelve quality priorities in its Quality Improvement Programme. Each priority had an executive lead and delivery lead assigned to them with responsibility for delivering their projects, supporting the staff involved and reporting progress on a monthly basis to the Quality and Patient Safety Group and on a quarterly basis to the Quality and Clinical Governance Committee.

The twelve quality priorities were aligned to the organisation's three corporate objectives outlined below:

Implement a Culture of Safety

Listen to Our Patient Voice

Develop a Learning Organisation

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

7.2 Data Quality

Buckinghamshire Healthcare NHS Trust submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data relating to <i>admitted patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>out-patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>accident and emergency care</i> which included the patient's:
Valid NHS Number was 99.7% (National Average 99.4%)	Valid NHS Number was 100% (National Average 99.6 %)	Valid NHS Number was 99.9% (National Average 97.5 %)
General Medical Practice code 100% (National Average 99.9%)	General Medical Practice code 100% (National Average 99.8%)	General Medical Practice code 100% (National Average 99.3%)

8. 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 the 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. My review is also informed by comments made by the external auditors in their management letter and other reports. 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, the audit committee, the finance and business performance committee, the quality and clinical governance committee, the strategic workforce committee and the charitable funds committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

8.1 External reviews

During the year there have been a number of external reviews including:

- CQC carried out an announced inspection of Trust services in February and March; the report is still awaited.
- CARF (Commission on Accreditation of Rehabilitation Facilities) review for the NSIC – the NSIC received a three-year accreditation and the commissioners congratulated NSIC on “an extraordinarily in-depth programme” and commended its workforce strategy as “progressive and impressive.”
- Macmillan Cancer Support reviewed the cancer care at Stoke Mandeville Hospital and Ward 5 retained their Macmillan Quality Environment Mark (MQEM) at level 5 (the highest grade) recognising the high quality care environment and links to enhanced health outcomes.
- The NHS Antenatal and New born Screening Service Quality Assurance review was carried out by Public Health England. No immediate concerns were identified and one high priority action regarding sickle cell and thalassemia has been addressed.
- Unicef UK Baby Friendly Initiative carried out a stage 2 assessment of the Health Visiting service and found that trust met all the standards to enable the stage 2 assessment to be passed.
- NHS Improvement carried out a review on the Stoke Mandeville site which focused on the Emergency Department, Frailty Pathways and (Medical) Patient Flow. A number of recommendations were made which are being acted on and implemented.
- The Pharmacy aseptic unit was reviewed by NHS England and given an overall assessment of “low risk”.
- The Trust’s Occupational Health service received SEQOHS reaccreditation (Safe Effective Quality Occupational Health Service) following a review by the Royal College of Physicians.
- NHS Counter-Fraud inspection rated the Trust as ‘Amber’, an improvement on the previous inspection.
- Capsticks carried out a review of the Estates Compliance processes and identified 34 key recommendations. These recommendations form part of the detailed action plan monitored and reported to the Board on a bimonthly basis.
- PwC carried out a review of the Trusts Finance Function and Estates and identified key areas for the Trust’s FRP.

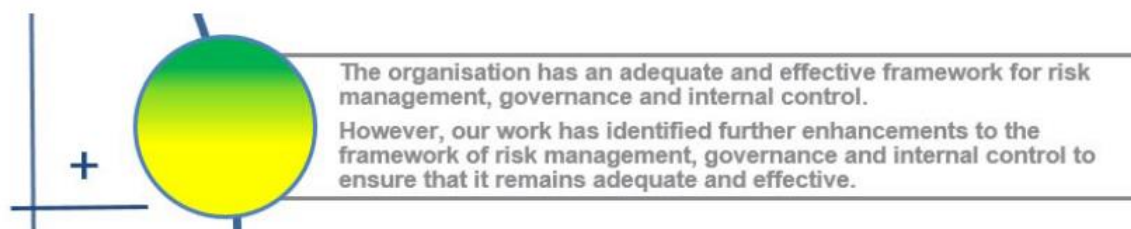
- AMEO carried out a review of the Trust finance function to identify service improvements. The 10 recommendations have formed part of a service improvement and innovation plan.
- EY carried out a review of the Trusts existing governance arrangements against the NHSI Key Lines of Enquiry Framework. Benchmarking the Trust against industry standards within each KLOE. A series of recommendations on Board and committee process has been produced

This list is not exhaustive. The outcomes of these reviews were shared at the appropriate Committees with the Risk and Compliance Monitoring Group having oversight on behalf of the Executive Management Committee.

8.2 Internal Audit

The Head of Internal Audit has provided the following opinion for 18/19:

Head of internal audit opinion 2018/19



In 18/19 the Internal Audit Programme issued 18 reports, 3 of which were advisory review reports. The assurance ratings are below:

Substantial Assurance: 2

- Statutory Training
- Assurance Framework

Reasonable Assurance: 8

- Recruitment
- Declarations of Interest
- Cost Improvement Plans
- Risk Management
- Functioning of Divisional Boards
- Mandatory Training
- Data Quality and Performance Management – Trust Floodlight Report
- • Consultant Job Planning

Partial Assurance: (4)

Private and Overseas Patient Income

Medical Rota Management

Key Financial controls – debtors, payroll and assets management (draft)–

Additional Payments (draft)

Advisory: (3)

- CQC Part 2
- Quality Rounds
- Data Security Protection Toolkit

Follow-up

- Clinical Audit Follow-up

There have been no 'No Assurance' reports in 18/19

All partial assurance reports are considered in detail at Audit Committee, with Executive Directors required to present action plans to rectify risk areas identified. Advisory reports are not given an assurance rating but are also considered, alongside all other audit assurance reports at the Audit Committee.

All recommendations were considered by the relevant executive director and management leads and actions put in place to address them. These are then tracked with a report listing all outstanding actions brought to each Audit Committee meeting.

8.3 Compliance with NHS Operating Framework

A comprehensive set of performance reports covering quality, finance, operational performance and workforce have been presented at each Board meeting, strengthened this year with leading indicators and improved analysis.

The operational performance report demonstrated compliance over the year for all indicators with the following exceptions:

- Incomplete Referral To Treatment pathways (yet to start treatment) waiting no more than 18 weeks from referral:
 - Achieved 88.8% at yearend against the National Target of 92%.

RTT Performance	2017/18	2018/19
Average for Qtr 1	90.0%	90.1%
Average for Qtr 2	91.2%	89.7%
Average for Qtr 3	91.3%	88.1%
Average for Qtr 4	91.3%	88.2%

- A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department:

- Achieved 87.35% at yearend against the National Target of 95%.

A&E performance	2017/18	2018/19
Average for Qtr 1	91.3%	88.9%
Average for Qtr 2	88.0%	87.9%
Average for Qtr 3	84.8%	89.2%
Average for Qtr 4	85.3%	87.7%

- Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer:

- achieved 86.2% at yearend against the National Target of 85%

Cancer 62 day performance	2017/18	2018/19
Average for Qtr 1	85.4%	78.8%
Average for Qtr 2	84.5%	83.7%
Average for Qtr 3	82.5%	83.6%
Average for Qtr 4	82.3%	84.0%

- Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers, compliance varied through the year but regained compliance at year end:

- achieved 93.8% at yearend against the National Target of 90%

- MRSA bacteraemia:-

- 2 recorded cases against a zero National Standard

- Clostridium difficile infection rate:-

- 13 avoidable cases and 30 unavoidable cases recorded cases against a National Standard of 32

All access standards are assured of accuracy and risk through a rolling programme of both internal and external audit assurance which advises of any risk to the quality and accuracy of the data.

8.4 National Staff Survey

The 16th NHS national annual staff survey was conducted between October and December 2018. All staff within the Trust were invited to participate in the survey either online or in paper format; 2954 surveys were returned representing a 51% response rate. This was an increase when compared to the previous year's response rate of 49%, and compares favourably with the national average response rate for combined acute and community Trusts in England of 41%.

There have been several changes to the national reporting structure this year. Key Findings have been replaced with 10 themes, and themes are all scored on a scale of 0-10. For all themes, higher scores indicate more positive results. In previous years, the staff engagement score was recorded on a scale between 1-5, and it is now scored between 0-10. Legacy data has been converted into the new format to allow for trend analysis.

Highlights

There are 10 themes which summarise groups of questions regarding staff experience. The Trust is performing better than average in 4 themes, and in line with the national average in 6 themes. Since 2017, The Trust has achieved statistically significant improvements in safety culture and staff engagement and no significant reductions in any themes.

Theme	Equality, Diversity & Inclusion	Health & Wellbeing	Immediate Managers	Morale	Quality of Appraisals
BHT	9.2	6.2	6.9	6.2	5.5
National average	9.2	5.9	6.8	6.2	5.4
Theme	Quality of care	Bullying & Harassment	Violence	Safety Culture	Staff Engagement
BHT	7.5	8.3	9.6	6.7	7.0
National average	7.4	8.1	9.5	6.7	7.0

Staff engagement

The Trust's overall staff engagement score was 7 out of 10, a significant increase since 2017 and the biggest increase in staff engagement at the Trust since 2015. Of note, the Division of Integrated Elderly & Community Care reported an overall staff engagement score of 7.4 and the Division of Surgery and Critical Care reported a score of 7.2.

Clinical Audit

A wide range of clinical audits have been undertaken in 2018/19 and these are reported in detail in the Quality Account. These provide assurance that controls are in place for clinical processes, and, where risk is identified through these audits this is escalated through the risk management system.

8.5 Serious Incidents and Never Events

Our key focus was to ensure the organisation learns when patients deteriorate or die within our care. To achieve this goal we aimed to create a Learning Organisation Framework from Serious Incidents, Deaths and Avoidable Harm. As part of the national programme following the Francis Inquiry into 'Mid Staffs' we have a 'Freedom to Speak Up' Guardian to enable staff to raise concerns.

Learning from Deaths: Improving Patient Safety and Quality of Care

The Trust introduced the role of Medical Examiner (ME) in December 2017. The ME service has provided an opportunity to develop a system that provides independent scrutiny of adult inpatient deaths in partnership with families and carers, and identifies opportunities for learning.

The Trust revised mortality review process has a standardised and evidence based Structured Judgement Review (SJR) process for reviewing case records of adult patients. The primary aim is to improve healthcare quality through qualitative and quantitative analysis of mortality data using a standardized, validated approach linked to quality improvement.

Following the introduction of a Medical Examiner Service, independent screen of all in hospital adult deaths has shown consistent compliance at 100% in comparison to a compliance of 81% in previous years. The ME selects cases for SJR where further learning has been identified, serious incidents (SI) are declared in accordance with the NHS England SI Framework 2015. All SIs are presented to a multi-disciplinary panel with executive and Clinical Commissioning Group (CCG) oversight.

Never Events

Never Events are few in number, rarely attributable to one practitioner, and often found to involve a set of circumstances for which each individual aspect – perhaps inconsequential on its own, but collectively creates an environment in which a Never Event can occur. Serious Incident Investigation reports and action plans are always undertaken for all Never Events and important features are a robust investigation, rigorous analysis and an action plan with sustainable recommendations.

During 2018/19 none of the reported Never Events were repeats of the circumstances of the Never Events reported in 2017/18, which suggests that the learning from 2017/18 was robust. For 2018/19 Buckinghamshire Healthcare NHS Trust reported 5 Never Events. In all cases Duty of Candour met contractual requirements. Each incident has been separately investigated and actions taken to minimise the risk of recurrence.

8.6 Public Sector Equality Duty

The Trust's Public Sector Equality Duty (PSED) publication is available on the Trust website and control measure are in place to ensure that the Trusts meets and complies with all its obligations under the equality, diversity and human rights legislation. To further embed these processes, work this year has included re-establishing a Trust E, D & I steering group and engagement with staff through the creation of staff networks for BAME (Black and Minority Ethnic) staff and disability. Other key actions include:

- The review of key Trust processes including the appraisal process - a new online appraisal process was launched in 2018.

- The review of key linked policies, e.g. disciplinary policy, equality & diversity policy
- A focus on recruitment , with values based recruitment rolled out during the latter half of the year

Reciprocal mentoring between senior managers and BAME staff

The most recent staff survey results have shown some positive improvements in this area with the “percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion”, showing an increase from 87% in 2017 to 88% in 2018 (ranking the Trust as “better than average”). Whilst both this result is encouraging, there is still work to do and we will continue to address and monitor.

Work has been progressed and is ongoing; the Trust equality objectives which are published will be updated in the new financial year (19/20) following the outcome of the EDS2 (Equality Delivery System) when publishing the PSED.

The Accessible Information Standard (AIS) – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The following are now in place in relation to AIS:

- Included in Trust Induction
- Included in mandatory training
- Guidance and toolkit on Swanlive
- Alert set up on Medway to allow for flagging of a communication need
- Increase in awareness and use of BSL interpretation
- Brousealoud” software on the Trust external website

Moving forwards, further developments of the ‘alert’ system in Medway will enable appointment letters received in hard copy to be adapted to meet the needs of patients, services users, cares and parents.

An annual equality and diversity report is submitted to the Strategic Workforce Committee.

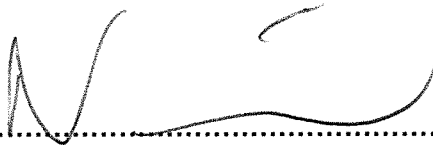
9. CONCLUSION

My review of the internal control issues that I have outlined in this statement confirms that Buckinghamshire Healthcare NHS Trust has a sound system of governance that supports the achievement of its policies, aims and objectives and that any control issues have been or are being addressed and that there are no significant internal control issues.

Accountable Officer: Neil Macdonald

Organisation: Buckinghamshire Healthcare NHS Trust

Signed.....

A handwritten signature in black ink, consisting of a large, stylized 'N' followed by a horizontal line and a small flourish.

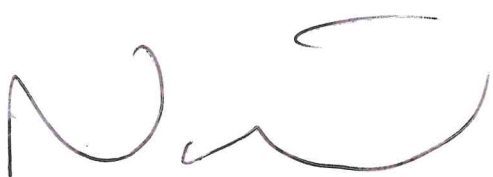
Neil Macdonald

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, 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, recognised gains and losses and cash flows for the year.

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.....

Neil MacDonald

Chief Executive

Date 28th of May 2019

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, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

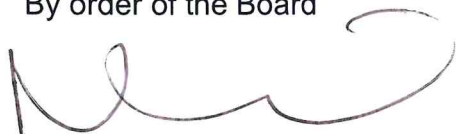
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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

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


.....

Neil MacDonald

Chief Executive

Date: 28 May 2019


.....

Wayne Preston

Interim Finance Director

Date: 28 May 2019

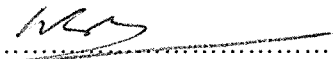
Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for Buckinghamshire Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2018/19 have been completed and this certificate accompanies them.

Finance Director Certificate

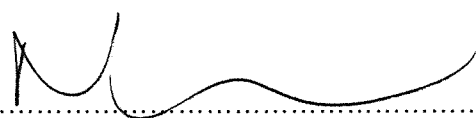
1. I certify that the attached TAC schedules have been compiled and are in accordance with:
 - the financial records maintained by the NHS trust
 - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
 - the template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust [****except for** [insert text highlighting where the schedules differ from the accounts and explain the differences]].

Signature  Date 28/5/19

Mr Wayne Preston, Interim Director of Finance

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Signature  Date 28/5/19

Mr Neil Macdonald, Chief Executive

Date

** If you are unable to eliminate validation errors after discussions with your auditors and contacting NHS Improvement then amend this accordingly.*

*** Please insert the 'except for' clause only if applicable.*

APPENDICES

Appendix 1 - Feedback on the annual report 2018/19

It is important our annual report is easy to read and understand, and it is available in a variety of versions, including in other languages and as an audio book, on request. In producing ours we have used guidance on content from the Department of Health, as well as learning from reports produced by other NHS Trusts.

We value feedback on this year's report – please complete the feedback form below and post the page to the address shown. Alternatively, you may email your comments to communications@buckshealthcare.nhs.uk.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this annual report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust's achievements					
There was enough information about the Trust's finances					
The layout of the document was clear					

Please post feedback to:

Communications

Buckinghamshire Healthcare NHS Trust

Amersham Hospital

Whielden Street

Amersham Bucks

HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshealthcare.nhs.uk

Appendix 2 – Glossary of key terms and acronyms

Key Term	Acronym	Definition
A		
Academic Health Science Network	AHSN	AHSNs are system integrators and organisations which link different parts of the health ecosystem to ensure that a range of aspects to improve health outcomes are considered using proven methodology and improvement in science to lead large scale, sustainable transformational change across traditional boundaries.
Accident and Emergency	A&E	A hospital department concerned with the provision of immediate treatment to people who are seriously injured in an accident or who are suddenly taken seriously ill.
Accruals		An accounting concept. In addition to payments and receipts of cash, adjustment is made for outstanding payments, debts to be collected and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Acute hospital services		Medical and surgical interventions provided in hospitals.
Agenda for Change		Agenda for Change is the pay system for the majority of NHS staff.
Annual Governance Statement	AGS	The chief executive as the accounting officer is required to make an annual statement alongside the accounts of the Trust, which provides a high-level summary of the ways in which risks are identified and the control systems in place.
Assets		In general, assets include land, buildings, equipment, cash and other property.
B		
Better Payment Practice Code	BPPC	The better payment practice code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.
Board Assurance Framework	BAF	The assurance framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the statement on internal control.
Break-even duty		A financial target. In its simplest form it requires the Trust to match income and expenditure.
Buckinghamshire, Oxfordshire and West Berkshire	BOB	One of the 44 Strategic Transformation Partnerships
C		
Capital		Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment and vehicles, etc. In the NHS, expenditure on an item is classified as capital if its costs exceed £5000 and its useful life expectancy is greater than one year.

Key Term	Acronym	Definition
Care Pathway		This is the route and interactions with healthcare services that a patient will take from their initial meeting with a GP to completion of their treatment.
Care Quality Commission	CQC	The Care Quality Commission provides an independent assessment of the standards of healthcare services, whether provided by the NHS, the private sector or voluntary organisations. The CQC replaces the Healthcare Commission.
Charitable Funds		Our charity, registered number 1053113 includes a general amenity fund (unrestricted), a research fund (restricted) and an endowment fund.
Choose and Book		It is the government's aim to allow patients to choose the hospital they are treated in. Patients needing elective treatment are offered a choice of four or five hospitals once their GP has decided that a referral is required. These could be NHS Trusts, Foundation Trusts, treatment centres, private hospitals or practitioners with a special interest operating within primary care. Choose and book is a national service that, for the first time, combines electronic booking and a choice of place, date and time for first outpatient appointments.
Clinical Commissioning Group	CCG	NHS organisation set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are clinically led groups that include all of the GPs in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.
Clinical Division		The Trust's organisation management structure is based on five clinical divisions, each led by a divisional clinical chair who is a medical consultant, a divisional director and a divisional chief nurse. The three divisions are:- <ul style="list-style-type: none"> integrated medicine integrated elderly and community surgery and critical care specialist services women and children
Clostridium difficile	C. diff	Clostridium difficile is a bacterium that can cause an infection of the gut and is the major infectious cause of diarrhoea that is acquired in hospitals in the UK.
Commissioning		A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community Care		Healthcare care provided in a community setting such as at home or from a community hospital.
Community assessment and treatment service	CATS	The community assessment and treatment service operates from 9am to 5pm at Marlow on Mondays, Wednesdays and Fridays and Thame on Tuesdays and Thursdays. There is a geriatrician on site in the

Key Term	Acronym	Definition
		mornings and a GP in the afternoon.
	CP-IS	National Child Protection Information Sharing.
Commissioning for Quality and Innovation	CQUIN	These payment targets are aimed at driving up quality in certain areas. They have been developed to support implementation of <i>High Quality Care for All</i> .
Corporate Trustee		A corporate Trustee is a corporation which has been appointed to act as a Trustee of a charity. In the case of the NHS, the NHS Trust Board is the corporate Trustee of our charitable funds.
Cost Improvement Programme	CIP	An annual 'savings' plan
Cardiac and Stroke Receiving Unit	CRSU	Patients with suspected stroke or heart problem come to this unit at Wycombe Hospital.
Current assets		Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.
D		
Deprivation of Liberty Safeguards	DoLS	<p>In certain cases, the restrictions placed upon an individual who lacks capacity to consent to the arrangements of their care may amount to "deprivation of liberty". This must be judged on a case-by-case basis.</p> <p>Where it appears a deprivation of liberty might occur, the provider of care (usually a hospital or a care home) has to apply to their local authority, who will then arrange an assessment of the individual's care and treatment to decide if the deprivation of liberty is in the best interests of the individual concerned.</p> <p>If it is, the local authority will grant a legal authorisation. If it is not, the care and treatment package must be changed – otherwise, an unlawful deprivation of liberty will occur. This system is known as the Deprivation of Liberty Safeguards.</p>
Disability equality scheme	DES	The Disability Discrimination Act amended in 2005 gives the Trust 'general' and 'specific' duties to promote disability equality.
Door To Needle Time	DTNT	Length of time to administer antibiotics.
E		
Education, Learning and Development	ELD	
Elective Inpatient Activity		Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, i.e. planned. This covers waiting list, booked and planned admissions.
Electronic Referral System	ERS	Electronic referrals between clinicians
Emergency Inpatient Activity		Emergency activity is where admission is unpredictable and at short notice because of clinical

Key Term	Acronym	Definition
		need.
Emergency Preparedness, Resilience and Response	EPRR	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). New arrangements for local health EPRR form some of the changes the Health and Social Care Act 2012 is making to the health system in England.
Equality Delivery System	EDS	The EDS was designed in 2011 as a tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is about making positive differences to healthy living and working lives.
EVOLVE	EDRM	Electronic document and records management system which has been rolled out from Autumn 2013.
Executive directors	ED's	The executive directors are senior employees of the NHS Trust who sit on the Board of Directors and will include the chief executive and finance director. Executive directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.
External Financing Limit	EFL	A positive EFL arises as a NHS Trust is required to draw on Government funding or utilise its cash resources. A negative EFL arises where the NHS Trust is required to repay Public Dividend Capital or save cash.
Eye Clinic Liaison Officer	ECLO	
F		
	FFP3	Filtering efficiency level for protective equipment.
Foundation Trust	FT	NHS Foundation Trusts have been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.
Foundation Year 1 Foundation Year 2	FY1 and FY2	A grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
Friends and Family Test	F&FT or FFT	The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Key Term	Acronym	Definition
		It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.
Full Time Equivalent	FTE	The hours worked by one employee on a full-time basis. The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.
G		
Governance		Governance arrangements are the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key officers/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements.
Gross Domestic Product	GDP	A measure of the value of national economic activity.
H		
Health and Adult Social Care Select Committee Buckinghamshire County Council	HASC	HASCs have the power to scrutinise health services. This contributes to their wider role in health improvement and reducing health inequalities for their area and its inhabitants.
Health and Social Care Act 2012		The Health and Social Care Act 2012 is an Act of the Parliament of the UK. It is the most extensive reorganisation of the structure of the NHS in England. It abolished NHS primary care Trusts and strategic health authorities from April 2013, with clinical commissioning groups made up of GPs now responsible for buying health services for their population.
Health Education England Thames Valley	HEE-TV	Health Education Thames Valley is the local education and training board covering Buckinghamshire and responsible for NHS workforce planning, education and training in the area. It is a committee of Health Education England, the organisation established as part of the Health and Social Care Act 2012 to lead on workforce issues nationally.
Healthier Lifestyles Service	HLS	The healthier lifestyles service is here to support staff to live life well. Trained staff provide free, confidential advice, information and help with: <ul style="list-style-type: none"> • Physical activity • Smoking • Alcohol • General emotional wellbeing • Healthy eating • Weight management
Healthy Child	HCP	The 'Healthy Child Programme' is the main universal

Key Term	Acronym	Definition
Programme		health service for improving the health and wellbeing of children, through: <ul style="list-style-type: none"> • health and development reviews • health promotion • parenting support • screening and immunisation programmes
Health and Safety Executive	HSE	National independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces.
Hospital Standardised Mortality Ratio	HSMR	An indicator of healthcare quality used by the NHS that measures whether the death rate at a hospital is higher or lower than you would expect.
I		
Information Technology	IT or ICT	Information and communications technology.
Integrated care		Integrated care – also known as <i>coordinated care</i> , <i>comprehensive care</i> , <i>seamless care</i> – is a worldwide trend in health care reforms and new organisational arrangements that focuses on more coordinated services across acute, community and primary care sectors.
Integrated care system	ICS	In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Integrated Urgent Care	IUC	System in Buckinghamshire working with partners across Thames Valley in redesigning NHS 111 and primary care out of hours services.
International Financial Reporting Standards	IFRS	IFRS are the standards, interpretations and the framework adopted by the International Accounting Standards Board (IASB) to promote high quality financial standards globally.
K		
Key Performance Indicators	KPI's	KPIs are the nationally recognised method for calculating performance in NHS acute Trusts and are defined by the NHS Information Authority. In 2009/10 the KPIs covered existing commitments and national targets set out by the Department of Health (DH) and Care Quality Commission (CQC); clinical quality, outcome and clinical efficiency indicators and activity levels, workforce and health & safety indicators.
L		
Learning Disability	LD	Significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”
Library Quality Assurance	LQAF	The NHS Library Quality Assurance Framework England provides a quality assurance tool

Key Term	Acronym	Definition
Framework		for health library/knowledge services, establishing an infrastructure through which to deliver the outcomes defined in the Framework.
Limited Liability Partnership	LLP	A partnership in which some or all partners (depending on the jurisdiction) have limited liabilities. It therefore exhibits elements of partnerships and corporations. In an LLP, one partner is not responsible or liable for another partner's misconduct or negligence.
Local Health Economy		The NHS organisations including GP practices, and voluntary and independent sector bodies involved in the commissioning, development and provision of health services for particular population groups.
Long Term Financial Model	LTFM	Long term financial planning.
Looked After Child	LAC	A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours
M		
Making Every Contact Count	MECC	Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
Medicine for Older People	MFOP	One of our clinical services.
Mental Capacity Act	MCA	<p>The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.</p> <p>Examples of people who may lack capacity include those with:</p> <ul style="list-style-type: none"> • <u>dementia</u> • a severe <u>learning disability</u> • a <u>brain injury</u> • a <u>mental health condition</u> • a <u>stroke</u> • unconsciousness caused by an anaesthetic or sudden accident
Meticillin Resistant Staphylococcus Aureus	MRSA	This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.
Macmillan Quality Environment Mark	MQEM	The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.
Multi-Agency Safeguarding Hub	MASH	The Buckinghamshire Multi-Agency Safeguarding Hub (MASH) co-locates key partners in order to improve the initial response to safeguarding concerns in relation to children and vulnerable adults.

Key Term	Acronym	Definition
		Bringing together key partners and forging stronger links with other agencies enables information to be shared quickly and effectively and better informed decisions to be made by social care. This approach will assist in identifying risk at an earlier stage and result in appropriate early intervention in order to safeguard vulnerable children and adults.
N		
National Learning Management System	NLMS	The NLMS is a free-to-use e-learning system available to all NHS staff.
Neurologic Music Therapy	NMT	Music therapy for patients who have had a stroke.
NHS Improvement	NHSI	NHS Improvement. NHS Improvement is responsible for overseeing foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care.
NHS Litigation Authority	NHSLA	The NHS Litigation Authority (NHSLA) manages negligence and other claims against the NHS in England on behalf of its member organisations. Name has changed to NHS Resolution from April 2017.
NHS Professionals	NHSP	Provider of managed flexible worker services to the NHS.
NHS Trusts		NHS Trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS Trusts are part of the NHS and provide services based on the requirements of patients as commissioned by PCTs.
Non-Executive Director	NED	Member of a company's board of directors who is not part of the executive team. A non-executive director typically does not engage in the day-to-day management of the organization, but is involved in policy making and planning exercises.
O		
Order Communications		An electronic system for the requesting and reviewing of test results. For example, pathology results.
Outpatient attendance		An outpatient attendance is when a patient visits a consultant or other medical outpatient clinic. The attendance can be a 'first' or 'follow up'.
P		
Patient Administration System	PAS	A computer system used to record information about the care provided to service users. The data can only be accessed by authorised users.
Patient Advice and Liaison Service	PALS	All NHS Trusts are required to have a Patient Advice and Liaison Service. The service offers patients information, advice, quick solution of problems or access to the complaints procedure. PALS are designed to offer on the spot help and information, practical advice and support for patients and carers.

Key Term	Acronym	Definition
Payment by Results	PbR	Fair and transparent, rules-based system for paying NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.
Patient Experience Group	PEG	Patient and public involvement group at the Trust.
Patient-Led Assessments of the Care Environment	PLACE	System for assessing the quality of the patient environment
Primary care		Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.
Private Finance Initiative	PFI	The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects
Protected Characteristics		The Equality Act 2010 makes it unlawful to discriminate against people with a 'protected characteristic' (previously known as equality strands / grounds). The protected characteristics are Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Race, Religion or belief, Sex and Sexual Orientation.
Provisions		Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required. Provisions are included in the accounts to comply with the accounting principle of prudence.
Public Sector Equality Duty	PSED	The Equality and Human Rights Commission published new guidance in January 2013 on the public sector equality duty (PSED) under the Equality Act, to help public authorities encourage good relations, promote equality and eliminate discrimination in the workplace and in delivering public services.
Q		
Quality Accounts	QA	From 2009/10 onwards all NHS Trusts have to publish quality accounts to give information about the quality of the services being delivered.
NHS England Quality Surveillance Team	QST	<p>The Quality Surveillance Team (QST) lead an Integrated Quality Assurance Programme for the NHS and is part of the National Specialised Commissioning Directorates, Quality Assurance and Improvement Framework (QAIF).</p> <p>The QST has in place four regional teams that align and engage with specialised commissioning hubs in the four NHS England regions; North, Midlands and East, London and South. The QST regional teams are involved in the surveillance and review visits of all specialised and cancer services.</p> <p>The role of the QST is to improve the quality and outcomes of clinical services by delivering a sustainable</p>

Key Term	Acronym	Definition
		and embedded quality assurance framework for all cancer services and specialised commissioned services within NHS England.
R		
Rapid response and intermediate care	RRIC	The service provides short-term packages of support based on clinical need (up to three times a day for up to six weeks) to those who would benefit from rehabilitation to help them get back to their level of independence.
Revenue		Expenditure other than capital. For example, staff salaries and drug budgets. Also known as current expenditure.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	RIDDOR	Puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
Ring-fenced		Funding specifically designated for a purpose and which can only be used for that purpose.
	RiO	An electronic patient records system for community health organisations.
Risk Register		A register of all the risks identified by the organisation, each of which is assessed to determine the likelihood of the risk occurring and the impact on the organisation if it does occur.
S		
Secondary care		Care provided in hospitals.
Service Delivery Unit	SDU	Clinical service related to a specific speciality. Each clinical Division comprises a number of SDU's.
Senior Information Risk Owner	SIRO	Senior Information Risk Owner (SIRO) required by the Information Governance Toolkit (IGT) was one of several NHS Information Governance (IG) measures identified to strengthen information assurance controls for NHS information assets.
Strategic Transformation Partnership	STP	Five year plans for the future of health and care services in local areas. NHS organisations have come together with local authorities and other partners to develop the plans in 44 areas of the country. STPs represent a very significant change to the planning of health and care services in England.
Surgical and Plastics Emergency Ambulatory Care	SPEAC	Provides our ambulatory emergency surgical patients with access to daily consultant led clinics with access to first class diagnostics in a safe and welcoming environment.
Surgical Assessment Unit	SAU	Unit providing access to emergency plastic and general surgery clinics for patients
Swan Unit		The Swan Unit was set up in July 2015 in response to CSE concerns within the authority. It is a multi-agency team including professionals from Thames Valley Police, Children's Social Care, Buckinghamshire Healthcare NHS Trust, R U Safe? and virtual

Key Term	Acronym	Definition
		<p>representation from CAMHS.</p> <p>The Unit has 5 specific functions in relation to children at risk of sexual exploitation:</p> <ol style="list-style-type: none"> 1) The assessment of risk 2) Chairing strategy meetings 3) Advice to partner professionals on CSE 4) Direct work with children vulnerable to CSE 5) Co-ordination of information and intelligence about victims and perpetrators of CSE
T		
Tariff / national tariff		The national tariff underpins the implementation of the payment by results policy by providing a national price schedule for commissioning services for patients in England. The tariff is a schedule of prices for healthcare resource groups (HRGs). These HRG's cover a range of clinical procedures, treatments and diagnoses that cover a large proportion of hospital services in England.
Tripartite agreement		This is an agreement between three parties.
Trust Board		The Trust Board comprises the chairman, executive and non-executive directors and is the body responsible for the operational management and conduct of a particular NHS Trust.
U		
	USBR	Understanding Stress, Building Resilience
V		
Visual Analogue Scale	VAS	A measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of values and cannot easily be directly measured. For example, the amount of pain that a patient feels ranges across a continuum from none to an extreme amount of pain.
W		
Whole System Reform		In relation to our agenda this involves looking at the whole system of NHS care in Buckinghamshire, for example the organisations and professions involved, and improving it collaboratively.
Working capital		Working capital is the current assets and liabilities (debtors, stock, cash and creditors) required to facilitate the operation of an organisation.
Workforce Race Equality Standard	WRES	A requirement for NHS commissioners and NHS provider organisations. ... By using the EDS2 and the WRES, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

Appendix 3 – Sustainability report

Introduction

As an NHS organisation and user of public funds, the Trust has an obligation to work in a way that has a positive effect on the communities it serves. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets the Trust can improve health, both in the immediate and long term, even in the context of rising cost of natural resources. The Trust considers the social and environmental impacts of its actions ensuring that the legal requirements in the Public Services (Social Value) Act (2012) are met.

The Trust acknowledges its responsibility to patients, local communities and the environment by working hard to minimise its carbon footprint. As a part of the NHS, public health and social care system, it is the Trust's duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline), equivalent to a 28% reduction from a 2013 baseline, by 2020. It is the Trust's aim to meet this target by reducing its carbon emissions 28% by 2020 using 2013 as the baseline year.

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Policy

In order to embed sustainability across the Trust, sustainability is considered in key areas including energy, waste, travel and procurement in both environmental and social aspects and suppliers' impact. One of the ways in which an organisation can embed sustainability is through the use of a Sustainable Development Management Plan (SDMP). The Trust is developing an SDMP for consideration by the Trust Board in 2019. Within the Trust's existing procurement processes, it tests potential suppliers' track records for sustainability of products and services and adherence to any related relevant contract requirements, through written responses to selection questionnaires and tendering questions. This forms part of the evaluation process of bids received and the award decision.

Where appropriate the Trust conducts supplier interviews, product trials and supplier site visits to verify the information contained in written responses. Some contracts may include spot audits to track the accuracy of information supplied within the tendering process, throughout the life of the contract.

Adaptation

Climate change brings new challenges to the Trust's delivery of services, both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods and droughts. Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that services continue to meet the needs of the local population during such events the Trust has developed and implemented a number of policies and protocols in partnership with other local agencies. These include the Heatwave Plan and service Business Continuity plans.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Performance

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

Context Info		2014/15	2015/16	2017/18	2018/19
Floor Space (m2)		138983	138477	138477	184640
Number of Staff		5800	5925	6179	6218

As a part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2019.

Energy

Buckinghamshire Healthcare NHS Trust has spent £? on energy in 2018/19, which is ?% increase on energy spend from last year.

Resource		2014/2015	2015/16	2017/18		2018/19
Gas	Use (kWh)	56646548	50401458	52795083		?
	tCO ₂ e	11884	10692			
Oil	Use (kWh)	309983	120209	43701		75952
	tCO ₂ e	99	38			
Coal	Use (kWh)	0	0	0		0
	tCO ₂ e	0	0	0		0
Electricity	Use (kWh)	25741523	22848738	22074986		?
	tCO ₂ e	12476	12793			
Total Energy CO ₂ e		24459	23523			
Total Energy Spend		£ 3,878,725.00	£ 4,233,877.80	£ 4,507,034.00		?

Performance

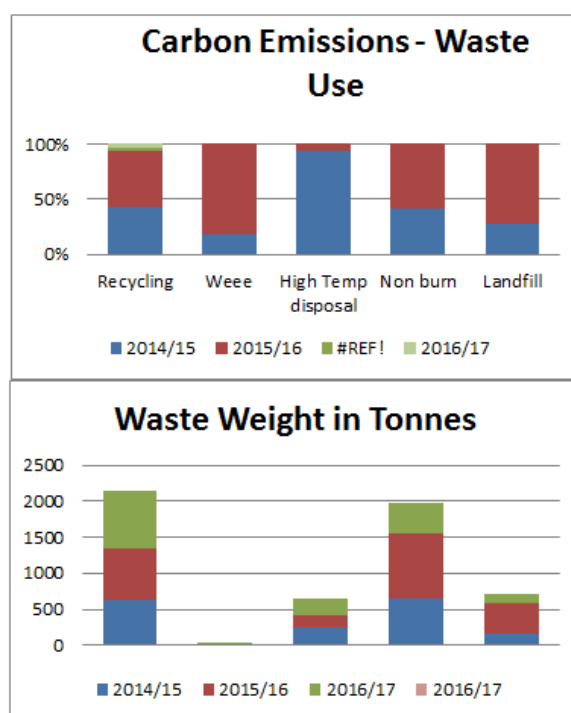
Repairs have not gone as expected. It has been found to have a major leak on the secondary heat exchanger. We are now looking at options to either A repair or B replace depending on budget restraints and current efficiency ratings.

Commentary

We are currently looking at using the options to finance new infrastructure that will assist in reducing our emissions footprint and energy cost. We have currently started a programme across the Trust replacing external street lighting with updated LED units. In addition we are upgrading our generators and transformers to the triad scheme (run the generators when the main grid is at capacity).

Waste

Waste		2014/15	2015/16	2016/17	2017/18	2018/19
Recycling	(tonnes)	632	719	790	146	20.75
	tCO ₂ e	13.27	15.09	16.59	3.16	
Reuse	(tonnes)	0	0	0	0	0
	tCO ₂ e	0	0	0	0	0
Compost	(tonnes)	0	0	0	0	0
	tCO ₂ e	0	0	0	0	0
WEEE	(tonnes)	1.5	6.6	8.5	5.9	4.36
	tCO ₂ e	0.03	0.13	0.18	0.12	
High Temp recovery	(tonnes)	0	0	0	0	0
	tCO ₂ e	0	0	0	0	0
High Temp disposal	(tonnes)	252	174	966	635	106.525
	tCO ₂ e	55.44	3.65	16.6	10.9	
Non-burn disposal	(tonnes)	649	897	438	368	371.932
	tCO ₂ e	13.64	18.83	9.2	7.728	
Landfill	(tonnes)	165	422	253	253	127.196
	tCO ₂ e	40.33	103.14	41.26	0	
Total Waste (tonnes)		1700	2219	2455.5	1408	
Total Waste tCO ₂ e		122.71	140.84	83.83	21.91	



Performance

Waste has decreased due to the Trust introducing a new "Offensive Waste" stream known as tiger bags. This has enabled the trust to make significant reductions in our Non-Burn and land fill categories with a reduction year on year. The Trust has also introduced waste champions and continues to strive for further waste reduction initiatives.

Water

Water		2014/15		2015/16	2017/18	2018/19
Mains	m ³	157232		135221	215264	293759
	tCO ₂ e	143		167		
Water & Sewage Spend		£ 286,552		£ 282,435	£ 437,151	£ 541,588

Performance

The water consumption across the trust remains constant due in part to our water management regimes, infection control requirement, and programmed flushing in line with Trust policy. In order to safeguard the integrity of supply and water quality the trust has installed a secondary metered water supply at Stoke Mandeville Hospital.

Commentary

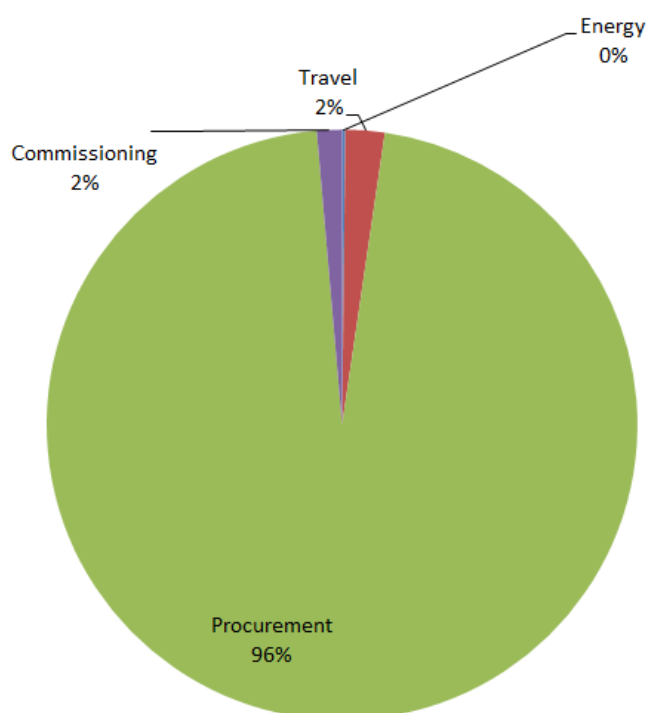
Programmed water testing is reported into the Infection control and water quality group to meet audit and assurance requirements. Water meter readings are collected by trust and partner staff on a monthly basis and all invoice are monitored for accuracy and consumption trends by the Energy and Sustainability Officer.

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work performed by the NHS Sustainable Development Unit (SDU) in 2009/10.

CO ₂ Emissions (tCO ₂ e) Profile	
Total	13234953.02
Anaesthetic Gases	0
Commissioning	182,309
Pharmaceuticals	544,832
Paper products	384,670
Other procurement	579,797
Other manufacture	493,435
Medical Instrument	1,930,620
Manufactured fuels	684,993
Information and com	225,158
Freight transport	69,570
Food and catering	426,124
Construction	693,999
Business services	867,541
Capital spend	7,563,129
Water and sanitatio	142
Waste products and	141
Travel	283495
Imported Heat/Stea	0
Electricity	12760.047
Coal	0
Oil	256.42783
Gas	10212.44

Proportions of Carbon Footprint



Organisation Carbon Emissions Profile

