Safe & compassionate care,

Meeting: **Trust Board Meeting in Public**

Date: **Wednesday, 25 March 2020**

Start Time	Item	Subject	Purpose	Presenter	Encl.
	1.	Chair's Welcome to the Meeting and Meeting Guidance Apologies for absence:	Select from list	Chair	
	2.	Declaration of Interests	Assurance	Chair	
	3.	Minutes of last meeting (29 January 2020)	Approval	Chair	Paper
	4.	Actions and Matters Arising	Approval	Chair	Paper
	5.	Chief Executive's Report	Assurance	Chief Executive Officer	Paper
Performance					
	6.	Integrated Performance Report • Quality • Workforce • Finance	Assurance	Chief Operating Officer	Paper
Finance					
	7.	Finance Report	Assurance	Director of Finance	Paper
	8.	Finance and Business Performance Committee Chair's Report	Assurance	Committee Chair	Paper
	9.	Charitable Funds Committee Chair's Report	Assurance	Committee Chair	Paper
Quality					
	10.	Infection Prevention Control	Assurance	Medical Director	Paper
	11.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
	12.	Safer Staffing	Assurance	Chief Nurse	Paper
	13.	CQC Plan	Assurance	Chief Nurse	Paper
Workforce					
	14.	Apprenticeships	Assurance	Director of Workforce	Paper
	15.	Staff survey	Assurance	Director of Workforce	Paper
	16.	Gender Pay Gap Reporting	Assurance	Director of Workforce	Paper
	17.	Strategic Workforce Committee Chair Report	Assurance	Committee Chair	Paper

Risk and Governance				
18.	Compliance with Legislation	Assurance	Director for Governance	Paper
19.	Audit Committee Chair's Report	Assurance	Committee Chair	Paper
Information				
20.	Board attendance record	Information	Director for Governance	Paper
21.	Private Board Summary Report	Information	Director for Governance	Paper
	ANY OTHER BUSINESS			
	Date of Next Meeting: Wednesday 27 May 2020, 9am, Florence Nightingale Hospice Charity, Walton Street, Aylesbury			

The Board will consider a motion: "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website www.buckshealthcare.nhs.uk

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Meeting: Trust Board Meeting in Public

Date: Wednesday, 29 January 2020

Venue: Hampden Lecture, Wycombe Hospital

MINUTES

Voting Members:	
Ms H Llewelyn-Davies	Trust Chair
Mr N Macdonald	Chief Executive Officer
Dr D Amin	Non-Executive Director
Mr D Gibbs	Chief Operating Officer
Mrs N Gilham	Non-Executive Director
Mr R Jaitly	Non-Executive Director
Mr B Jenkins	Director of Finance
Mr G Johnston	Non-Executive Director / Senior Independent Director
Dr T Kenny	Medical Director / Director of Infection Prevention and Control
Mrs J Ricketts	Interim Chief Nurse

Non-Voting Members:	
Mrs B O'Kelly	Director of Workforce and Organisational Development
Prof D Sines	Associate Non-Executive Director
Prof K Sikora	Associate Non-Executive Director
Ms A Williams	Commercial Director
Mr D Williams	Director of Strategy and Business Development

In attendance:	
Mrs S Manthorpe	Director for Governance
Mrs E Jones	Senior Board Administrator (minutes)

Invited/Observing:	
Ms K Kennedy	Matron for Amersham Hospital and MUDAS (Multi-Disciplinary Day Assessment Service) (for agenda item 3)
Ms T Underhill	Freedom to Speak Up Guardian (for agenda item 17)

CARE Awards

The Chief Executive presented the Care Awards given to staff nominated by patients and colleagues for demonstrating the Trust's CARE values: Collaborate, Aspire, Respect and Enable. The winners able to be present were: Karen O'Rourke, Shobha Myers, Sophie Hedges, Jenny Ramm, Louise Glover, Matt Lee, Rob Newman, Rehana Malik, Hollie Hudson, Emily Young and Sally Williams.

01/01/20 Chair's Welcome and introductions

The Chair welcomed everyone to the meeting in particular those attending to receive a Care Award and the members of the public.

Apologies

Apologies had been received from Mr T Roche, Non-Executive Director.

02/01/20	Annual Declarations of Interest Register
	The Director for Governance presented the Annual Declaration of Interests Register which had been completed by Board members. The Board **approved** the Annual Declarations of Interest Register.
03/01/20	**Staff Story**
	The Chief Nurse invited the Board to watch a video which showcased a staff recruitment opportunity for a healthcare assistant with Asperger's syndrome. It provided an overview of the support provided for him within a clinical setting to help him develop and grow into a confident and competent Health Care Assistant. Professor Sines commentated on what a good story this was to share noting the amazing opportunity to enrich this staff member and the possibility of him progressing further on the route into nursing. The Director for Workforce commented on the practical values and the Trust's commitment to inclusivity and patient care. This was something to celebrate, learn from and extend out across the Trust for the benefit of all. The Board **noted** the staff story and celebrated the positive impact this staff member had on the ward in which he worked as well as his personal growth and development as a supported member of the team. The Chair asked for thanks to be expressed to Rose Kennedy for mentoring the staff member involved.
04/01/20	**Minutes from the last meeting**
	The minutes of the meeting on 27 November 2019 were accepted as an accurate record.
05/01/20	**Action Log and Matters Arising**
	Dr Amin queried when there would be a Board discussion on the digital strategy. The Director of Strategy commented on the discussion which had taken place at the Finance and Business Performance Committee earlier in the week, noting there would be a report coming back to the Board later in the year. The report the committee had seen would be circulated to the Board. **Action: Director of Strategy to circulate report on Digital Strategy to the Board.**
06/01/20	**Trust Chair's Report**
	The Trust Chair presented the first of a new Chair's report to the Board. The report provided information on the activities undertaken by the Trust Chair and Non-Executive Directors. The purpose of the report is to provide a sense of accountability to the wider audience and to the Executive Team. Mr Johnston felt it would be useful if the Non-Executive Directors circulated a note of their activities to their colleagues for information and for coverage to be triangulated for assurance purposes. Professor Sines agreed and noted that after his walkabout to Marlow just before Christmas he reported back on the unutilised space at Marlow and had queried what was being done to fill the space. The Chief Nurse noted the staff really valued the Non-Executive walkabouts. Mrs Gilham noted she had visited the Looked after Children's team and noted the good connection with the council.

Action points from the feedback relating to the walkabouts were discussed at the Executive Management Committee and then Quality Committee.

The Chair noted an action for agreeing a process by which the work undertaken by the Non-Executive Directors was triangulated.

The Board were asked to approve the appointment of Nicola Gilham as Chair of the Strategic Workforce Committee and as a member of the Audit Committee from the beginning of the new financial year. The Board **approved** the appointment.

07/01/20	Chief Executives Report

The Chief Executive Officer presented his report noting the Trust movement from it previous financial forecast for the year end. Recognition was given to the good work that had been undertaken over the last 12 months while acknowledging there was still a lot of work to be done both within the Trust and the wider system.

Staff were thanked for their work and resilience through the particularly busy post-Christmas and New Year period. Thanks were also expressed to the patients and public for their understanding and support. It was noted the level of pressure had consequences for planned care.

The flu vaccination campaign was continuing with improved results on the previous year. The Director of Workforce and her team were thanked for encouraging staff to be vaccinated.

The Quality Improvement journey was highlighted, particularly the work of the Pharmacy department embedding quality improvement through engagement and effectiveness. This was a good example of the process being embedded across the Trust.

The Board were informed there was an integrated care system national pilot site for new services within community services. This was a good opportunity to receive investment.

Mr Jaitly queried, as a learning organisation, if the Trust was reviewing what was happening in other organisations with regard to infection control. The Chief Executive Officer provided an explanation of the work the Trust was doing against national standards. We are conducting an in-depth review with the full multidisciplinary team to identify the learning and any changes required in the future. The Chief Executive Officer also acknowledge with regret we recorded a never event in December. Although we take these instances extremely seriously, I was relieved to note that the patient suffered no adverse effects.

Mr Jaitly asked with regard to the Integrated Care System if it was possible to review what could be delivered, to take stock and have grip around the challenges for the year. The Chair noted it was challenging and moving fast and that the Board would be kept up to date.

The Director of Strategy recognised the outstanding practice around children and maternity particularly in areas of high vulnerability within our communities. The setting up of Children's hubs was an important piece of work in providing extra support in areas of inequality which was an increasing part of the Trust's work across the system.

The Board **noted** the Chief Executive's Report.

08/01/20	Integrated Performance Report

The Chief Operating Officer presented the Trust's January performance report based on December 2019 data. The report provided a summary of key performance indicators (KPIs) related to quality, people and money with exception reports for designated areas. In addition it illustrated the Trust's compliance against the operating framework standards,

quality metrics and financial overview.

The Chief Operating Officer echoed the thanks of the Chief Executive by thanking staff for their hard work during the busy winter months, caring for the patients and for ensuring the hospital remained a safe environment. He also acknowledged and thanked the patients and public for their support. The support of system partners was recognised particularly with the work in managing emergency flows. Work was being undertaken with clinical teams and system partners to evaluate and learn lessons for the future to ensure there was sustainable care for an emergency and high performing acute care pathway.

It was noted the diagnostic standard was not compliant in December due to Endoscopy capacity. However, the Trust had been awarded £240k to support additional capacity to help recover the position.

Mr Jaitly noted that clinical coding needed to be tracked. The Medical Director explained this would be reported to the Quality Committee. There had been a recent deep dive in this area using Quality Improvement standards and the results provided a number of recommendations, giving a good baseline and action plan to move forward with.

Mrs Gilham commented on the downward trajectory of triage for children in the Emergency Department within 15 minutes. The Chief Operating Officer noted the process had changed and the children's health team were looking to improve the experience of children in this area. The Chief Executive Officer informed the Board the consultants now provided 7 day late care for patients.

Mr Jaitly raised a query around the Accident and Emergency performance 4 hour waits and the Trust view on tracking this metric if nationally it was decided not to report this standard. The Chief Operating Officer responded by noting the Trust was continuing to monitor all the standards including the 4 hour standards. The outcome from the pilot trusts was not yet known but it was stressed this was a quality metric not a performance metric. The Trust needed to continue to improve delivering services and managing the rising levels of patient acuity. Therefore this would be continued to be reported and there was aspiration to deliver the best possible outcome.

The Chief Executive Officer commented on the impact on the quality of the patient's experience due to emergency pressure and plans were in place to rectify this.

The Chair added her thanks to staff for coping with winter pressures and asked for a note from the Board to be communicated to staff to this effect.

Action: Medical Director and Chief Nurse to communicate to staff the Board's thanks for coping with Winter Pressures.

The Medical Director acknowledged the pressure and how the Trust had managed to remain stable. There was a continued focus on keeping patient's safe and providing high quality care. The patient experience information would be reviewed.

The Director of Workforce and Organisational Development commented on the remedial actions against the metrics and acknowledged how tough it had been, noting the importance of keeping staff healthy.

Dr Amin questioned the flu vaccination statistics and if these were acceptable. It was explained the levels were 8% higher than the previous year and better than most of the Trust's peers in the region. The Medical Director noted there had not been as many cases of flu so far this year. Mr Johnston queried if the Quality Committee would look at the reasons why staff choose not to have the vaccine. The Medical Director confirmed this would take place.

Mrs Gilham passed on congratulations for maintaining the nurse vacancy rate. It was noted she had attended the corporate induction and had been impressed with the quality of

presenters.

The Director of Strategy highlighted that 22000 children had been vaccinated against flu across Buckinghamshire by the Trust's teams.

The Board **noted** the Integrated Performance Report.

09/01/20	Finance Report Month 9 and Forecast

The Director of Finance presented the finance report to outlining the Trusts current financial performance against forecast and control totals. With regard to performance, the Trust had a £21.5m normalised deficit position. The key drivers for this are at a divisional level as previously reported, in surgery, medicine, specialist services and in property services. These issues are driven by the high demand and pressures on services, as well as backlog maintenance issues in Information Technology (IT) and estates. There had been a reforecast position of £29m including sustainability funding. Therefore, the Trust's normalised out turn position was -£38m. On a positive note it was explained the Trust was on target to deliver the efficiency target and the regulators recognised there was grip and control.

Delivery of the cash position was important as was the need to ensure expenditure continued on the capital programme. The Trust would aim to deliver the forecast as close as possible, to create a realistic budget for 2021 and to work hard to negotiate appropriate contracts with commissioners.

Dr Amin queried what was causing the difficulty for the Trust in meeting its target. The Finance Director assured the Board, noting all efforts were aimed at delivering on plan however; there had been increased demand and significant pressure on services throughout the year which was reflected in the forecast.

Mr Johnston noted the percentage of expenditure on staffing had risen indicating that staff retention was improving. This was supported the Director of Workforce and Organisational Development who noted the Trust made effective use of public money by not paying high agency rates.

Mr Johnston stressed the importance of delivery of the entire cost improvement programme and the capital programme on properly prioritised items. The Finance Director commented the Trust needed to work hard on trying to increase the capital fund by applying to the regulators for additional resources.

The Finance Director updated the Board on the reforecast process at the end of month 9. This process had involved the Board, regulators and the integrated care system agreeing the outcome. With regard to the IT and Estates backlog maintenance there was an opportunity to press for funding and business case for the provision of services within Buckinghamshire.

The key numbers in the reforecast were the -£29m deficit which included sustainability funding and the -£38m deficit, normalised position. The integrated care system performance was instrumental to receiving the sustainability funding. It would be essential to show grip and control and progress with the regulators. There were weekly financial recovery meetings and a strong programme management office in place. The project management office was being integrated with the quality improvement team to build on good work already done.

The Finance Director would have a realistic plan for the regulators at the end of February which would articulate areas of concern and which would be used as a case for change.

The Board **noted** the Financial Performance report and **approved** the forecast position.

10/01/20	Finance and Business Performance Committee Chair's Report

The Chair of the Finance and Business Performance Committee updated the Board highlighting the following had been discussed: the Integrated Care System (ICS) position next year; performance and commercial reports.

The Board **noted** the Finance and Business Performance Committee Chair's Report.

Questions from the public

There were no questions from the public.

11/01/20 Infection Prevention & Control Monthly Report

The Medical Director presented the December infection prevention and control monthly report noting the norovirus and flu pressures in system. There had been 10 clostridium difficile cases in December which was high. However, there had been only 2 to date in January. It was noted the Trust was doing well with the number of intravenous line infections and the team were to be congratulated.

With regard to Gram negative infections; it was noted that performance at a national level was difficult; work at a regional level was ongoing to put in place actions from April 2020 to deal with these infections. The Trust was in line nationally, noting it was difficult to get to the route cause.

Dr Amin queried what could be done to reduce risk of Gram negative infections. The Medical Director responded the Trust was now measuring these infections and looking at ways to reduce the risk.

Action: Gram negative infections and Sepsis staffing will be updated at the next Quality Committee.

The Trust Chair queried if the Trust was prepared for Coronavirus. The Medical Director noted NHS England was working with Trusts in preparation. It was noted there were posters in A&E to inform patients of what do if they believed they were in the high risk category. The Board would be updated as necessary with further developments.

The Board **noted** the report.

12/01/20 Care Quality Commission Plan

The Interim Chief Nurse reported on the progress against the Care Quality Commission (CQC) improvement plan following their inspection in March 2019.

There have been improvements made against the actions over the last couple of months with many of the actions have moving from green to blue showing the evidence had been submitted to the CQC. There were no longer any red actions around equipment.

Professor Sines queried the situation around future proofing of staffing on the wards at Amersham Hospital, when the Trust would be moving towards a more permanent solution and when the Board would receive the recommendations of staffing.

The Director of Strategy explained there had been discussions with stakeholders looking at mitigations that had been put in place and the impact on patient safety and on length of stay. There had been a reduction in length of patient stays and in admissions. Surveys had been undertaken and discussions with patients regarding their care and there had been some positive results. The survey results would be going to the Strategic Workforce Committee who were reviewing the ongoing services in Amersham Hospital and development of an ambulatory rehabilitation centre.

The Community Adult and Assessment Treatment Service (CATS) had been well received. Professor Sines asked for the Strategic Workforce Committee to look at the staffing model being proposed one year on.

Action: Director of Strategy to circulate report on staffing on Waterside and the Director of Workforce to add the staffing model to the Strategic Workforce Committee agenda.

The Chief Executive Officer noted the hard work undertaken by staff in the improvement process and asked the Chief Nurse if there were areas that had been particularly successful and any areas of concern. The Chief Nurse highlighted the collective energy and the responsiveness of staff to the action plan. However there was a risk of sustainability. It was important for the Trust to learn from the improvements made and how this could become business as usual.

Professor Sines asked for the mental health needs and assessments to be brought to Quality Committee in April to review what the tools look like.

Action: Mental Health needs and assessments highlighted in the plan reference MD7 to be reviewed at the April Quality Committee.

The Director of Workforce and Organisational Development reflected on staff engagement and the transformation team and the importance of coherent learning.

Dr Amin confirmed the Quality Committee received a very comprehensive CQC report that covered all actions.

The Board **noted** the changes and improvements since the last CQC report.

13/01/20 Organ and Tissue Donation Annual Report

The Medical Director presented the Annual Organ and Tissue Donation Annual Report to the Board which was now a bi-annual report.

It was explained although there was not a target to be achieved, the key issue was whether a nurse had participated in the conversation about donation with the potential donor family.

Dr Amin noted the memorial statue would be unveiled in the next couple of months. There had been a successful conference in September where ethics and mortality had been discussed.

The Board **approved** the request to continue to support the role of the Organ and Tissue Donation within the Trust.

14/01/20 Patient Safety Strategy

The Chief Nurse presented the National Patient Safety Strategy and the draft plan of actions for the Trust to deliver the strategy at regional and local level working closely with system partners. The Strategy aimed to move from a culture of blame to one of learning.

The Director of Strategy reflected on the introduction of E-observations and the impact this had for patient's safety. The Medical Director noted the number of cardiac arrests had halved and that patient deterioration was now spotted earlier.

Professor Sines noted the safety strategy journey started through clinical governance and regular reports went to the Quality Committee.

The Board **approved and agreed** the development of actions.

15/01/20 Children and Young People Partnership Plan / Strategy

The Chief Nurse presented the Children and Young People Partnership Plan to the Board which was owned by Buckinghamshire County Council. The Trust was part of a multi-agency Board made up of representative organisations from across the region.

The update was of the 5 year plan for young people who live in Buckinghamshire. The plan's priorities were for children and young people to be safe and healthy and to reach their full potential. It was highlighted the Trust had achieved baby friendly status for the health visitor services which encouraged breast feeding. This accolade was a great achievement.

Professor Sines highlighted the multi-agency environment for young people services noting the incredibly high demand for services. The County was challenged around ability and capacity. The strategy was applauded going forward and it was noted the need for the co-locating of health care staff with local authority colleagues.

The Director of Workforce commended the team noting the regular reports which came to Quality Committee.

The Board **noted** the report.

16/01/20	Quality and Clinical Governance Committee Chair's Report

The Chair of the Quality and Clinical Governance Committee updated the Board noting the following had been discussed; success of maternity services and the continuity of care in maternity services as well as the positive feedback received; the rise in the number of clostridium difficile recognising the mitigations.

The Board **noted** the Quality and Clinical Governance Committee Chairs Report.

	Questions from the public

There were no questions from the public.

17/01/20	Freedom to Speak Up Guardian Report

The Freedom to Speak Up Guardian (FTSUG) presented the mid-year report and discussed the key themes in the report and developments in training and the support available for staff.

It was noted quarter three had been the busiest quarter to date and the raising concerns campaign had been successful. The FTSUG assured the Board the increasing number was not a cause for concern as the Trust was following the national trend with numbers and similar cases. Concerns were based around bullying and patient safety and there had been a significant improvement in the confidence of staff to speak up.

Dr Amin thanked the FTSUG for a helpful report noting the summary of themes and highlighting the violence which was confirmed as from patients to staff. Mr Jaitly noted the comparisons were useful over the quarters. In addition he queried the number of concerns with Human Resources and whether there would be an external review. It was confirmed this was in hand.

The Chief Executive Officer noted the evolution of these reports, the service and leadership that was given and it was important to managing the level of activity and demand going forward.

Professor Sines commented he now had very few referrals directly to himself which was very encouraging recognising the Trust's process.

The Director of Workforce thanked the FTSUG for her work and noted the underlying purpose of this work was to underpin the protection of patient's safety and quality of care.

The Chair noted the resilience of the FTSUG was important to the Board and management of demand would be included in a future report.

Action: Management of demand for FTSUG to be included in a future report.

The Board **approved** the Freedom to Speak Up Guardian's report.

18/01/20	Equality Diversity and Inclusion Report

The Director of Workforce and Organisation Development presented the 6 month update on Equality Diversity and Inclusion (EDI) to the Board noting the actions relating to staff and colleagues. There were two strands of work; the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). It was noted the gender pay gap report would be presented to the March Board. A highlight had been the conference in September and the new support staff networks which provided responsive feedback and showed the impact on the lives of staff.

Mr Jaitly queried if there was a self-assessment to look at effectiveness of EDI. In addition, in terms of the overall EDI policies, did the Trust meet the criteria and have objectives to work towards. It was explained the WRES team leads on this work setting out expectations and targets. This would be picked up through Strategic Workforce Committee.

Action: EDI self-assessment to be reviewed at Strategic Workforce Committee.

The Chief Executive Officer noted the targets regarding inequalities of BAME staff and the importance of looking at the numbers. This would be reviewed by the Strategic Workforce Committee.

Action: Strategic Workforce Committee to review the numbers around inequalities of BAME staff.

The Trust Chair asked for the Board to be trained in the Rainbow Badge Scheme. This is training which enables staff to understand the possible needs of the LGBT+ community and then to signpost them to the relevant services. Rainbow Badges are then issued to staff who have completed the training.

Action: The Board to be invited to the Rainbow Badge Scheme.

The Board **noted** the report.

19/01/20	Health and Social Care Academy

The Director of Workforce and Organisation Development updated the Board on progress with the Buckinghamshire Health & Social Care Academy.

The report set out the purpose of the academy around implementing practically education and training, recognising career pathways and the complete pathway from apprenticeships through to post graduates. There were regular meetings to join up work and to optimise funding and knowledge to provide a sustainable workforce.

The Trust Chair and Mr Jaitly recognised this important work and it was noted the Trust was using the Commercial Director's expertise in supporting this.

The Board **noted** this update and **approved** the direction of travel for the Health and Social Care Academy.

20/01/20	Strategic Workforce Committee Chair's Report

The Chair of the Strategic Workforce Committee presented the report as read.

Mr Jaitly queried when the Board would receive a summary of the health and safety reports. It was noted this would be later in the year.

The Board **noted** the Strategic Committee Chair's Report.

21/01/20	The Future arrangements for NHS Commissioning

The Director of Strategy and Business Development updated the Board on the future of the Clinical Commissioning Groups' Management arrangements.

The report outlined the appointment of a single Accountable Officer and Shared Management Team for the three Clinical Commissioning Groups (CCGs) in the Buckinghamshire Oxfordshire and Berkshire (BOB) Integrated Care System (ICS); the design principles for the creation of stronger Integrated Care Partnerships for each of the three places; the creation of a single commissioning organisation across the BOB geography (i.e. a merger of the three existing CCGs).

The Trust would need to continue to strengthen relationships with the providers and the local authority to provide a firm basis for services locally. Joint appointments were being made which would aid relationships. There would be an integrated provider alliance and a strategic case for change for Buckinghamshire was being developed. As the ICS developed there would be sustained strength in delivering services.

The Medical Director queried if there would be a single approach to commissioning. It was explained there would be a joint management team however the focus currently was on maintaining relationships with GPs to be focussed on Place.

Mr Jaitly noted the number of oppositions on the charts, querying what could be done to help the situation. The Director of Strategy noted the importance of keeping relationships strong as the ICS developed and to have local autonomy.

The Director of Strategy clarified the three governing bodies would remain but they had supported having a single Accountable Officer for decision making. It was noted it was a national requirement for ICSs and CCGs to come together. It would be important to have an influence in the design of the system linking to local strength

The Finance Director highlighted there was no Accountable Officer at the BOB level and there were infrastructure tensions around landing the financial plan. Working in partnership was happening, however, there was no plan for working together as a physical integration. It was noted the deficit sat within the Trust and not within the system. Work was being undertaken to have full integration so that in future the deficit would be within the whole system.

The Chief Executive Officer challenged the Finance Director to discuss what would be required to gain full integration. The Finance Director responded noting he would challenge the CCG Accountable Officer around a more joined up approach including having once CCG at BOB level. In addition the Board should be actively challenging to ensure improvements in care for the people in Buckinghamshire made patients safer.

The Chief Operating Officer commented this was a huge opportunity to change delivery of care at an individual level. Work was required from the Executive Team to articulate options and to have a roadmap in order to have a clear description of what the Trust was trying to achieve.

The Chair concluded the discussion by noting to the concerns relating to the consultation; the importance of the Executive Team creating a route map for moving forwards and to provide options to enable and proper and informed decision.
Action: The Board to have a discussion on the future of specialist commissioning.

The Board discussed the outcome of the NHS Commissioning engagement process and **agreed** the next steps in engaging the CCGs in the design of future commissioning arrangements.

22/01/20	Board Assurance Framework

The Director for Governance presented the Board Assurance Framework which had been to the Audit Committee and the effectiveness and monitoring of actions had been discussed in detail.

The Board **noted** the report.

23/01/20	Corporate Risk Register

The Director for Governance presented the Corporate Risk Register. The Audit Committee had reviewed the register and Mr Johnston valued the journal box which was useful to see the changes in the risks. The next Board Seminar would include a session on risk, risk appetite and processes.

The Board **noted** the Corporate Risk Register.

24/01/20	Audit Committee Chair's Report

The Chair of the Audit Committee presented the Audit Committee Chair's report highlighting there had been an internal audit on the procurement processes across the Trust which had a received a partial assurance. The actions were being tackled and would be revisited. It was noted the response rates to audits had improved but the Trust needed to give Audit reports prominence and priority. In addition the timetable for the year end accounts and Quality accounts had been discussed.

The Board **noted** the Audit Committee Chair's report.

25/01/20	Management of Clinical Waste

The Commercial Director presented the management of clinical waste report which noted the Trust had received a letter and request from NHS Improvement (NHSI) to bring to the Board's attention some specific Duty of Care responsibilities in relation to clinical waste. Having reviewed the letter and the requirements, the Trust was in a predominately compliant position regarding the specific duty of care responsibilities.

The Chair suggested the Non-Executive Directors would undertake a walkabout in this area and there would be a report going to the Finance and Business Performance Committee.

The Board **noted** the management of clinical waste report.

26/01/20	Board Attendance Record

Mrs Gilham noted the Charitable Funds Committee had met in December and should be added to the attendance record. Dr Amin asked that the Organ and Donation Committee be added to the report in future.

The Board **noted** the record of attendance report.

27/11/19	Private Board Summary Report

The Board **approved** the Private Board Summary Report.

28/11/19	Risks identified through Board discussion

The Director for Governance set out the risks identified through Board discussion as follows:

- Continuing risk on performance and patient flow
- Financial risk and links to capital plan expenditure
- Infections, and Coronavirus
- ICS commissioning tensions
- Making best use of the audit function
- Resilience around the Freedom to Speak Up Guardian

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Any other Business

The Chief Nurse noted the potential risks of Brexit at the end of the week. The Chief Operating Officer noted nothing would change and the Trust was essentially standing down preparations for a no deal exit.

Questions from the Public

- David Peplar from South Bucks District Council noted he had been coming to the Trust's Board meetings since 2011 but would no longer be attending due the change in councils and he wished the Board the well. The Chair thanked him for his loyal attendance.

- Mr Alan Barnard asked for assurance around the Trust's ability to respond to potential risks from the spread of coronavirus. The Chief Operating Officer and Medical Director provided reassurance that organisationally the Trust was well prepared for any major incident with procedures in place and regular training exercises working together with regional partners and emergency services. Public Health England would be guiding Trusts.

- Ms Alison Lewis asked for the acronym list to be updated. In addition she observed the 'patient' had not been discussed. The Chair reflected on the importance of keeping patients at the forefront of discussions.

Date of next Meeting: Public and Private Trust Board Meeting: 25 March 2020, Florence Nightingale Hospice Charity, Aylesbury

ACTION MATRIX

Minute		Lead	Timescale	Update March 2020
067/2019	More information on the performance metrics for the community sites in future reports	Chief Operating Officer	March 2020	Benchmarking data points agreed and under analysis to be included in IPR
072/2019	Board Sub Committee Terms of Reference Cross reference across the committees to be included in future versions of Terms of Reference	Director for Governance	27 May 2020	Not due
092/2019	Clinical Psychology report to come back to Board on how the pilot was being taken forward.	Chief Operating Officer	29 April 2020	Not Due
098/2019	Board Seminar Session on understanding unconscious bias to be scheduled	Director for Governance	29 April 2020	Dates being confirmed with HR Department
136/2019	Cancer pathways and diagnostic best practice models to come to Board	Chief Operating Officer	May 2020	Paper/presentation to go to Quality & Clinical Governance Committee in March 2020.
139/2019	Presentation to Board on apprenticeships	Chief Nurse	25 March 2020	On agenda
153/2019	Executive Directors to look at utilising charitable funds for public and patient benefit	All	March 2020	For further discussion at the Executive Management Committee
23/11/2019	Alison Lewis raised a query around the lack of patient car	Commercial Director	29 January 2020	Rochelle Gee is meeting with Alison Lewis

Minute		Lead	Timescale	Update March 2020
	parking at Marlow hospital.			COMPLETED
05/01/2020	Director of Strategy to circulate report on Digital Strategy to the Board.	Director of Strategy	ASAP	COMPLETED
06/01/2020	The Chair noted an action for agreeing a process by which the work undertaken by the Non-Executive Directors was triangulated.	Director for Governance	29 April 2020	Not due
08/01/20	Medical Director and Chief Nurse to communicate to staff the Board's thanks for coping with Winter Pressures.	Medical Director / Chief Nurse	ASAP	COMPLETED
11/01/20	Gram negative infections and Sepsis staffing will be updated at the next Quality Committee.	Medical Director	February Quality Committee Meeting	COMPLETED
12/01/20	Director of Strategy to circulate report on staffing on Waterside and the Director of Workforce to add the staffing model to the Strategic Workforce Committee agenda.	Director of Strategy / Director of Workforce	25 March 2020	To be included in May's SWC agenda.
12.1/01/20	Action: Mental Health needs and assessments highlighted in the plan reference MD7 to be reviewed at the April Quality Committee.	Chief Nurse	14 April 2020	Not due
17/01/20	Management of demand for FTSUG to be included in a future report.	Freedom to Speak Up Guardian	30 July 2020	Not due
18/01/20	EDI self-assessment to be reviewed at Strategic Workforce Committee.	Director of Workforce	25 March 2020	To be included in July's SWC agenda
18.1/01/20	Strategic Workforce to review the numbers around inequalities of BAME staff.	Director of Workforce	25 March 2020	To be included in July's SWC agenda
18.2/01/20	The Board to be invited to the Rainbow Badge Scheme.	Director of Workforce	25 March 2020	Completed
21/01/20	The Board to have a discussion on the future of specialist commissioning.	Director of Strategy	29 April 2020	Not due

TRUST BOARD MEETING IN PUBLIC
25 MARCH 2020
CHIEF EXECUTIVE'S REPORT

This report aims to highlight to Board members areas that will benefit from focused discussion, and to recognise the developments and achievements of the Trust since we last met. Appended to this report is a summary of the Financial Recovery Board and Executive Management Committee meetings to provide the Board with oversight of the significant discussions of the senior leadership team over the past two months. Also appended is a summary from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to share an update on key developments over the last couple of months with our partners.

I will start by recognising the unprecedented times we find ourselves in as healthcare providers due to the coronavirus pandemic. We are doing everything we can to continue providing high quality, safe and compassionate care, and to ensure our colleagues have the necessary guidance and support to navigate this unfamiliar territory. It is a stressful time and I would take this opportunity to thank all of my colleagues for the extraordinary hard work and resilience they are demonstrating. With the situation evolving so quickly, I will invite my colleagues to provide the latest updates for Board members to be made aware of during the Board Meeting.

Learning

In terms of infection prevention control, instances of *clostridium difficile* infection have reduced in January from 10 to 2, with 3 in February, and we have had no reported instances of MRSA bacteraemia. We have also had no never events or falls causing severe harm. There were 394 births in January and 378 in February. In the same months we recorded 120 and 85 deaths respectively.

We are always grateful to receive feedback from patients and relatives experiencing our services, so that we can learn from what we do well and where we could do better. In January we received 63 formal complaints, and 50 in February, and we continue to perform well against our target of 85% of complaints responded to within 25 days, achieving 88% in January. We received 1896 accolades in December and 925 in January.

I am really pleased to see the number of excellence reports in the first two months of 2020 are the highest we have had in the last 12 months with 71 in January and 76 in February. The following is a fantastic example of the impact of a simple improvement:

> "*** has taken the initiative to better increase the visibility of the emergency push bells in each of the anaesthetic rooms, by running a line of red tape down the wall from the ceiling to the bell. This enables anyone entering the anaesthetic room during induction to be able to locate the bell and summons emergency help within the area more swiftly. This is a very simple yet incredibly effective way of highlighting the bell and I am hoping to follow suit it the other two theatre suites"

Our ambition is to embed quality improvement (QI) in the way we approach new challenges and help guide us in our decision-making. One of the biggest issues we, like many NHS organisations in the country, face at present is the high demand for our non-elective services principally through our Emergency Department. With the support of our in-house QI team, together with members of staff who have been trained in QI methodology, we are using a QI approach to appraise the current demand, plan our development of this part of our site at Stoke Mandeville Hospital and, in due course, make these changes to improve the experience for our patients.

Quality and performance

From a low in December of 77.8% I am pleased to see the proportion of patients seen in Accident & Emergency (A&E) within four hours has increased in the first two months of 2020 to 81.9% in January and 82.6% in February. There is of course more to do to ensure our patients are being seen and treated in a timely manner, but I know the teams involved are working incredibly hard in these challenging times.

We reported one patient waiting more than 52 weeks from referral for treatment in December and two patients in February. Although all three patients have now been treated, I am disappointed to recognise this reflects a performance against the referral-to-treatment standards that has worsened over the past few months. This is of course a complex situation with a number of factors including reduced theatre capacity due to an estates issue and staff vacancies. I know the teams involved are working very hard to do all that we can to improve this situation, which we acknowledge is not the quality of patient experience that we strive for.

I am pleased to see the level of activity of one of our community services, the Community Assessment and Treatment Service (CATS) continues to be high, reflecting more patients being cared for in the community and their own homes.

As described in previous reports, we have a flu vaccination target of 80% of front-line workers this year. Over the winter we have had a comprehensive campaign to ensure all staff have access to receiving the flu vaccination for their own protection as well as that of their colleagues and our patients. As of 26 February 2020, the uptake of front-line staff was 72.7%. Although we are disappointed not to have met our 80% target, I am pleased to acknowledge that this is an improvement on our vaccination rate at the end of February 2019 of 68%. As always, the team will be reviewing and analysing this year's data to inform our approach next year so that we can aim to do even better.

People

The wellbeing and happiness of our colleagues is of the utmost importance and we are well aware of the additional strain that staff can experience during the winter months with high demand for our services. I am pleased to announce that we have signed up to the national 'Time to Change' pledge as a demonstration of our commitment to being able to talk honestly and openly about everyone's wellbeing. Led by our Health & Wellbeing Team, we are creating opportunities to ensure discussions about our wellbeing and mental health become a regular part of our working culture, including 'Just ASK' – Acts of Self Kindness. This is of course particularly timely and pertinent given the current global health situation and the potential detrimental impacts this can have on the mental health of both staff and our patients and the public.

Our staff turnover has improved following the expected slight increase in December, recording 13.5% in February. Our nurse vacancy rate has deteriorated slightly in the last few months at 15.2%. We anticipate a change in March when our nursing students take up employment.

We have now received our staff survey results for 2019. The priority areas to focus on over the coming year remain the same as last year, which are: reducing stress, reducing the incidents of bullying, harassment and abuse from managers and colleagues, and identifying the issues around staff saying they do not have sufficient equipment, materials or supplies to do their work properly. Further detail of the staff survey and our action plan for the coming months can be found in the report brought to the Board by the Bridget O'Kelly, Director of Workforce & Organisational Development.

In my last report I was pleased to advise that Karen Bonner will be joining the Trust as our Chief Nurse from 30 March 2020. I would like to take this opportunity to formally thank Jenny Ricketts, who has so expertly and commendably been our interim Chief Nurse since the end of October 2019. I am sure the Board will agree that Jenny has provided excellent leadership to the organisation and made an extremely valuable contribution as a member of the Board during this time; indeed it has been a pleasure to have her as part of it. We look forward to formally welcoming Karen Bonner at the Trust Board in May 2020.

Money

As we approach the end of this financial year, we are on target to close the year with a deficit of £29m. This includes the receipt of non-recurrent Performance Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate of Emergency Threshold (MRET) monies. At Month 11, we are reporting a £30.8m normalised deficit year-to-date, which is £13.9m adverse to plan. Although our capital spend is £9.7m behind schedule year-to-date, largely due to slippage of key capital projects such as A&E works, we are planning to complete our planned spend by the end of the financial year. Further detail can be found in the finance report this month.

Strategic view

We submitted our draft technical planning templates earlier this month to NHS England & Improvement, which covers our quality, operational, financial and workforce plan for the financial year ahead. For the first time this year, organisations are not required to submit individual narrative plans, rather we have provided input into the narrative prepared by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) as a whole. The final versions of the planning templates were due to be submitted at the end of April 2020, but this has been postponed due to the current situation with coronavirus.

Over the past few weeks I have been visiting staff at our various sites across the county to update them on key developments in the healthcare setting locally in Buckinghamshire and with our partners in the BOB ICS, and nationally. I have also been discussing with them the concept of our organisation as an 'anchor institution'. This is the idea that as a large-scale organisation that employs many people who belong to the local community, we

can be thinking about how we can bring social value to the local community through how we use our estate and procure goods and services, our environmental impact, and what we can do from a workforce and partnership perspective. We will be developing a report that outlines our commitments on these key areas.

Looking ahead, on 01 April the local council will be changing to a unitary 'Buckinghamshire Council'. This will replace all five of the district and county councils in Buckinghamshire. We look forward to continuing to work closely with our council colleagues for the benefit of the people of Buckinghamshire and wish them well during this transition.

Outstanding practice

I am delighted to recognise that our health visiting team is now fully accredited as Baby Friendly by the Baby Friendly Initiative, a global programme of UNICEF and the World Health Organisation. This is an enormous achievement and it is fantastic to see the service officially recognised in this way.

This year's BHT Staff Awards took place on 13 February 2020 at a special evening in the Gateway, hosted by Dez Kay from Stoke Mandeville Hospital Radio. For the first time, SMHR broadcasted the entire evening live on the radio. All finalists in each category were invited to the event, and the winners announced throughout the evening. The Staff Awards are a recognition of an outstanding contribution to the Trust in various categories so my huge congratulations to everyone who was nominated; below is a list of the winners. This year we introduced a new award reflecting this year's Small Change Big Difference campaign. It is always a pleasure to spend the evening celebrating my colleagues and I hope those who were fortunate to be there enjoyed the occasion too and felt proud. My thanks to the team who so professionally and expertly organised the event.

CEO Award for Leadership	John Abbott, Assistant Director, Surgery & Critical Care
Partnership Working Award	Alison Lewis, Patient Advocate
CARE Award for Collaborate	The Library Team
CARE Award for Aspire	Endoscopy Nursing Team and Technicians
CARE Award for Respect	Miss Sangeeta Suri, Obstetrics & Gynaecology Consultant
CARE Award for Enable	Nursing Teams Respiratory Wards 4 and 7
Healthcare Team of the Year Award	Paediatric Decision Unit
Quality Improvement Award	Early Pregnancy Unit
Outstanding Contribution Award	Mr Mike Adams & Miss Sarah Maling, Consultant Ophthalmologists
Support Services Ambassador Award	Cambi Brito, Housekeeper/cleaner, Ward 10
Small Change Big Difference	Anand Pancholi, Pathology
Volunteer of the Year Award	John & Heather Hardy, Parkinson's Speech and Language Therapy Group
Lifetime Achievement Award	Ruth Tyreman, Occupational Therapist, Neurology Community Head Injury Service
Patient Choice Award	Ian Benson, Advanced Physiotherapist, National Spinal Injury Centre
Special Recognition Award	Florence Nightingale Hospice

Proud to be BHT

- Our community nursing team for children with a learning disability has recently celebrated 10 years as a county-wide team. During this time they have offered advice and support to thousands of children, young people and families.
- At the HSJ Partnership Awards in February our integrated musculoskeletal (iMSK) service achieved Highly Commended in the Most Effective Contribution to Clinical Redesign category. This was a joint project

between BHT, Care UK and Buckinghamshire CCG to ensure patients get the right care in the right place; congratulations to all involved.

- Congratulations to Ruth Tyerman who has been awarded a Fellowship from the Royal College of Occupational Therapists, a fantastic achievement recognising Ruth's "unique contribution to neurological and vocational rehabilitation services national and internationally".

Neil Macdonald
Chief Executive

Appendix 1 – Financial Recovery Board and Executive Management Committee
Appendix 2 – BOB ICS Briefing

Appendix 1 – Financial Recovery Board and Executive Management Committee

Financial Recovery Board
Financial Recovery Board (FRB) continues to meet each week, chaired by the Chief Executive. In addition to an ongoing review of financial performance, as we near the end of the financial year, we are focusing on the financial planning for the year ahead. A large part of this at present is review of cost pressures submitted by each division/department and agreement of those to be funded. We are also reviewing our cost improvement plans for 2020/21, and our Director for Governance continues to report progress against our Financial Governance Action Plan by exception.

Executive Management Committee 24 January to 13 February 2020
Executive Management Committee meets on a weekly basis and covers a range of subjects including early strategy discussions, performance monitoring, consideration of business cases and moderation of risk documentation. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors, Director for Governance, and other key leaders within clinical and corporate services. The following provides an overview of some of the key areas considered by the committee since 24 January 2020.

Corporate objectives
Quarterly reports for the following programmes:
- Implement new workforce models
  - Make BHT a great place to work
  - Develop teams, talent and an inclusive workforce
- Tackle inequalities and variation
  - Modernise outpatient services
- Enablers
  - Digital strategy
  - Commercial and corporate services transformation

Quality and Performance
Coronavirus preparedness
Getting it Right First Time improving patient care and flow report
Quality Surveillance annual assessment outcomes
Ward to Board dashboards
Care Quality Commission (CQC) insight report
Integrated Performance Report and exception reports
Non-elective performance update
Infection prevention control report
Patient experience/involvement quarterly report
End of Life Care strategy quarterly report
Maternity safety quarterly report
Serious Incident report and action tracker
Annual record keeping audit
Clinical audit update
National inpatient survey results
National survey results urgent and emergency care
FedBucks quality report
Patient/staff story
Flu vaccination campaign weekly update
Ageing Well urgent community response

Strategy & Commercial
Community inpatient wards
Operational panning 2020/21
Buckingham Health and Care Centre outline business case
Estates quarterly report
Car parking proposal
Research & innovation

Money
Annual financial plan / budget setting 2020/21
Monthly capital, cash and key performance indicators report
Efficiency programme 2019/20
BOB ICS Financial Position
Procurement strategy quarterly update
Managed equipment service update

People
CARE value awards
Gender Pay Gap report
Appraisal and pay progression update
Health and safety quarterly update
Care Quality Commission regulations 18 and 19
Annual safe staffing report
HR performance
Staff survey results
Apprenticeships presentation to Board

Governance
Board Assurance Framework
Corporate Risk Register
Summary of internal audit work
List of policies due to lapse in next 6 months
Care Quality Commission well-led action plan
Plans for Annual Governance Statement and Annual Report
Caldicott and Information Governance Data Security & Protection Toolkit update
Compliance with Legislation

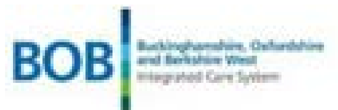
The following policies have been approved:
- Counter Fraud and Bribery
- Nursing and Midwifery Revalidation
- Policy for the Provision of Same Sex Accommodation
- Policy for the Prevention and Management of Sharps Injury and Body Fluid Exposure Incidents
- Incident Response Policy

The following policy extension requests have been approved:

- Car parking
- Unlicensed Medicines
- Uniform and Dress Code

Minutes from the following:

- Health & Safety Committee
- Research & Innovation Committee
- Divisional Operational Committee
- Quality & Patient Safety Group
- HR & Workforce Group
- Resilience Committee
- Risk & Compliance Monitoring Group
- Caldicott & Information Governance Committee



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Briefing Papers: February 2020

Purpose

The purpose of this briefing is to provide Chief Executives with key papers and updates to use as appropriate within their own organisations and with Boards.

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	Item	Paper
1	**Developing the LTP Operational Plan for 2021** The ICS System Leaders Group considered a number of papers in relation to planning for 2020/21, in particular notes from a workshop to discuss the ICS's collective approach to meeting the combined financial challenge.	Paper 4 - BOB ICS PWC workshop notes Paper 4a - Front Sheet - Updates on d Paper 4a - SE LTP yoy improvement.xls Paper 4b - BOB Programme Governa Paper 4c - 2020 01 22 BOB ICS Workplar
2	**Update on BOB Digital Workstream** The attached paper outlines the aims of the BOB ICS Digital Workstream and how it will develop a set of system-wide principles to support the delivery of digital technology to improve care.	Paper 3 - BOB Digital.pdf
3	**Update on BOB Primary Care Programme** The attached paper was considered at the January ICS System Leaders Group. It describes progress made to date, governance arrangements and sets out the priorities for the coming year.	Paper 5 - Update on Primary Care Prograr

Month in numbers
March 2020 with February 2020 data

5

A&E attendances
12,418
Feb 2020
Number of people arriving in Feb 2019: 12,472

Emergency admissions
3,163
Feb 2020
The number of patients admitted to a hospital bed is lower than February 2019: 3,518

Planned procedures
4,504 Feb 2020
(4,551 - Feb 2019)
The number of elective day case and elective inpatient procedures carried out

85
The number of deaths during Feb 2020
vs 91 in Feb 2019
HSMR 91.4 (Dec 2018-19)
V 95.7 (Dec 2017-18)
Crude mortality: 1%
- deaths expressed as % of the number of admissions (1.2% Feb 2019)

A&E patients seen within 4 hour target
82.6%
Percentage of A&E patients seen within 4 hour national target in Feb 2020 (88.2% in Feb 2019)

Outpatients contacts
41,302
The number of patients receiving treatment in an outpatient clinic in Feb 2020 vs 39,885 in Feb 2019

Referral to treatment target
82.5%
National target for patients receiving treatment within 18 weeks of being referred in Jan 2020
* figure reported 1 month in arrears

Cancer screening 62 days to treatment target
76%
(vs 85.2% in Jan 2019)
Percentage of cancer patients receiving treatment within 62 day national target in January 2020
* figure reported 1 month in arrears

Cardiac arrests
3 – Feb 2020
(1 – Feb 2019)
We are committed to achieving the elimination of all avoidable cardiac arrests

Joiners total: 74
Nursing 5
Clinicians 29
Health care assistants 10
Administrative 13 Support 11
Allied health professional 6

Leavers total: 86

Number of staff who joined the Trust in Feb 2020

Total falls
79 – Feb 2020
0 causing severe harm
(107 – Feb 2019)
We monitor the number of patient falls and grade the severity of harm each month

Friends & family test approval
86%
Percentage of patients who would be likely or extremely likely to recommend February 2020. (87% - January 2019)

Please note: arrows show comparison with January 2020 data (figures going up or down) unless stated otherwise and are not intended as an indication of performance

Safe & compassionate care, every time

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Integrated Board Report
Board Lead	D.H.R. Gibbs – Chief Operating Officer
Type name of Author	Wendy Pocknell
Attachments	None
Purpose	Assurance
Previously considered	

Executive Summary

- Summary report of KPIs related to quality, people and money with exception reports for designated areas.
- Illustrates BHT compliance against operating framework standards, quality metrics and financial overview.

Decision	The Board / Committee is requested to be updated with current position

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	Yes – KPIs related to patient safety contained herein.
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF2A Delivery of constitutional standards
Financial	Yes – financial reports contained herein.
Compliance CQC Standards Safeguarding	Yes – KPIs related to patient safety contained herein.
Partnership: consultation / communication	No.
Equality	Yes – related KPIs herein.
Quality Impact Assessment [QIA] completion required?	No

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Integrated Performance Report

January 2020

CQC rating (June 2019)	-	*GOOD*

Safe & compassionate care,
every time

6

Executive summary

This summary outlines the operational performance of the Trust for the month of January 2020 and identifies key successes and risks for the organisation in its agreed operational indicators against People, Quality and Money.

Actions/Emerging Risks
A&E: performance against the four hour standard improved from 77.8% in December to 81.9% in January.
RTT: The number of patients waiting longer has grown with 82.8% treated within 18 weeks in December and 82.5% in January. An additional 322 patients are waiting more than 26 weeks for treatment but the size of the overall waiting list has reduced by 278. 1 patient waited 52 weeks and 5 days for treatment which was due to a coding error resetting the waiting time. Data Quality checks are being implemented as part of the validation process.
Diagnostic wait: Demand for Endoscopy and Cardiac CTs continue to rise and performance has been affected by patient choice and staff availability during the holiday period resulting in December and January's non-compliance with 99% within 6 weeks. Capacity has been increased in February to recover this position.
Cancer: December shows an improvement with 85.7% of patients receiving treatment within 62 days. January is expected to be challenging as patients deferred appointments over the Christmas period.

Quality and Safety
FFT: A&E FFT January approval ratings were 83% and have risen for the first time since Oct 2019 when they were78% The patient experience team are working in collaboration with A&E following the development of an improvement plan that is focused on measures to improve patient 's experience of waiting, staff attitude and behaviour, environment, care and treatment and communication.
Maternity saw a significant fall in their approval rating in January 2020 to 89%. This can be explained by the reduction in the size of the cohort of women being surveyed electronically by text messaging
Complaints: We continue to receive numerous accolades for the care that we give to our patients. However, January saw the highest number of complaints received so far this calendar year with eight complaints received about our non-clinical services .
The trust target was achieved again this month with 93% of complaints being responded to within 25 days.
Serious Incidents: 10 incidents closed in January following review and learnings noted. Details as part of key lessons learnt.
A slight deterioration in performance relating to pressure ulcers. No suboptimal care identified in three of the five. Two remain under investigation with RCA's underway.

Workforce

Areas of improvement this month are : Statutory and Mandatory training compliance , which has s risen back to 90%. Sickness rates show 0.1% improvement, but a seasonal rise is anticipated and work continues with HR Business partner team and Occupational Health and Wellbeing to effectively manage sickness . Staff turnover has improved by 0.1% and we anticipate the continued retention work will support the overall downward trend.

The nursing vacancy rate remains at 15% which we anticipate will be stable until the positive impact of student and EU recruitment initiatives comes through for new f/y.

The slight rise in temporary staffing spend (0.2%) is directly related to organisational pressures increasing demand, however we still remain on target to end the year below our NHSI ceiling.

Our Staff Survey results show there were no significant shifts in BHT for the 11 key areas of focus, either year on year or against the national average for 2019. Our three main priorities at a Trust level for 2020 will continue from last year: reducing stress, tackling bullying, harassment and abuse and ensuring staff have the equipment and resources needed to be able to do their jobs more effectively.

Finance
The trust submitted a forecast and financial recovery plan to NHSE/I at month 9 showing a full year forecast deficit of £29.0m after Performance Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate of Emergency Threshold (MRET) for 2019/20. The YTD month 10 position is in line this forecast. The forecast has been reviewed and agreed with key stakeholders.
The trust is off plan by £17.2m at Month 10 YTD delivering a £18.2m deficit position against the original operating plan of £1.0m deficit YTD, principally due to two factors: (1) Underlying cost pressures from non-elective demand, aged digital and estates infrastructure which have materialised. The lack of contingency, as highlighted at the start of the year, has meant these pressures have not been contained. (2) The Trust has lost £6.0m central funding (PSF and FRF) by not delivering to the YTD plan.
The YTD month 10 normalised position excluding PSF, FRF and MRET is a £26.7m deficit. Cash balances at the end of the month were £0.1m ahead of plan.

Content of the Integrated Performance Report

The Integrated Board report consist of two components

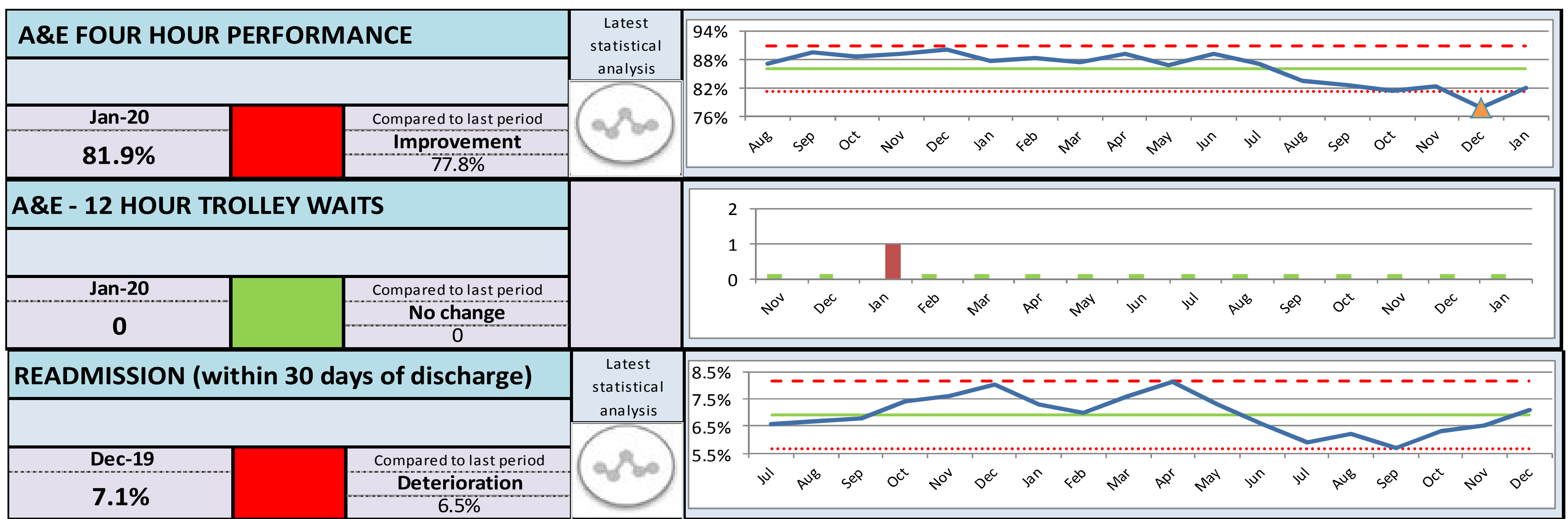
- **Charts that show the Trust's performance across a large number of important areas, known as Key Performance Indicators (KPI's)**
- **Commentary on these charts together with other reports about key aspects of the Trust's performance, strategy and financial position**

Most of the charts are derived from data taken from the Trust's internal sources. However, there are also charts that show information taken from external sources. These enable a comparison to be made between the Trust's performance and that of other, similar NHS providers

The charts are divided into four areas:

- **Referral to Treatment, Cancer and Acute Care Performance – which shows the Trust's compliance with National Constitutional Standards and supporting KPIs. These show the current value for a KPI, how it meets the targets (based on a "traffic light" system) and an SPC analysis (more information about SPC analysis is given on the following page)**
- **Efficiency/Performance – Leading Indicators – which show those KPI's that are considered to be significant in giving an early warning of possible areas of concern, or equally, of possible areas of successful improvement. Again, these charts contain an SPC analysis**
- **Quality and Safety – Leading Indicators – which show those KPI's that are considered to be significant in giving an early warning of possible areas of concern, or equally, of possible areas of successful improvement. Again, these charts contain an SPC analysis**
- **Workforce –**
- **Finance -**
- **Leading Indicators – which show those KPI's that are considered to be significant in giving an early warning of possible areas of concern, or equally, of possible areas of successful improvement. Again, these charts contain an SPC analysis**
- **Trend indicators – which show the remaining important KPI's, how they currently meet the Trust's targets (also based on a "traffic light" system) and also indicate how these KPI's have changed over time**
- **Other charts – which include those taken from the comparison data shown on NHSI Model Hospital and other reference sites, together with some that reflect summarised information about key Trust activities.**

A&E Performance

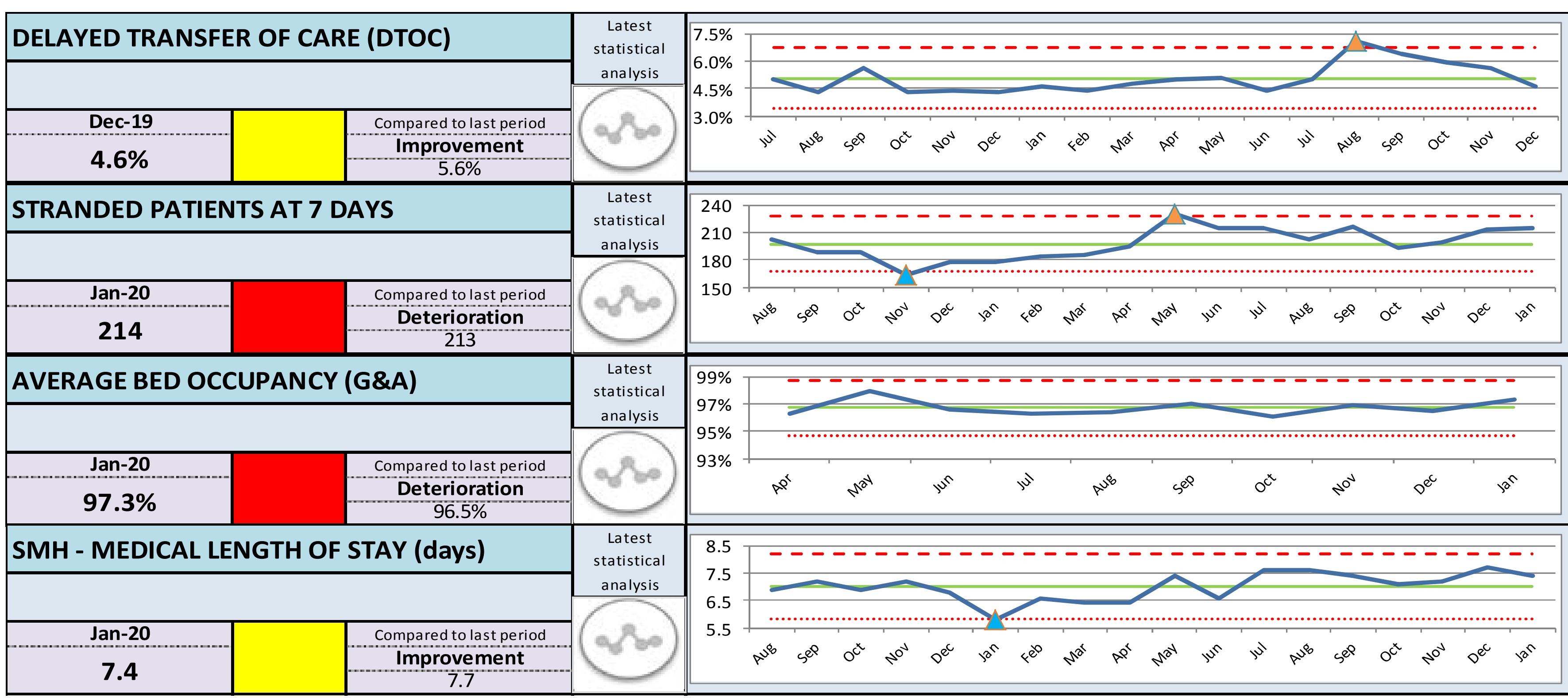


Performance Overview:

Performance average over the month of January 2020 was lower than predicted discharges. The poor flow with low daily discharges throughout the hospital has resulted in patients staying in ED for longer than ideal. Length of stay for medicine and surgery has increased compared to last month, with high acuity meaning that ICU have been at capacity a significant part of the month.

In February we have launched the Emergency and Acute Transformation project, there are 6 workstreams following the patients whole pathway from pre-hospital to going home. These work groups are all multi-professional and being clinically led. An initial workshop has been held with all work streams on target to deliver action plans and KPI's by the middle of March.

Ward Targets

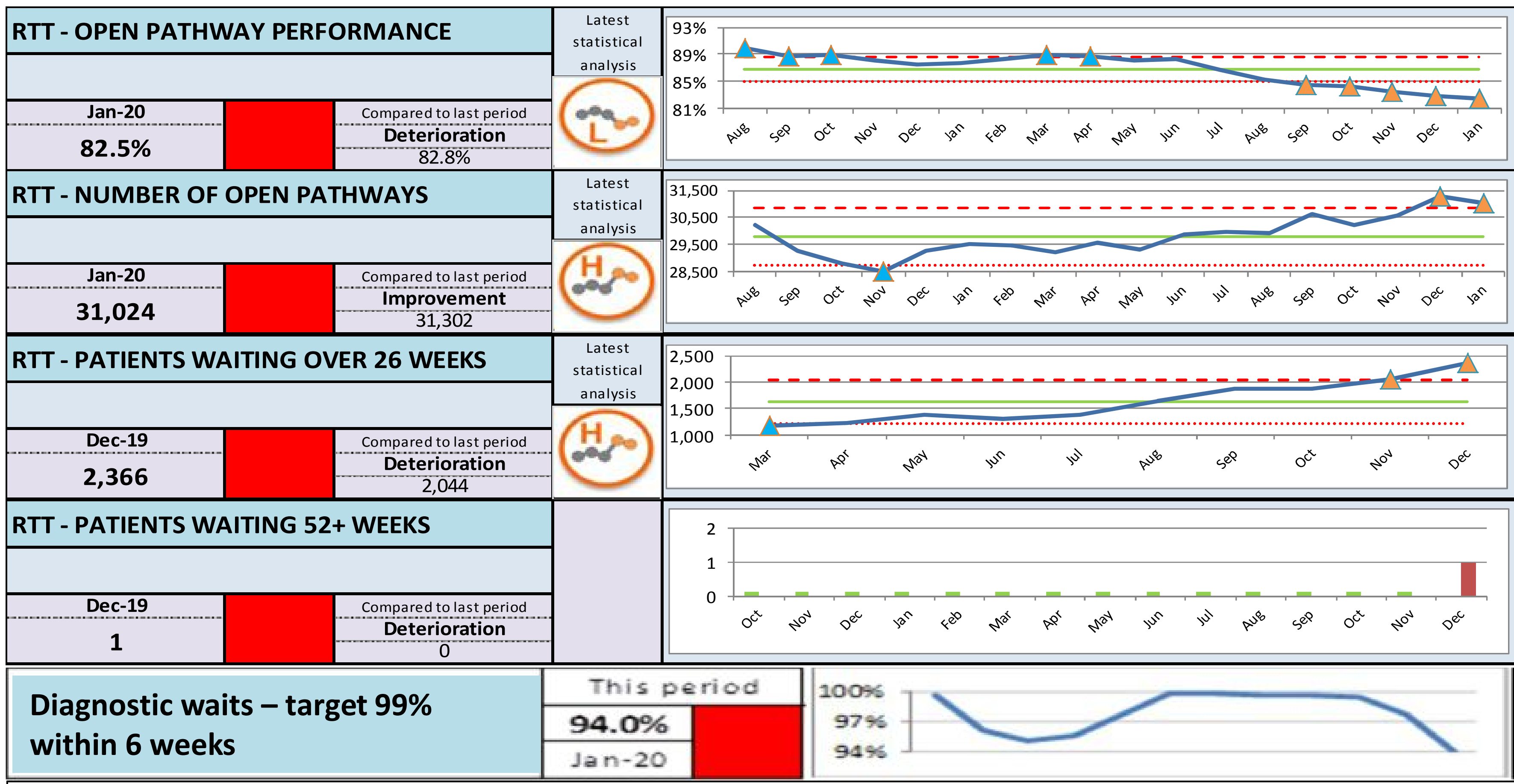


Performance Overview:

Actions in place to address delays:

- Alternate weekly review of 6 days and over and 20 days and over with an MDT
- Daily escalation of patients from board rounds/ward rounds
- Daily review of all medically fit patients
- Moved Medical Day Case patients from ASCU to St Josephs to allow AECU to function
- Reviewed the process of using SAU as escalation in times of pressure to support admission avoidance

Referral to Treatment Performance

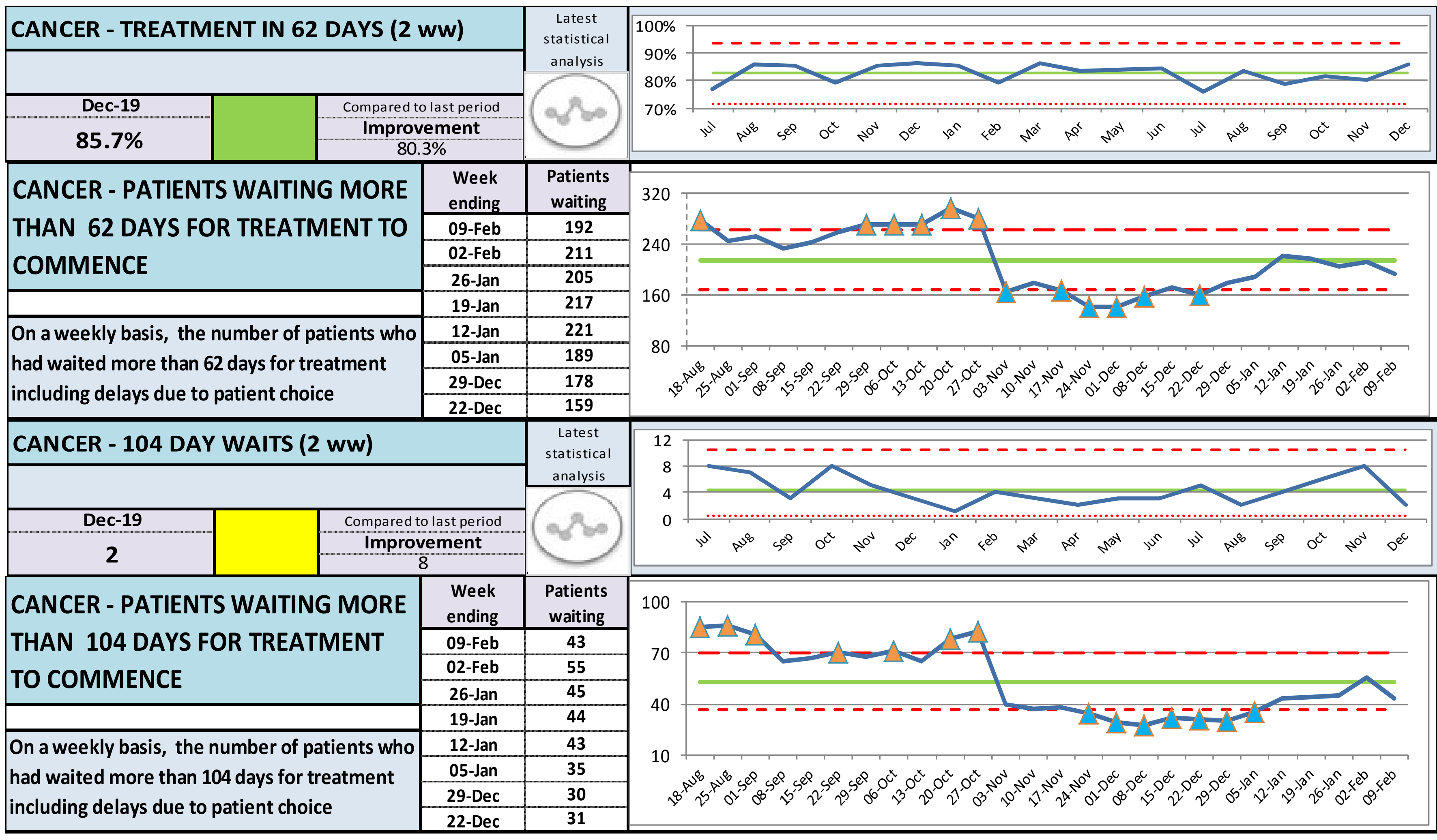


Performance Overview:

Referral to treatment within 18 weeks remains challenging with reduced theatre capacity having a negative impact on volume of procedures in January. Estates continue to work on rectifying theatre issues with plans to reopen in March. Staff vacancies have resulted in reduced capacity in some specialties and more patients are waiting over 26 weeks. The total waiting list has reduced but this is likely a reflection of a lower rate of referrals from GP practices over the Christmas period. Unfortunately 1 x 52 week breach occurred due to a data quality error and this patient was quickly expedited and treated.

The diagnostic target has suffered as demand remains high and capacity reduced in December plus patient choice to defer to January. Additional capacity has been agreed for February in Endoscopy and CT Cardiac.

Cancer Performance



CANCER - TREATMENT IN 62 DAYS (2 ww)		Latest statistical analysis
Dec-19	Compared to last period	
85.7%	Improvement	
	80.3%	

CANCER - PATIENTS WAITING MORE THAN 62 DAYS FOR TREATMENT TO COMMENCE

On a weekly basis, the number of patients who had waited more than 62 days for treatment including delays due to patient choice

Week ending	Patients waiting
09-Feb	192
02-Feb	211
26-Jan	205
19-Jan	217
12-Jan	221
05-Jan	189
29-Dec	178
22-Dec	159

CANCER - 104 DAY WAITS (2 ww)		Latest statistical analysis
Dec-19	Compared to last period	
2	Improvement	
	8	

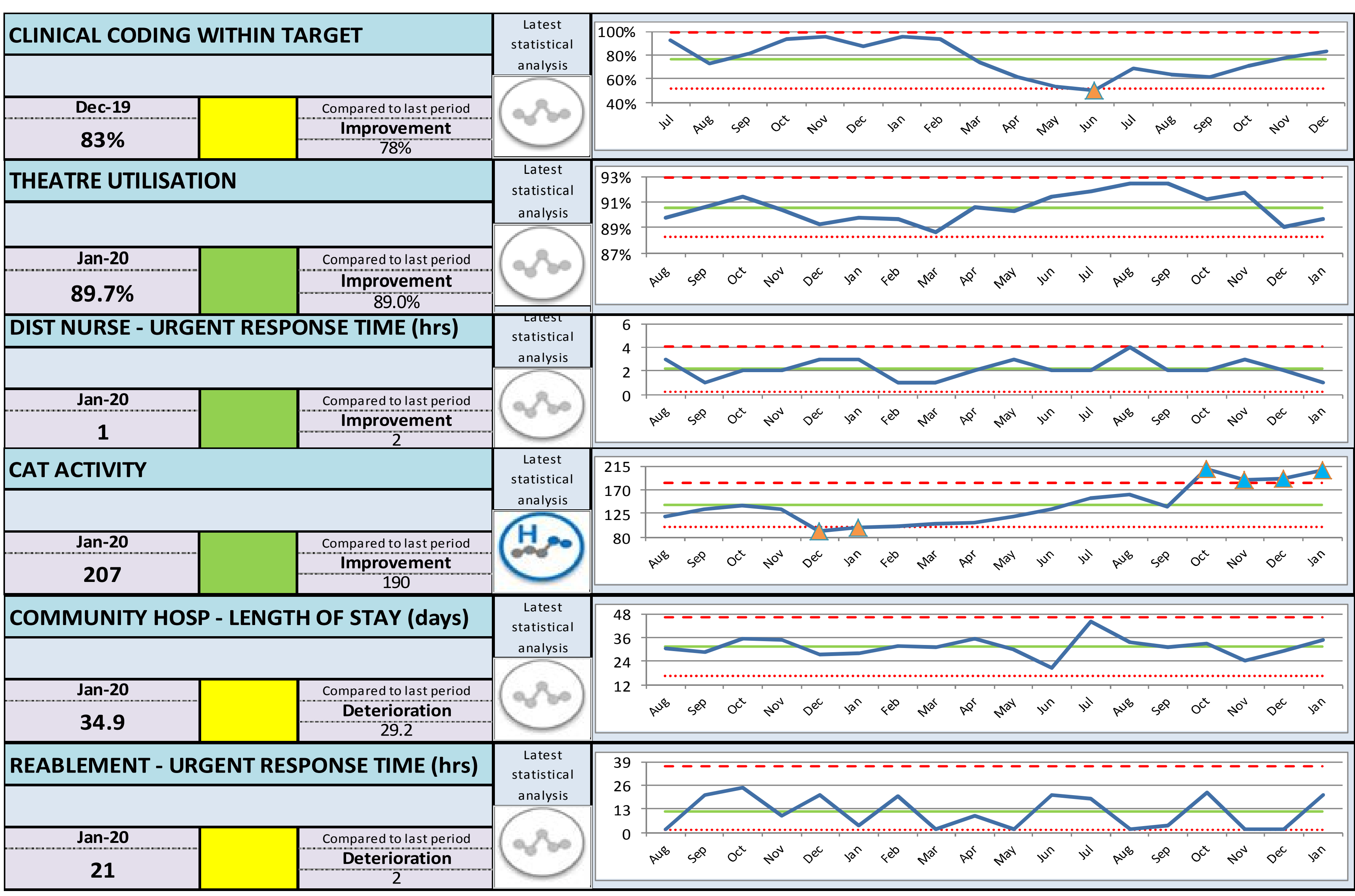
CANCER - PATIENTS WAITING MORE THAN 104 DAYS FOR TREATMENT TO COMMENCE

On a weekly basis, the number of patients who had waited more than 104 days for treatment including delays due to patient choice

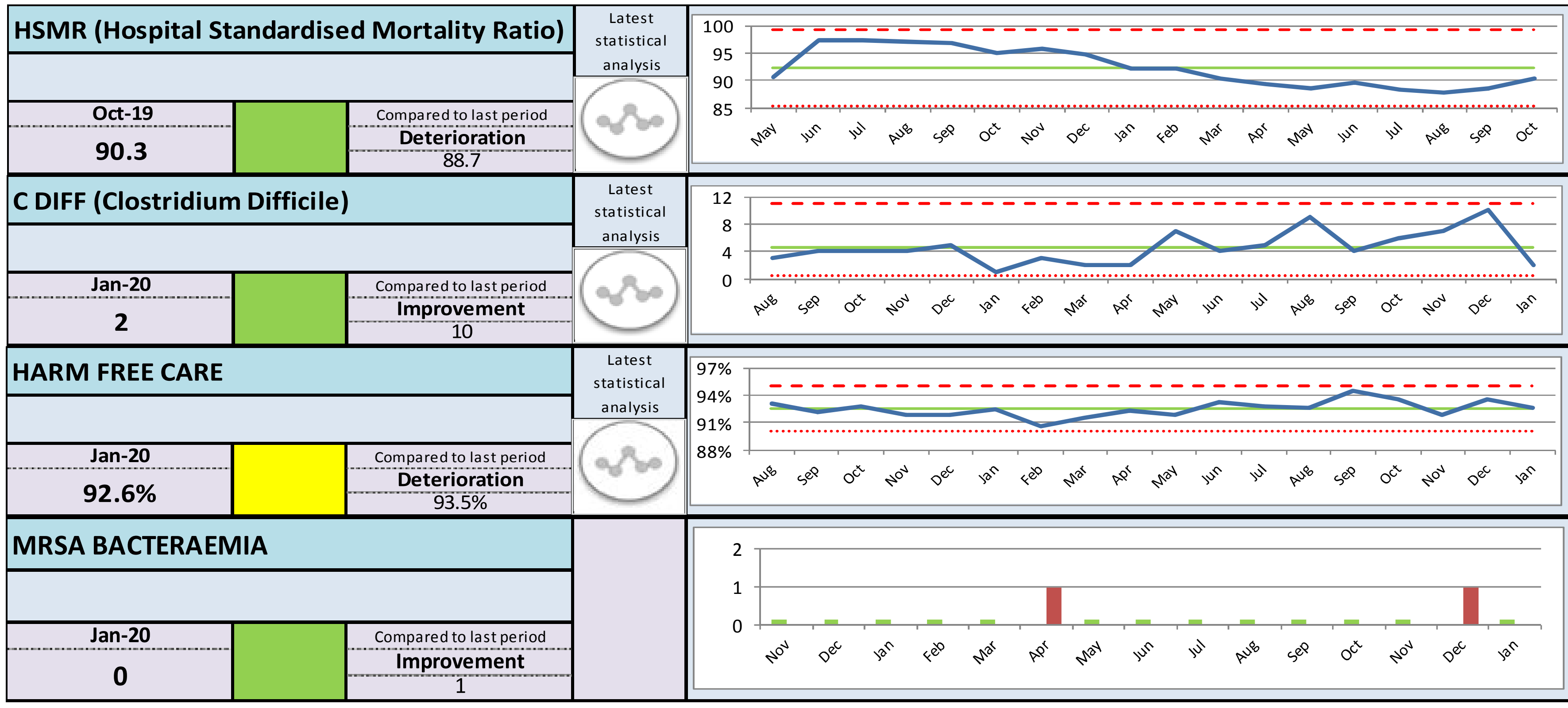
Week ending	Patients waiting
09-Feb	43
02-Feb	55
26-Jan	45
19-Jan	44
12-Jan	43
05-Jan	35
29-Dec	30
22-Dec	31

Performance Overview:
62 day cancer performance has improved since last month and all targets were met with the exception of ‘2ww referrals for suspected cancer’ and ‘Symptomatic breast referrals not suspected of cancer’. This has been due to lack of radiology capacity to support breast clinics. There is a national shortage of consultant radiologists including locums. A part time locum has now started and another locum is due to start in March. The breast service will put on additional clinics once there is adequate radiology capacity but we do not anticipate recovering these targets until April at the earliest but more realistically May 2020. Recruitment continues for permanent consultants.

Efficiency/Performance



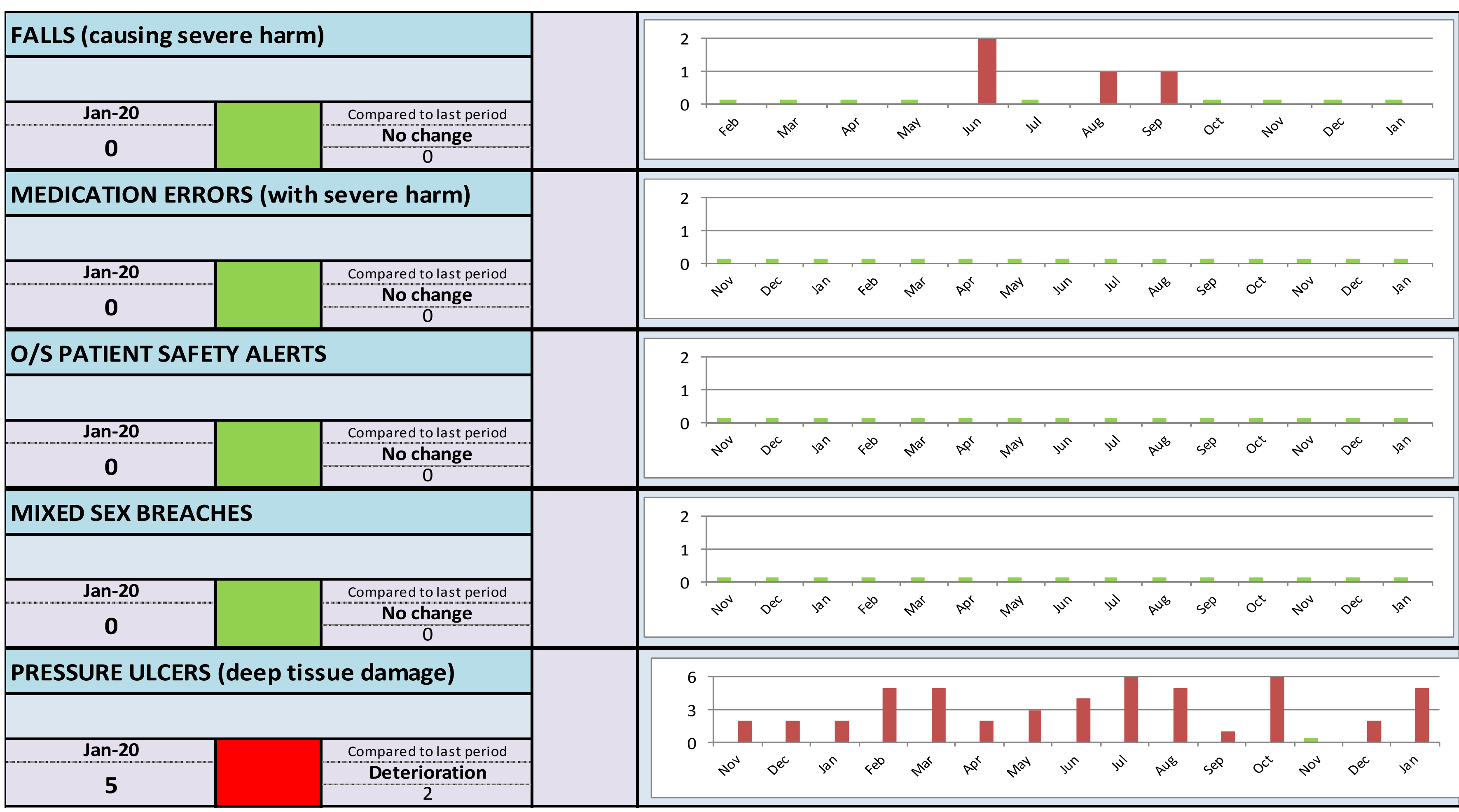
Quality and Safety



Performance Overview:
Infection Control Nurses and Microbiologists have taken a robust approach to ensuring the entire ward is cleaned before new patients arrive, this was historically driven by bed pressures but a firmer line was taken in December.

Steam cleaning of beds has always been in the contract but not adhered to. This has also change in January.

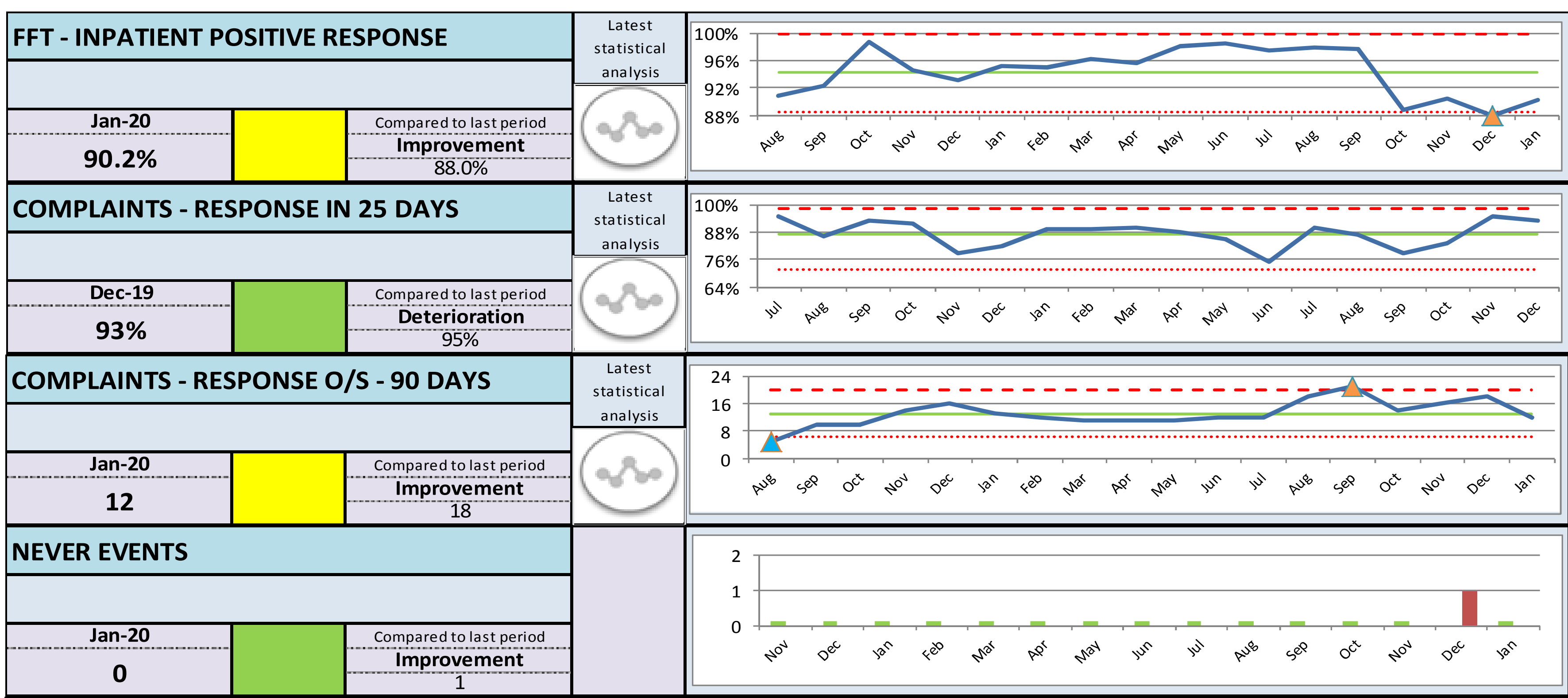
Quality and Safety



Performance Overview:

- There have been five category three and above pressure ulcers in January, an increase of three from December. Three of the five pressure ulcers were unstageable, one was a deep tissue injury and one was a category three pressure ulcer.
- Of the five, three have been investigated and not declared an SI, indicating that care was not suboptimal. Two are undergoing RCA process.

Quality



Performance Overview:

FFT: The January 2020 FFT approval rating for inpatients has shown an improvement on the December 2019 position . Since the Trust expanded the Envoy digital platform for FFT to include Inpatients there has been an increase in response rates from19% in Sept to an average of 28% across Q3. The Approval Rating for January 2020 was 90.2% against our target of 95% and was an improvement on December 2019 at 88%. The larger data set and elimination of survey bias is likely to be the cause of the reduction in approval ratings and we expect this to stabilise and then rise as our services respond positively to feedback.

A&E FFT January approval ratings are 83% and have risen for the first time since Oct 2019 (78%). The patient experience team are working in collaboration with A&E through an improvement plan that is focused on measures to improve patient experience of waiting, staff attitude and behaviour, environment, care and treatment and communication. Following the automation of the maternity FFT process in December 2019 further work is being done to review the criteria currently in place to allow an increase in the number of women that we can send sms messages to.

Complaints: January saw the highest number of complaints received in any month of 2019. There was a higher number of complaints received from A&E (8) and non-clinical (8) as well as a higher than average number of complaints received across gastro/general surgery, acute general surgery and dermatology.

Themes Trust wide: Behaviour & attitude was the most frequently coded subject in Jan (13 cases): Delays & Cancellations (11); Treatment/procedure (11).

Speed of response: The Trust target was met with 93% of 25 day cases received in December 2019.

65 Trust Complaints received Jan 2020

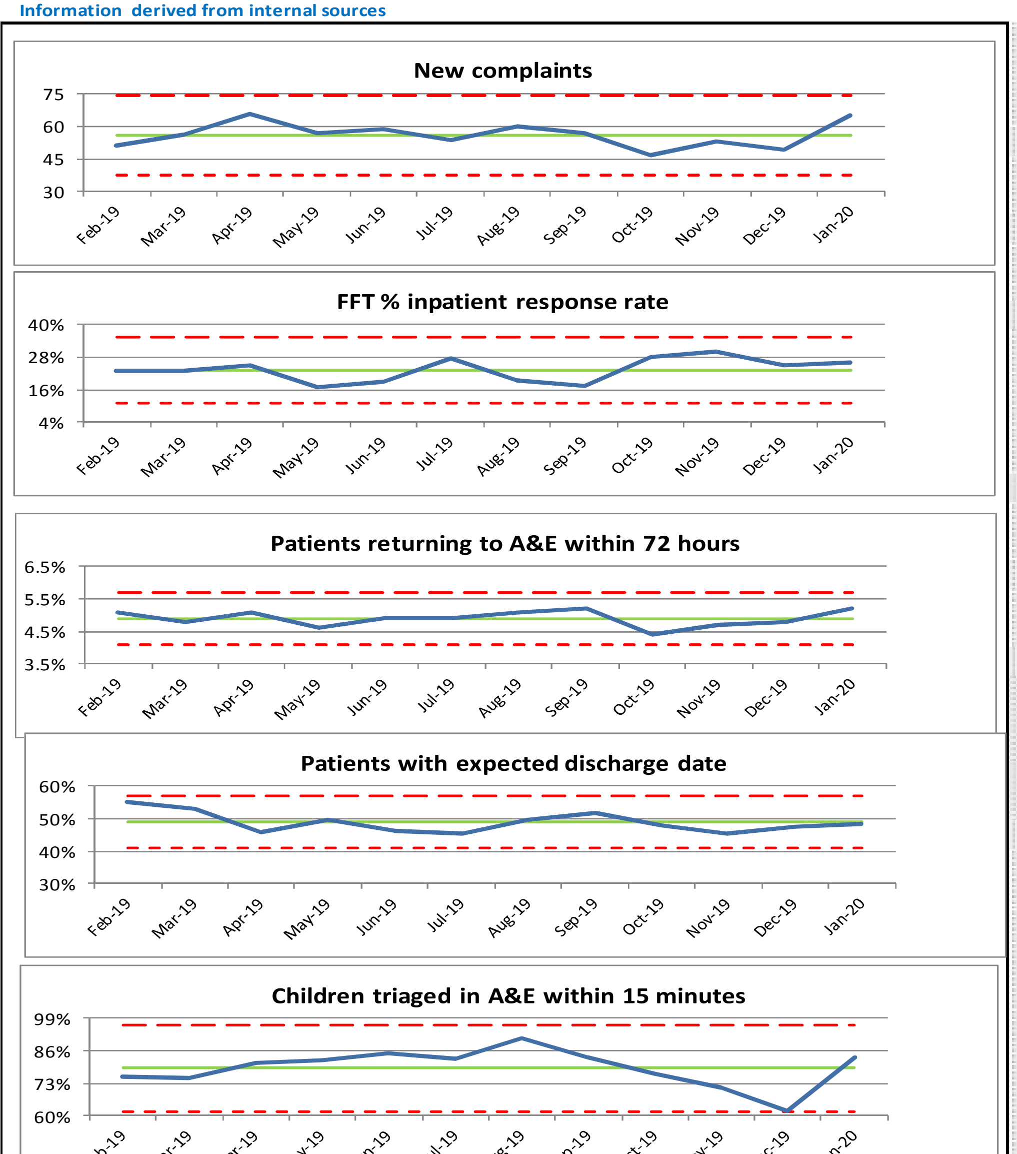
Int Med	W&C S.H	Surgery & CC	Non-Clinical	S.Services	IECC
24	10	10	8	8	5

Quality: patient experience

PATIENT EXPERIENCE - LEADING INDICATORS (SPC)

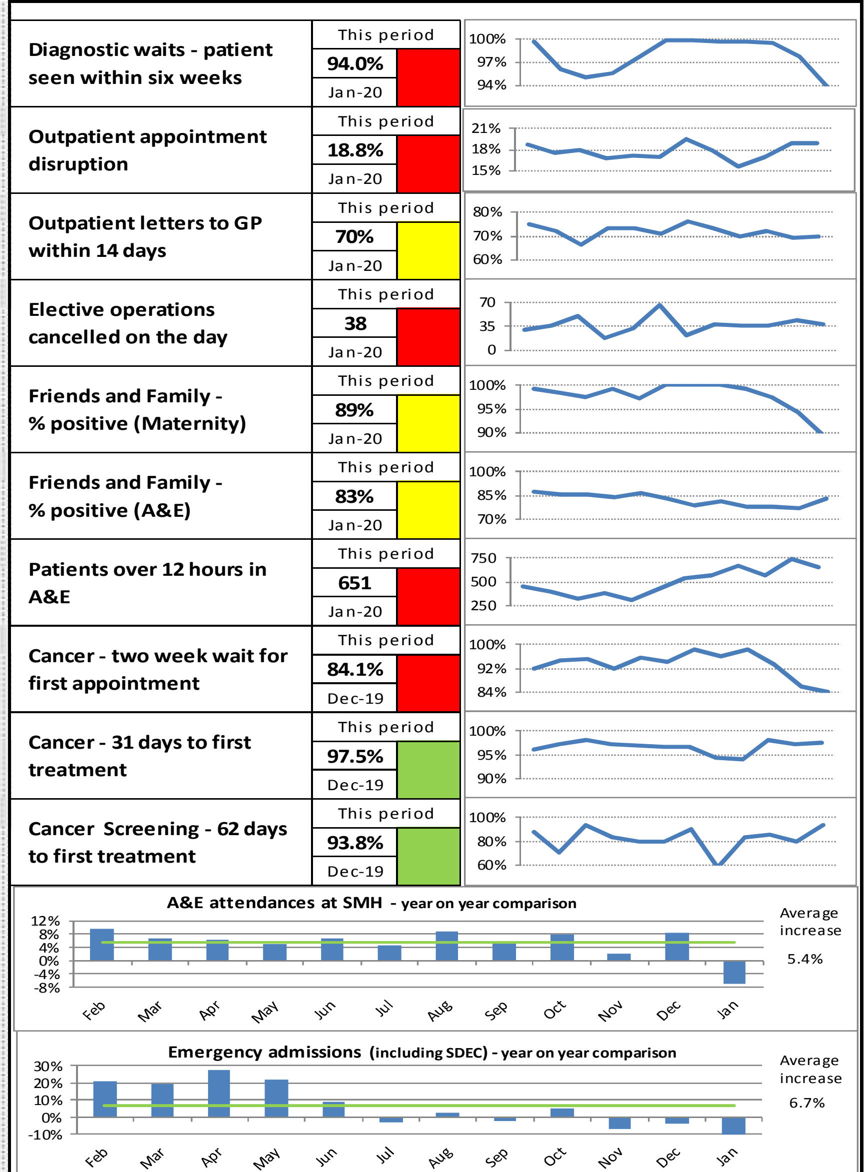
Lead - Quality Committee

Information derived from internal sources



PATIENT EXPERIENCE - TREND INDICATORS

Information derived from internal sources

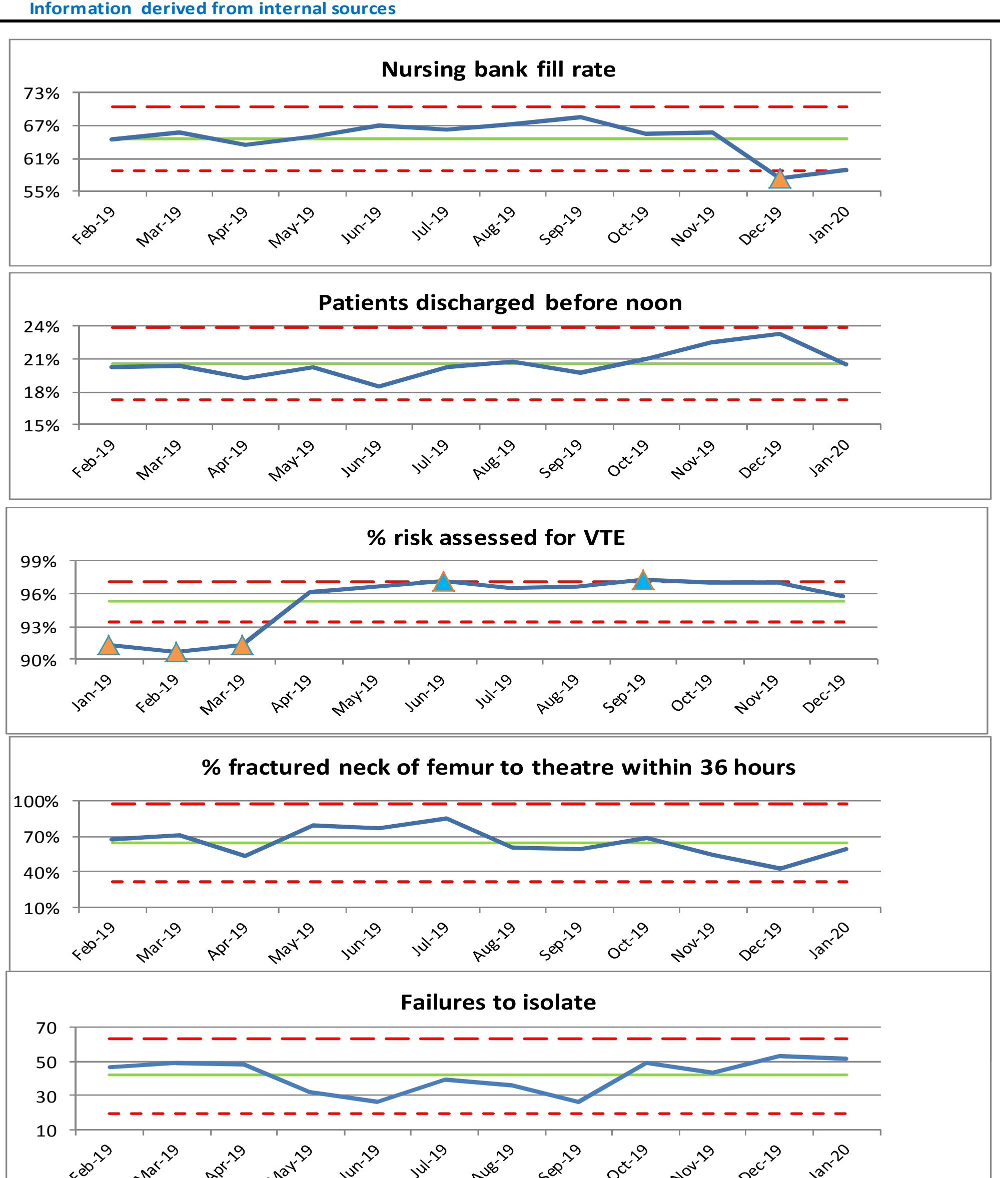


Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

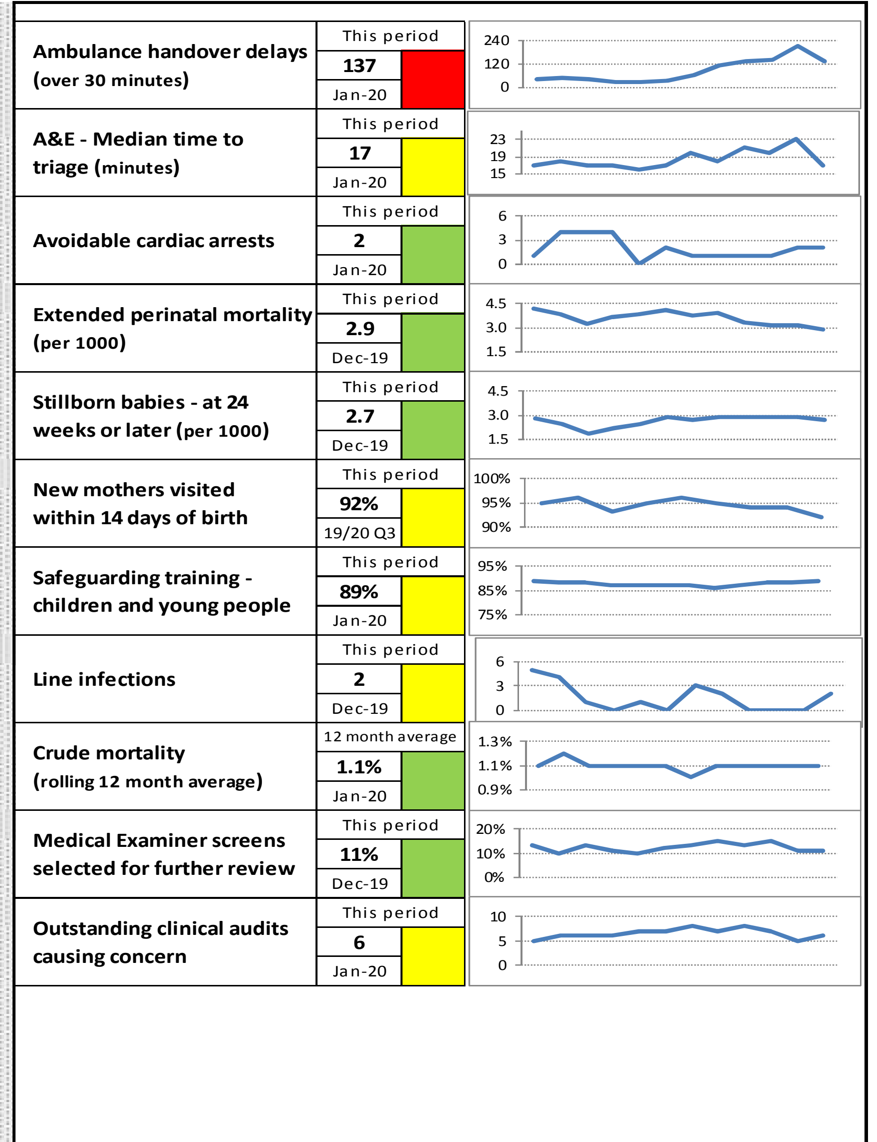
Lead - Quality Committee

Information derived from internal sources



PATIENT SAFETY - TREND INDICATORS

Information derived from internal sources



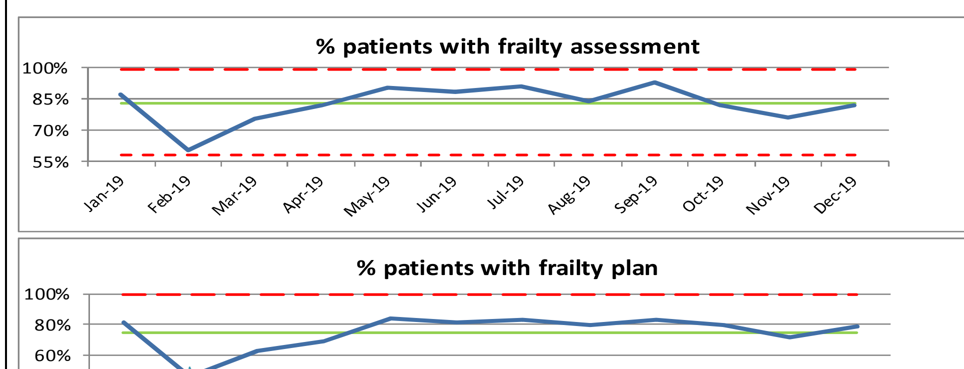
Indicator	Period	Value	Date
Ambulance handover delays (over 30 minutes)	This period	137	Jan-20
A&E - Median time to triage (minutes)	This period	17	Jan-20
Avoidable cardiac arrests	This period	2	Jan-20
Extended perinatal mortality (per 1000)	This period	2.9	Dec-19
Stillborn babies - at 24 weeks or later (per 1000)	This period	2.7	Dec-19
New mothers visited within 14 days of birth	This period	92%	19/20 Q3
Safeguarding training - children and young people	This period	89%	Jan-20
Line infections	This period	2	Dec-19
Crude mortality (rolling 12 month average)	12 month average	1.1%	Jan-20
Medical Examiner screens selected for further review	This period	11%	Dec-19
Outstanding clinical audits causing concern	This period	6	Jan-20

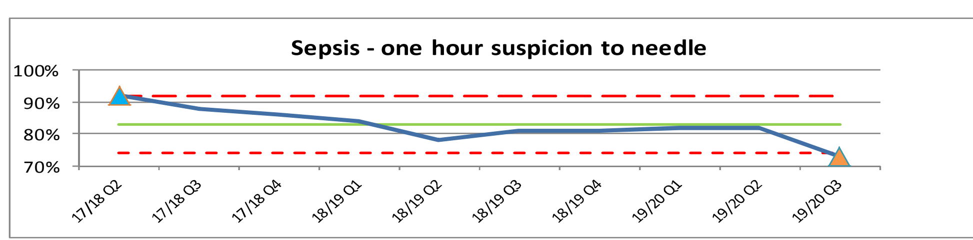
Quality: patient safety

PATIENT SAFETY- LEADING INDICATORS (SPC)

Lead - Quality Committee

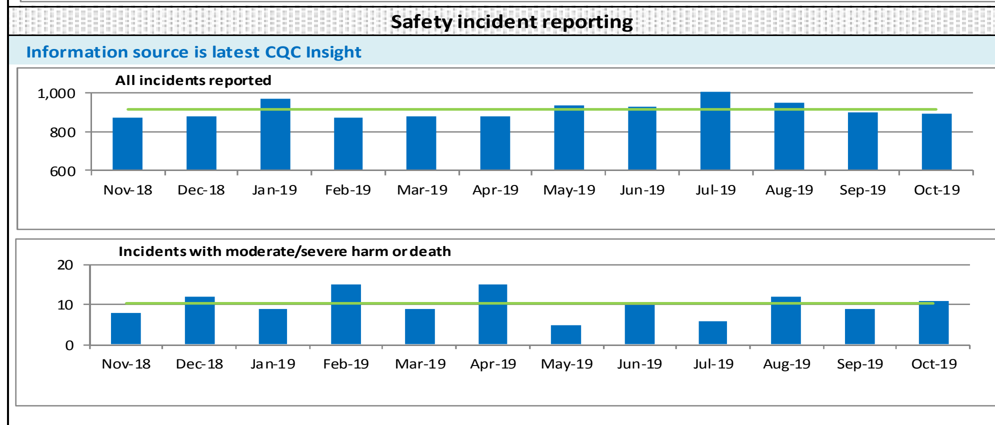
Information derived from internal sources





Safety incident reporting

Information source is latest CQC Insight



PATIENT SAFETY - TREND INDICATORS

Information source is NHSI Model Hospital - for benchmarking nationally

New pressure ulcers per patient

Trust ranking in latest period (Dec 19) - and rolling 12 month trend (against national average)

BHT

2%
1%
0%
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

Falls per patient causing harm

Trust ranking in latest period (Dec 19) - and rolling 12 month trend (against national average)

BHT

1.8%
0.9%
0.0%
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

New VTE per patient

Trust ranking in latest period (Dec 19) - and rolling 12 month trend (against national average)

BHT

1.2%
0.6%
0.0%
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

UTI/Catheter per patient

Trust ranking in latest period (Dec 19) - and rolling 12 month trend (against national average)

BHT

2.0%
1.0%
0.0%
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

Proportion of patients with harm free care

Trust ranking in latest period (Dec 19) - and rolling 12 month trend (against national average)

BHT

96%
93%
90%
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

Quality: Key Issues and Learning

Service Improvements

The QI team, Strategy programme managers and PMO will merge and form one central team to ensure that change is managed in a standardised way using a QI approach February 20.

There have been four Improvement Huddles implemented in pharmacy which have resulted in a number of benefits within the department. A departmental performance board is also on display for all staff to see.

Following business planning sessions, further work has been ongoing with the Divisions to confirm their priorities for quality improvement projects.

The QI team is supporting a number of individual projects as well as the urgent care programme that has recently been launched.

Learning from Excellence

Actual Excellence Report Submitted by: BHT ED Sepsis Nurse

Who achieved excellence? Dr *******

What department do they work in? GP Surgery **********

Where was the excellence observed? Patient handover

What did they do that was excellent? Dr ******* went above and beyond by downloading and printing a NEWS chart to calculate a NEWS score which enabled her to escalate this patient to hospital via ambulance with the presenting complaint being sepsis so they were easily recognised and treated in a timely manner

Mortality review and alerts

Total Adult Deaths 139 (compared to mean average of 120 over last 4 years) Total deaths of people with a learning disability 0

Total serious investigations declared 0 Number of deaths that were reviewed and considered more likely than not to be due to problems in care 0

Total compliance with ME screens 100% at month end

90% no care problems identified

10% (n13) selected for SJR of total screened- 2 following relative concern

19% of all deaths led to coroners referral

20% of all compliments led to excellence reporting

87% patients had DNACPR

85% patient had TEP

6% of all deaths of total screened following re-admissions within 72 hours

89% of applicable calls achieved by medical examiner to bereaved relatives

A reduction in complaints related to the deceased over last 3 years, 10% (2017), 9% (2018) and 8% (2019)

NHS confederation case study and webinar planned

Key lessons learned and actions from 10 serious incident closed in January :-

Application of professional knowledge

- Review processes for measuring the quality and effectiveness of child protection and peer supervision. Review and manage compliance with attendance standards.
- Benchmark against NEWS compliance using audit in response to deteriorating patients.

Assessment findings for review

- Use ward rounds and discharge planning to ensure investigations are completed and reports and actions followed up.
- Use of escalation Standard Operating Procedures (SOPs) when abnormal test results occur to ensure requestor of the investigation is contacted robustly to review and take appropriate action.

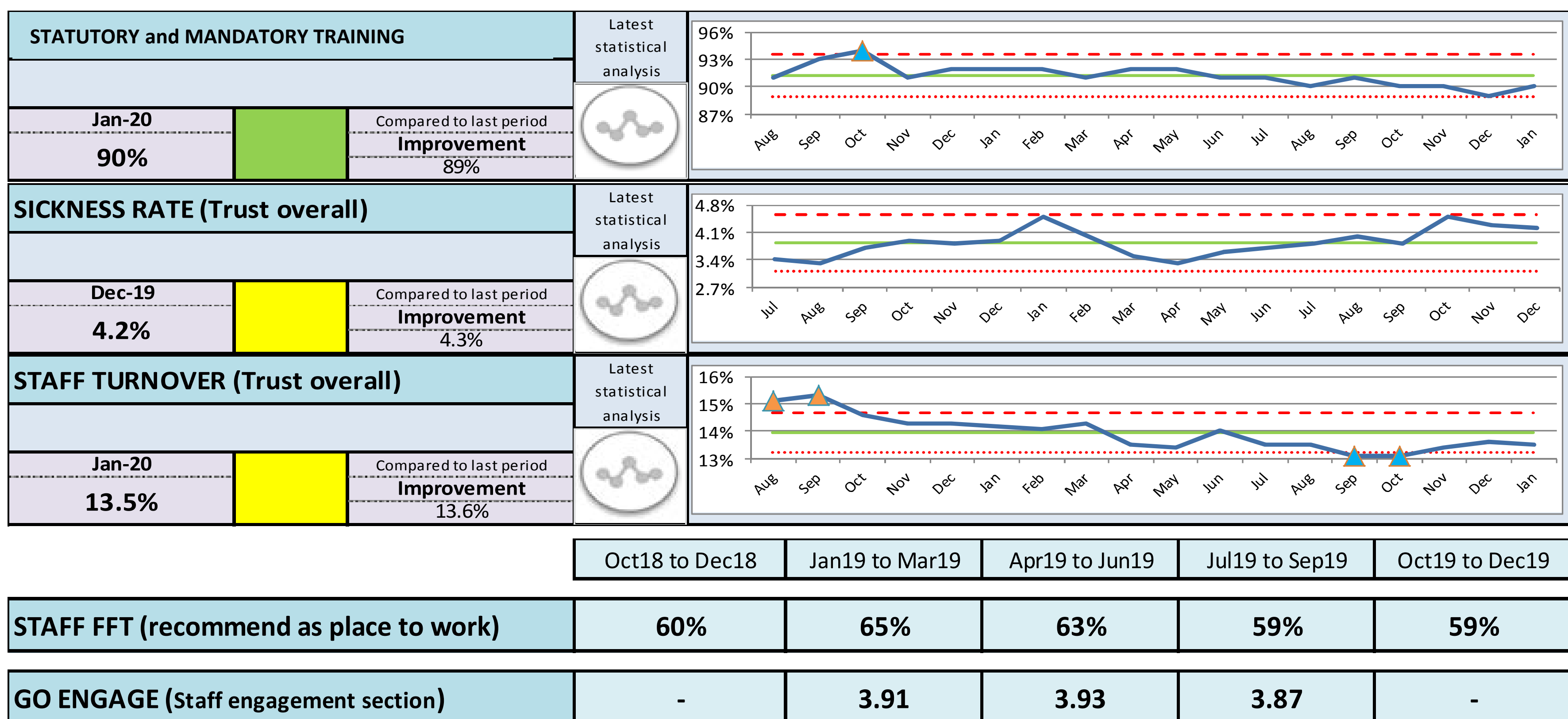
Communication using technology

- RiO rules, and alerts to be reviewed and updated to reflect the challenges and risk in the work of community staff.

Patient Experience

- A patient’s increased restlessness may be an indication of pain e.g. from a pressure ulcer. Think holistically particularly for patients with dementia.

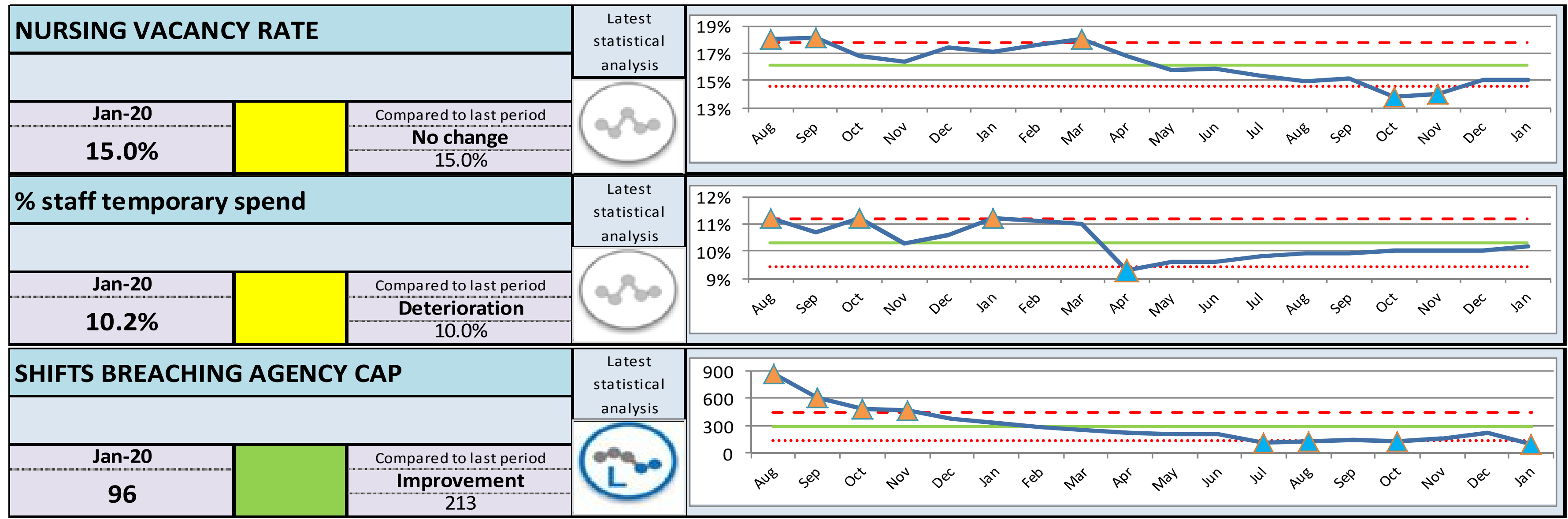
Workforce



	Oct18 to Dec18	Jan19 to Mar19	Apr19 to Jun19	Jul19 to Sep19	Oct19 to Dec19
STAFF FFT (recommend as place to work)	**60%**	**65%**	**63%**	**59%**	**59%**
GO ENGAGE (Staff engagement section)	**-**	**3.91**	**3.93**	**3.87**	**-**

Performance Overview:
Statutory and Mandatory training compliance has successfully risen back to 90%. The education team took actions to support divisions, following issues with staff being released for training in the previous month, due to operational demands.
Sickness rates have improved slightly, despite our anticipation that we would see a seasonal peak, which was delayed partly due to the mild weather . Work continues with HR Business partner team and Occupational Health and Wellbeing to effectively manage avoidable sickness and support return to work.
Staff turnover has improved after a slight rise in previous two months and we anticipate the continued retention work will support the overall downward trend.

Workforce



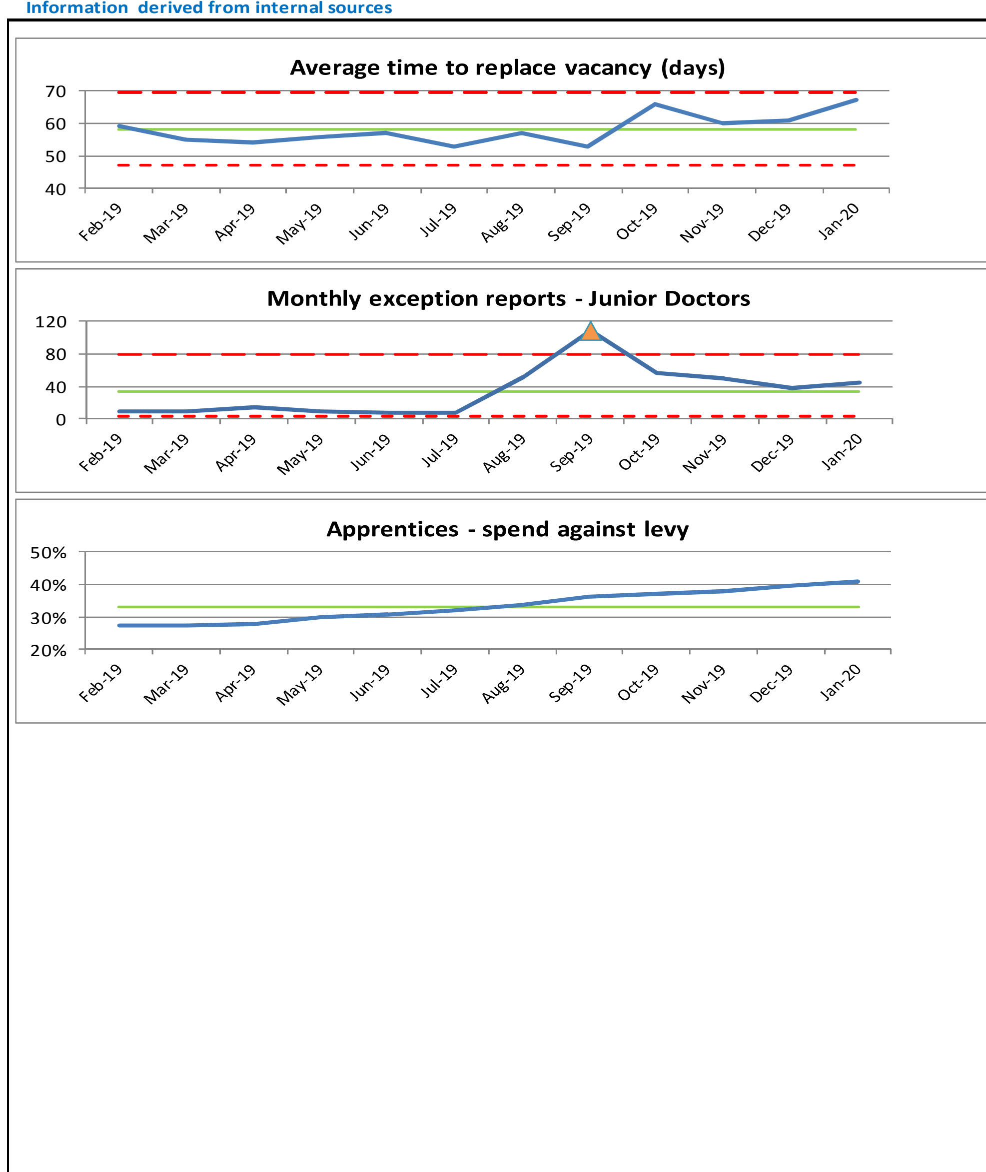
Performance Overview:
The nursing vacancy rate is stable, which we anticipate will continue until our Nursing students take up employment, from March 2020. We will also be recruiting in Portugal again, in March 20.
While temporary staffing spend has risen, this is directly related to organisational pressures increasing demand, however we still remain on target to end the year below our NHSI ceiling.

Workforce indicators

WORKFORCE - LEADING INDICATORS (SPC)

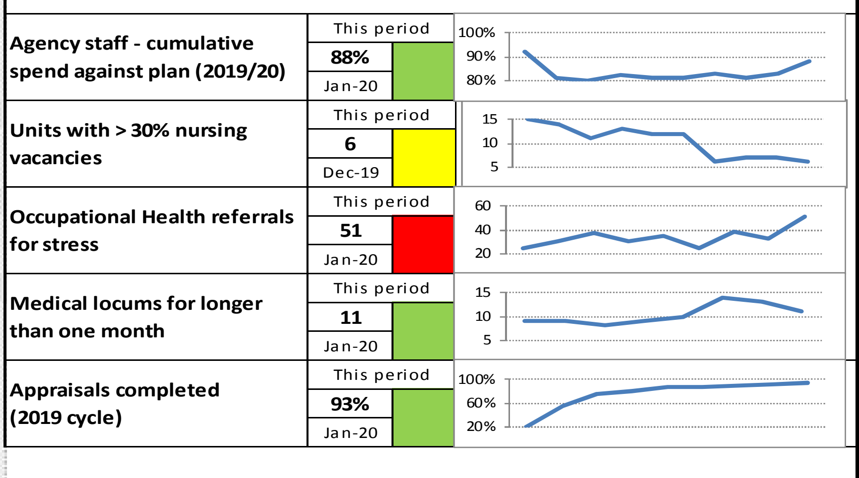
Lead - Workforce Committee

Information derived from internal sources



WORKFORCE - TREND INDICATORS

Information derived from internal sources

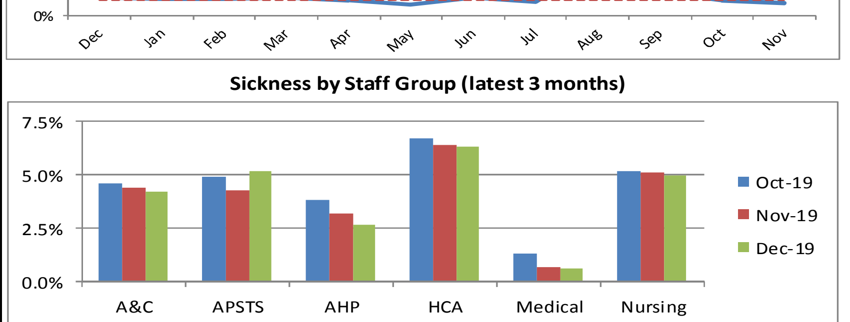


Indicator	This period		
Agency staff - cumulative spend against plan (2019/20)	88%	Jan-20	
Units with > 30% nursing vacancies	6	Dec-19	
Occupational Health referrals for stress	51	Jan-20	
Medical locums for longer than one month	11	Jan-20	
Appraisals completed (2019 cycle)	93%	Jan-20	

Information source is NHSI Model Hospital - for benchmarking nationally

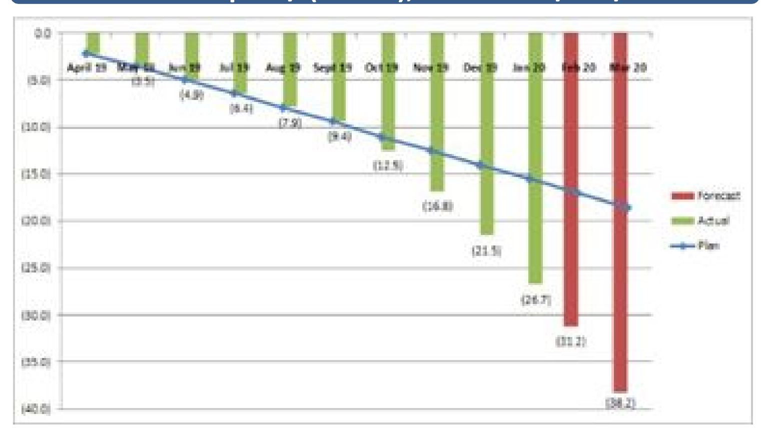
Staff turnover

Trust ranking in latest period (Nov 19) - and rolling 12 month trend (against national average)



Finance: income and expenditure

Retained surplus / (deficit), before PSF/FRF/MRET



Key Highlights

- The Trust reports a £26.7m normalised deficit YTD, £11.2m adverse to plan YTD. The in month position for January is a £5.2m deficit, £3.7m adverse to plan.
- The YTD £18.2m retained deficit position includes the receipt of quarter 1 and quarter 2 Performance Sustainability Fund (PSF) and Financial Recovery Fund (FRF) totalling £5m. The YTD position assumes PSF and FRF monies will not be received for quarter 3 and 4. Full receipt of YTD Marginal Rate of Emergency Threshold (MRET) monies totalling £3.5m are also included within the YTD position.
- The Trust received additional Performance Sustainability Funds relating to 2018-19 totalling £0.5m in month 4. These additional monies can not be included towards the Trust's 2019-20 financial plan and therefore are excluded from the Income and expenditure summary. The YTD position includes pro rata element of £5m improved contract value agreed with Bucks CCG. There are no longer any ICS income phasing support monies included within the YTD position. The YTD position also assumes full receipt of the maternity CNST rebate totalling £0.4m.
- Delivery of Efficiency Plans are £0.4m favourable to plan YTD.
- Both pay and non-pay spend continue to be above plan in-month and YTD.
- The Trust's forecast outturn is a £38.2m deficit excluding PSF,FRF and MRET monies. Including full receipt of MRET and Q1 & Q2 PSF and FRF funding, the Trust's forecast deficit is £29.0m, in line with the 2019-20 reforecast submission agreed with NHSE/I in January 2020.

Trust I&E Performance (£M)

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Plan	YTD Actuals	YTD Variance	Annual Plan	Forecast
Contract Income	33.4	31.5	(1.9)	334.7	330.5	(4.3)	401.6	398.4
Other income	2.7	3.3	0.6	26.8	29.0	2.3	32.2	35.7
Total income	**36.1**	**34.8**	**(1.3)**	**361.5**	**359.5**	**(2.0)**	**433.8**	**434.1**
Pay	(22.2)	(23.3)	(1.0)	(223.7)	(226.9)	(3.2)	(268.4)	(274.3)
Non-pay	(13.1)	(14.3)	(1.2)	(130.6)	(136.9)	(6.3)	(156.7)	(171.0)
Total operating expenditure	**(35.4)**	**(37.6)**	**(2.2)**	**(354.3)**	**(363.8)**	**(9.5)**	**(425.2)**	**(445.2)**
EBITDA	**0.8**	**(2.8)**	**(3.6)**	**7.2**	**(4.3)**	**(11.5)**	**8.6**	**(11.1)**
Non Operating Expenditure	(2.3)	(2.4)	(0.1)	(22.6)	(22.4)	0.2	(27.2)	(27.1)
Retained Surplus/(Deficit) before PSF, FRF and MRET	**(1.5)**	**(5.2)**	**(3.7)**	**(15.5)**	**(26.7)**	**(11.2)**	**(18.6)**	**(38.2)**
Performance Sustainability Fund (PSF)	0.7	0.0	(0.7)	4.5	2.0	(2.5)	5.8	2.0
Financial Recovery Fund (FRF)	1.0	0.0	(1.0)	6.6	3.0	(3.6)	8.6	3.0
Marginal Rate of Emergency Threshold (MRET)	0.3	0.3	0.0	3.5	3.5	0.0	4.2	4.2
Retained Surplus/(Deficit) including PSF, FRF and MRET	**0.5**	**(4.8)**	**(5.4)**	**(1.0)**	**(18.2)**	**(17.3)**	**(0.0)**	**(29.0)**
Non Recurrent I&E	2.0	0.3	(1.7)	14.5	8.5	(6.0)	18.6	9.2
Normalised I&E Surplus / (Deficit)	**(1.5)**	**(5.2)**	**(3.7)**	**(15.5)**	**(26.7)**	**(11.2)**	**(18.6)**	**(38.2)**

Divisional I&E Performance (£M)

Division / (£m)	YTD Variance	Annual Plan	Forecast	Forecast variance	Finance YTD Sector Rating	Forecast Sector Rating	Signed off by division	Last 3 Month Run Rate M08	M09	M10
Integrated Medicine	(2.5)	(77.7)	(81.8)	(4.1)	4	4	Yes	(6.8)	(6.4)	(7.0)
Integrated Elderly Care	1.1	(35.0)	(34.0)	1.0	2	1	Yes	(2.9)	(2.8)	(2.8)
Surgery And Critical Care	(4.7)	(87.5)	(93.5)	(6.0)	4	4	Yes	(7.7)	(7.7)	(7.8)
Women and Children	0.1	(46.0)	(46.3)	(0.3)	1	1	Yes	(4.0)	(3.9)	(4.0)
Specialist Services	(3.6)	(69.8)	(74.2)	(4.3)	4	4	Yes	(5.9)	(6.2)	(6.4)
Total Clinical Divisions	**(9.6)**	**(316.0)**	**(329.8)**	**(13.8)**				**(27.3)**	**(27.0)**	**(27.9)**
Chief Executive	0.7	(4.3)	(4.3)	(0.0)	1	1	Yes	(0.3)	(0.3)	(0.2)
Chief Operating Off-Management	(0.2)	(1.4)	(1.6)	(0.3)	3	3	Yes	(0.1)	(0.1)	(0.3)
Corporate Services	0.3	1.0	(2.8)	(3.8)	1	1	Yes	0.1	0.1	0.1
Commercial Director Mgmt	0.3	0.0	0.2	0.2	1	1	Yes	0.0	0.0	0.0
Finance Dept	0.4	(4.8)	(4.7)	0.1	1	1	Yes	(0.4)	(0.4)	(0.3)
Information Technology	0.5	(7.6)	(7.6)	0.0	1	1	Yes	(0.5)	(1.2)	(0.8)
Performance and Delivery	0.1	(3.6)	(3.5)	0.1	2	1	Yes	(0.3)	(0.3)	(0.3)
Property Services	(2.8)	(46.6)	(50.7)	(4.1)	4	4	Yes	(4.5)	(4.0)	(4.4)
Human Resources	0.4	1.5	1.8	0.3	1	1	Yes	0.2	0.3	0.2
Medical Director	0.1	(0.3)	(0.3)	0.0	1	1	Yes	0.0	0.0	(0.0)
Nursing Director	0.6	(15.8)	(15.6)	0.2	1	1	Yes	(1.3)	(1.3)	(1.3)
Pdc And Depreciation	(0.5)	(18.4)	(18.2)	0.3	3	1	Yes	(1.6)	(1.6)	(1.4)
Bht-Bhpl Sla	0.1	0.0	0.2	0.2	1	1	Yes	(0.0)	0.0	0.0
Strategy And Business Dev	0.0	(0.6)	(0.6)	0.0	1	1	Yes	0.0	(0.1)	(0.0)
Total Corporate	**0.1**	**(100.6)**	**(107.6)**	**(6.9)**				**(8.9)**	**(8.9)**	**(8.6)**
Contract Income	(4.3)	416.0	398.7	(17.3)				33.4	32.7	31.5
ICS Risk Allocation Contract Income	0.0	0.0	0.0	0.0				(1.5)	(1.5)	0.0
MRET	0.0	4.2	4.2	0.0				0.3	0.3	0.3
Provisions	2.0	(3.5)	0.0	3.5				0.0	0.0	0.0
Donated Asset Reporting Adj	0.5	0.0	0.5	0.5				0.1	0.1	(0.1)
Mitigation Plans to be allocated	0.0	0.0	0.0	0.0						
Retained Surplus / (Deficit) before PSF and FRF (after MRET)	**(11.2)**	**(0.0)**	**(34.0)**	**(34.0)**				**(3.9)**	**(4.3)**	**(4.9)**

Finance: cash & Accounts Payable / Receivable

Cash Position

	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Fcast	Fcast	
	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	2019/20
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
INCOME													
Clinical income	23,309	31,905	31,710	31,792	32,746	34,934	32,312	34,644	31,357	32,917	33,130	33,220	380,716
CCG System wide working :													
- 2018/19			(3,000)										(3,000)
- 2019/20					2,500				2,000	3,000	(3,000)	(2,500)	2,000
Education and Training		843	881	1,908	2,621			3,712				3,600	13,565
Other income	1,194	808	979	1,776	1,712	2,020	2,114	1,790	2,778	851	1,313	1,375	19,630
HMRC vat reclaim	-	2,330		1,181	3,307	1,034		832	1,187	818	1,200	900	15,528
DOH Pay award	-	-	-	-		264	-	-	-	-	-	-	264
PSF (Received)													
- 2018/19				1,786									1,786
- 2019/20						872			1,163				2,035
FRF (received) 2019-2020						1,283	-	1,712		-	-	-	2,995
MRET 2019-2020	1,047	-	-	1,047	-	-	1,047	-	-	1,048	-	-	4,189
NHS - Loan													
Revenue Support	2,504	16,700		1,445	1,092	926		1,116	1,088		7,000	6,500	32,501
PSF & FRF Advance													
PSF & FRF Advance (Repaid)													
Loan - Working Capital	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Receipts	2,322	1,547	837	1,020	1,562	1,057	1,172	1,465	428	1,027	1,204	1,425	15,706
TOTAL RECEIPTS	36,376	48,213	31,407	46,558	47,680	42,420	36,445	44,553	40,393	39,861	40,947	41,050	496,505
PAYMENTS													
Pay Costs	(21,288)	(21,277)	(21,211)	(22,352)	(20,415)	(21,084)	(19,492)	(22,220)	(21,232)	(23,118)	(22,780)	(23,080)	(271,959)
Creditors	(12,498)	(17,980)	(8,417)	(16,778)	(17,586)	(15,185)	(15,786)	(20,561)	(14,405)	(15,877)	(15,883)	(14,439)	(182,893)
Creditors - Capital Spend	(1,017)	(3,862)	(1,231)	(545)	(428)	(606)	(165)	(183)	(366)	(1,477)	(2,204)	(2,172)	(14,429)
NHSLA	(1,255)	(1,255)	(1,255)	(1,255)	(1,255)	(1,255)	(1,255)	(1,255)	(834)	(1,255)	-	-	(12,969)
PDC Dividends	-	-	-	-	-	(1,858)	-	-	-	-	-	(3,930)	(5,788)
Loan Interest payments	(116)	(49)	(11)	(42)	-	(973)	(42)	(138)	(11)	(15)	-	(772)	(2,098)
Loan Repayments	-	-	-	-	-	(1,157)	-	-	-	-	-	(1,157)	(2,278)
Other Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL PAYMENTS	(36,070)	(45,920)	(34,085)	(39,172)	(47,845)	(42,110)	(36,740)	(44,753)	(39,250)	(40,888)	(41,127)	(41,650)	(496,753)
NET CASH FLOW IN PERIOD	306	2,293	(2,678)	386	(165)	310	(295)	(203)	1,143	(1,129)	(880)	-	(595)
OPENING CASH BALANCE	2,121	2,427	4,720	2,042	2,428	2,263	2,571	2,278	2,076	3,219	2,100	1,920	2,121
CLOSING CASH BALANCE	2,427	4,720	2,042	2,428	2,263	2,571	2,278	2,076	3,219	2,100	1,920	1,920	1,920

Cash – Key Highlights

- Cash support of £3m was received from Bucks CCG in January which will be repaid in February.
- The Trust is drawing down £7m in February to support the reported deficit position.
- MRET income of £1.1m was received in January.
- Capital payments are beginning to increase in line with the phasing of the major projects. It is expected this increase will accelerate over the next few months. The Trust has been paying revenue creditors before terms in a bid to have working capital reserves to support these payments.
- The Trust is planning to request deficit support from NHSI of £6.5m for March and £6m for April.

Accounts Payable & Accounts Receivable

Accounts Receivable

Month 10

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	4.4	0.9	1.0	0.6	4.7	11.5
Non-NHS	1.7	0.7	0.2	0.2	2.1	5.0
% of total	37%	10%	7%	5%	41%	100%

Month 9

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	1.2	1.5	0.7	0.6	4.4	8.4
Non-NHS	1.7	0.6	0.3	0.2	2.3	5.1
% of total	22%	15%	7%	6%	50%	100%

Accounts Payable

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.0	0.2	0.0	0.0	-0.2	0.0
Non-NHS	1.0	0.0	0.1	0.0	0.0	1.1
% of total	91%	18%	9%	0%	-18%	100%

Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	4,376	1,533	35%	33	26	78%
Non-NHS	73,668	58,747	80%	210	190	90%
Total	58,212	43,511	75%	243	216	89%

Accounts Payable & Accounts Receivable – Key Highlights

Accounts Receivable

- Debtors have increased by £3m from £13.5m in month 9 to £16.5m in month 10. The main reason for the increase in NHS current £3.2m of which £2.6m relates to a Health Education England invoice raised quarterly in advance.
- Overdue has decreased by £0.2m in month from £10.6m to £10.4m.

Top 5 outstanding debts at month 10 are:

1 - Oxford University Hospitals NHS FT £0.7m.

2 - Wessex Specialist Commissioning £0.7m . £0.2m relates to old HEP C invoices and £0.5m is a short payment of December SLA. This due to the finalisation of the Q1 position for which a credit note is required.

3 - East Berkshire CCG £0.7m which related to 2018-19 over performance.

4 - Imperial College £0.6m mostly related to APC and Devices inserted for APC.

5 - NHS Nene £0.5m connected to Spinal delayed discharges.

- Overall £2m of spinal delayed discharges remain unpaid together with £0.5m of non-contractual activity at month 10.

Accounts Payable

- The accounts payable aging reflects invoices approved on the system ready for payment. The Trust has unusually low outstanding creditors, currently supplier invoices are being settled as soon as they are approved in order to restore relationships with suppliers.
- However at the end of month 9 there were £12.1m of invoices awaiting approval which are not reflected in this table. This has increased from the prior month due to the E-financials being unavailable for a couple of days pending the system upgrade.

Better Payment Practice Code

- BPPC performance has remained relatively unchanged from prior months. The compliance is better by value than number which indicates financial compliance is good around significant invoices but less so for the smaller ones. As the metric is calculated cumulatively, and high volumes of old invoices have been processed earlier in the year, the achievement of the 95% national target for the year is unlikely.

Communications and engagement January 2020

Communications in numbers

Top performing

Press release:

- Trust welcomes new decade with new babies
- New maternity resources and continuity of carer teams for pregnant women
- Restrictions on visitors to adult inpatient wards at SMH and AH

Video:

Staff Wellbeing
Acts of Self kindness 266 views

Tweet & Post:

"A&E is busy – make the right choice"
26.2k impressions

50,927 people reached

Self Care
Pharmacy
NHS 111
GP Advice
A&E or 999

Key campaigns & stories

Internal

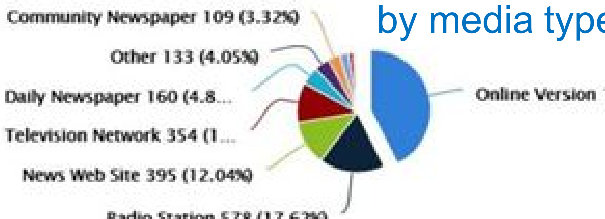
- Flu
- We CARE we ALL matter
- Go Engage

External

- A&E is busy
- Maternity continuity of carer
- Help us help you
- Mental health awareness
- Norovirus infection control
- Visitor restrictions
- Organ donations
- Recruitment
- Flu

Press coverage

by media type



by sentiment

Negative 7 (0.21%)
Neutral 309 (9.42%)
Positive 36 (1.1%)
Very Negative 826 (25.18%)
Very Positive 2,102 (64.09

Performance Exception Report – supporting the Integrated Performance Report		
Month reported:	**Executive Director:**	Chief Nurse
January 2020	**Completed by:**	Helene Anderson, Deputy Chief Nurse
Indicator/Performance standard	Zero hospital acquired ulcers with deep tissue damage	
Variation from plan/performance standard	PRESSURE ULCERS (deep tissue damage) Jan 20 5	
Brief Reason for variation	There has been an increase in Category three and above pressure ulcers this month, with five being reported in January. Three of the five pressure ulcers were unstageable, one was a deep tissue injury and one was a category three pressure ulcer. Reports and debrief meetings have been held for three of the incidents at this point & these did not meet criteria to be declared as an SI. When an SI is declared this is usually an indication that care has been suboptimal. A Root Cause Analysis (RCA) is completed for all pressure ulcers to ensure there is an understanding of any areas for further learning. Current status of the five incidents: • **Amersham ACHT** - care was good from the team but the patient had a palliative diagnosis and a sudden decline in health after a long period of being stable was experienced. The patient was used to living alone and being quite independent, they chose to sleep in chair despite advice and provision of equipment and had declined personal care as embarrassed by incontinence. They were assessed and deemed to have capacity to make decisions. This was not an SI. • **Southern ACHT** – care was good from team, difficulty with managing the needs of the patient from a nursing/caring point of view against the patient's own choices. Patient had an inherent distrust of people & disliked new people and situations. This combined with a level of paranoia lead to self-neglect. There were regular conversations with the patient's social worker. Deemed to have capacity to make decisions. This was not an SI. • **Surgery & Critical Care** – Documentation was timely, care was good. The incident involved a transfer to cardiac day unit at Wycombe on transport and this area has been asked to contribute to the debrief documentation as the patients right heel deteriorated the following day. The patient had known vascular problems. The pressure ulcer is healing well. This is not an SI. • **Integrated Medicine** – report not yet completed • **Specialist Services** – report not yet completed	
Key Actions to be taken to address variation	**Date:**	**Action**
	February 2020	Review of the currant RCA process is underway to identify if there are more effective ways to understand and sharing learning. This will include learning from areas that complete the RCA process well
	April 2020	Review of current risk assessment tool (Waterlow). The proposal is to move to an alternative tool, which is based upon clinical assessment rather than a score. This tool is being increasingly utilised nationally to assess risk of pressure ulcers and is well evidenced
	April 2020	Review of the currant intentional rounding documentation and introduction of the ASSKIN bundle, the aim being to improve assessment, documentation and ongoing care planning through improved integration of documents.
Impact and forecast timeline	Severe harm caused by pressure related damage is on a three year downwards trajectory. Change made to the categorisation on pressure ulcers last June 2018 has the potential to increase reporting. This is currently being monitored closely to understand further and enable appropriate action to be taken.	

Performance Exception Report – supporting Integrated Performance Report February 2020		
Month reported:	**Executive Director:**	Dan Gibbs
December 2019	**Completed by:**	Catherine Richards
Indicator/Performance standard	2ww referrals for suspected cancer 93% Symptomatic breast referrals not suspected of cancer 93%	
Variation from plan/performance standard	• 2ww referrals for suspected cancer – 84.1% • Symptomatic breast referrals not suspected of cancer 21.9% • Overall 62 day performance was on target	

Cancer 62 day recovery	Dec 19
	M08
Breaches > 62 days - predicted	12
Total treated - predicted	84
Predicted Performance	85.7%
Breaches > 62 days - actual	12
Total treated – actual	89
Monthly Performance - actual	85.7%
104 day breaches*	2

*This is number of accountable breaches rather than number of patients

Brief Reason for variation

62 day cancer performance has improved since last month and all targets were met with the exception of '2ww referrals for suspected cancer' and 'Symptomatic breast referrals not suspected of cancer'. This has been due to lack of radiology capacity to support breast clinics.

There is a national shortage of consultant radiologists including locums. A part time locum has now started and another locum is expected to start in March. The breast service will put on additional clinics once there is adequate radiology capacity but we do not anticipate recovering these targets until April at the earliest but more realistically May 2020. Recruitment continues for permanent consultants.

Key Actions to be taken to address variation	**Date:**	
	March 2020	Additional breast clinics to be arranged once Radiology locum has started
Impact and forecast timeline	2ww target to be achieved from May 2020	

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Performance Exception Report – supporting Integrated Performance Report December 2019

Month reported:	**Executive Director:**	Dan Gibbs
January 2019	**Completed by:**	Lorraine Pitblado
Indicator/Performance standard	Trusts Accident & Emergency 4hr Standard - 95% of patients to be seen, admitted or discharged within four hours	

Variation from plan/performance standard

January Plan	**92.7%** Total patients expected 14,278
January Actual	**81.92%** Total patients attended 13,259

Attendances were 1,019 less than planned and the 4 hour standard was 10.72% less than trajectory.

- The daily average of patients for the month was 427 which was less than December of 450.
- The best days performance 22/01/2020 was 93.43%.

The daily average seen through GP steaming was 28 patients which was an decrease from 36 in December.

Brief Reason for variation

Highlights for the month of January 2019:

Attendances across Urgent & Emergency Care at BHT were lower this year 13,259 compared to January last year 13,598 and lower than plan. Performance has extremely challenged dropping to 66.82% on 02/01/2020

Performance of the Emergency Department (ED) constitutional standard of patients seen or discharged within 4 hours has continued to see variation throughout January and in particular weekend performance has been continued to be challenged. In January the ED attendances were in excess of 500 on 1 occasion which was on 27/01/2020 and Monday continues to be the busiest day. The highest recorded day was 547 patients on 27th January 2020.

Type 1 A&E performance continues to be a challenge and there was an even further reduction in performance in December.

Type 1 - 4 hour performance

Percentage: 100, 50, 0

Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20

Month 2019

Minors breaches continue to pose a significant problem especially out of hours when all patients are managed through one single queue. Minors breaches continue to contribute to 18% of the overall breaches. However there was a reduction to 13% in January. A revamped streaming process has been introduced and the minor stream between 08:00-23:00 will now be processed out with ED and so the flow should be improved. There is however the issue of

	overnight and this is being reviewed as part improvement work. The Trust implemented its 'Full Capacity Protocol' and reported OPEL 4 externally predominately due to lower discharges than admissions which correlated to acuity of those being admitted on a number of occasions in October and escalation capacity was utilised throughout the month Escalation beds on St Joseph's continue to be utilised which impacts the effectiveness of delivering a medical day unit although there has been some success in the provision of a discharge lounge and this needs to continue to be embedded within practice. There was also escalation beds opened in day surgery throughout the month of January.	
Key Actions to be taken to address variation	**Date:**	
	Commenced September 2019	'SAFER' initiatives continue to support reducing the LoS of patients particularly those greater than 21 days. Red to Green introduced as a pilot on ward 6 & 17.
	Commenced September 2019	Check & Challenge on the wards has been introduced daily to support discharge & flow.
	Commenced 7th November	Movement of minors service into GP streaming area to support the crowding element of PDU.
	11th November	NHSi site visit for support Agreed to focus on ED huddles Nurse in charge/EPIC roles RAG rated operational sheets Band 7s – development Triumvirate development Streaming – options NHSi will be onsite for 3 weeks initially with negotiated time afterwards.
	Commenced Nov 19	Introduction of new streaming model to include using targeted observations to identify unwell patients as well as increase the volume of patients to the GP streaming service.
	January 2020	Additional senior decision maker at the front door to support the offload times of ambulance handover delays and the use of EOU.
	February 2020	Emergency Acute transformation project commenced. 6 work streams identified- • Pre hospital

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- Front of house
- Acute & Ambulatory
- Post-acute
- Get me home
- Anticipate not react.

An initial workshop is being held on 11th February with a follow up day on 17th March 2020.

Impact and forecast timeline

Accident and Emergency			Y1 M09 Plan [illegible] Month 9	Y1 M10 Plan [illegible] Month 10	Y1 M11 Plan [illegible] Month 11	Y1 M12 Plan [illegible] Month 12
Accident and Emergency - >4 hour wait	i		1,050	1,040	860	670
Accident and Emergency - Total Patients	i		13,436	14,278	13,536	13,536
Accident and Emergency - Performance % (95% standard)			92.2%	92.7%	93.6%	95.1%

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Month 10 Finance Report
Board Lead	Barry Jenkins
Type name of Author	Aneel Pattni
Attachments	Month 10 Finance Committee Report
Purpose	Assurance
Previously considered	FRB 19/02/2020 EMC 21/02/2020

Executive Summary

1. **YTD position is now £11.2m off plan:** the Trust reports a £26.7m normalised deficit YTD, £11.2m adverse to plan YTD. However, this is broadly in line (c£0.3m ahead of) the YTD £27.0m deficit forecast trajectory submitted to NHSI.
2. **CCG Support reduced to £nil at month 9, no change in month 10**: in line with CCG agreement to repay £4.5m YTD support at month 6 in three equal instalments of £1.5m during Q3.
3. **Most likely forecast is £29.0m deficit** after PSF, FRF and MRET. Clinical and Corporate forecasts in month 10 are broadly in line the Trust reforecast. The full year forecast remains in line with £38.2m normalised deficit submitted to NHSI.
4. **The capital programme is £12.1m behind plan YTD** due to slippage on the theatres infrastructure £2.4m, A&E redevelopment £3.5m and MRI £0.4m projects. The Trust is forecasting a full year capital spend of £15.1m.

Decision	The Board / Committee is requested to note the paper.

Relevant Strategic Priority

Quality ☐	**People** ☐	**Money**☒

Implications / Impact

Patient Safety	
Risk: link to Board Assurance Framework (BAF)/Risk Register	Risks as articulated above.
Financial	See Executive Summary in paper
Compliance Select an item. Select CQC standard from list.	
Partnership: consultation / communication	
Equality	
Quality Impact Assessment [QIA] completion required?	

Safe & compassionate care, every time

BOARD COMMITTEE SUMMARY REPORT

Name of Committee	Finance and Business Performance Committee
Committee Chair	Mr Rajiv Jaitly
Meeting date:	27th January 2020
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies	Mr Tom Roche, Mr Gary Heneage

KEY AREAS OF DISCUSSION:

Long Term Plan
A verbal update was provided by the Director of Finance with discussion around the need to be realistic in all plans. The committee noted the LTP and the implementation concerns around the use of pre-forecast numbers and understanding of portioning.

Corporate Objectives
Updates were provided on the Small Change Big Difference, Making It Easier to Get Things Done and Embed use of accurate data across the Trust.

Digital Strategy Quarterly Update
The committee were updated on current projects with some discussion around funding and prioritisation. On-going work will continue to mitigate the three main risks; cyber security, infrastructure and switchboard.

Performance Floodlight Integrated Performance Report
Discussion focused on A&E performance, cancer and RTT targets. Some deterioration was noted in complaints compliance and deferred to the Quality Committee. The committee noted the report and the exception reports.

Business Planning 2020/2021 update on progress
The Director of Strategy provided a paper giving assurance of an operational plan to Board by year end.

Month 9 finance report
The Director of Finance articulated that following re-forecast, the Trust is on track with the new plan. The £7m drawdown for February and further £6.5m for March was noted.

Forecast Paper
The committee noted the report and the difficulties and need to be realistic in plans.

Efficiency Programme
The committee noted the positive news on the 2019/2020 programme and urged pace on confirming the programme for 2020/2021.

ICS Financial Position
The committee noted the report with the suggestion that any additional transformational monies be used for transformation and discussed in the joint committee.

Setting Financial KPIs
The current KPIs were summarised with a suggestion that model hospital feed in once updated.

Capital Report
The importance of full delivery of the programme was articulated and the committee noted the report.

CDC Committee
The update was noted by the committee.

Car Park
A discussion took place around ensuring break clauses in the contract and ensuring that income related to staff was re-invested in staff facilities. The paper was recommended to the Board for consideration.

Energy
The Director of Property Services advised of the robust process undertaken with recognition of the political sensitives around gain share. The paper was recommended by the committee.

Clinical waste
A paper was presented with the request for further updates within the estates papers going forward. It was suggested that a walkabout be arranged for NEDs.

Quarterly Corporate Risk Register
A paper was presented by the Director for Governance following numerous reviews of the register. The committee noted the report.

AREAS OF RISK REVIEWED IN THE MEETING

- Car park – transparency around engaging with staff and patients
- PFI concerns around gain share
- Waiting list – delays
- RTT
- Diagnostic waits
- Cancer delays and process
- Rising workforce vacancies
- Meeting the capital expenditure
- CIP – non-recurrent for 2020/2021
- Statutory and mandatory training
- Sickness rate
- A&E – 4 hr standard
- Digital
- Realistic plan for outturn for next year

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

Suggestion that the length of papers be reviewed in light of Board the following day and giving adequate reading time to attendees.

AUTHOR OF PAPER:	Barry Jenkins, Director of Finance

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Charitable Funds Committee (CFC) Sub-Committee Assurance Report.
Board Lead	Rajiv Jaitly, Non-Executive Director / Charitable Funds Committee Chair
Type name of Author	Nelson Garcia-Narvaez - Charitable Fund Head of Finance
Attachments	Charitable Fund's Dashboard as at 31/12/2019
Purpose	Approval
Previously considered	At the CFC meetings on 6th December 2019 and 27th February 2020.

Executive Summary

This briefing provides an update on the Buckinghamshire Healthcare NHS Trust Charitable Fund's activities reported to the CFC on both 6th December 2019 and 27th February 2020.

The meetings were quorate and the declarations of interest were recorded in the minutes.

There were no issues to report in the activities of the Charitable Fund.

Bid applications were approved in line with the Charitable Fund's guidelines.

Decision	The BOARD is asked to NOTE this paper and ENDORSE the bid application for £100,000.

Relevant Strategic Priority

Quality ☒	**People** ☐	**Money**☒

Implications / Impact

Patient Safety	N/A
Risk: link to Board Assurance Framework (BAF)/Risk Register	N/A
Financial	N/A
Compliance Select an item. Select CQC standard from list.	Good Governance
Partnership: consultation / communication	N/A
Equality	N/A
Quality Impact Assessment [QIA] completion required?	N/A

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1 Introduction/Position

KEY AREAS OF DISCUSSION DURING THESE COMMITTEES:

Investments
The Committee received a portfolio valuation report as at 31st December 2019, presenting the performance of the charity's investment portfolio over the last quarter. The Committee was informed that the total portfolio market value based on a bid price was £8.42m which represents an increase of £0.44m compared to the previous valuation of £7.98m as at 31st December 2018 that was presented on 5th February 2019 meeting. The overall performance of the portfolio market value has been an increase of 5.52% in the last twelve months, due to the market conditions during this period.

Financial Statements and Reports

The Committee noted the Charitable Fund's Financial Reports as at 31st December 2019.

Bids

The Committee was presented with the following Bid Application to the **value of** £100,000, which requires presentation to the Trust Board for endorsement:

1) Bid 2020-018 seeking funding at a total cost of £100,000 from the Masson Legacy for Spinal Research Fund (Fund 2094) to cover the cost of a NSIC Research & Innovation Programme Manager for a period of two years, in order to work collaboratively within the NSIC and the R&I Department.

The Committee was also presented with the following Bid Applications with **values of under** £100,000 which were approved and are now being presented to the Trust Board for information purposes:

1) Bid 2020-012 to purchase a Lumenis Laser Machine M22 for the Plastic Surgery Department at the total cost of £67,950.

2) Bid 2020-017 to purchase a Treadmill Replacement for the Spinal Gym at the total cost of £54,450.

3) Bid 2020-010 to purchase a Biometrics E-link Equipment Replacement for the NSIC at the total cost of £14,476.

4) Bid 2020-019 to support the Transcranial Magnetic Stimulation (TMS) Mapping Research Project at the total cost of £49,000.

5) Bid 2020-022 to support the Active Neuro Transcutaneous Electrical Spinal Cord Stimulation (TESCS) Research Project at the total cost of £90,403.76.

2 Problem
There were no issues to report during these Charitable Fund Committees.

3 Possibilities
N/A

4 Proposal, conclusions recommendations and next steps.
N/A

5 Action required from the Board

5.1 The Board is asked to:

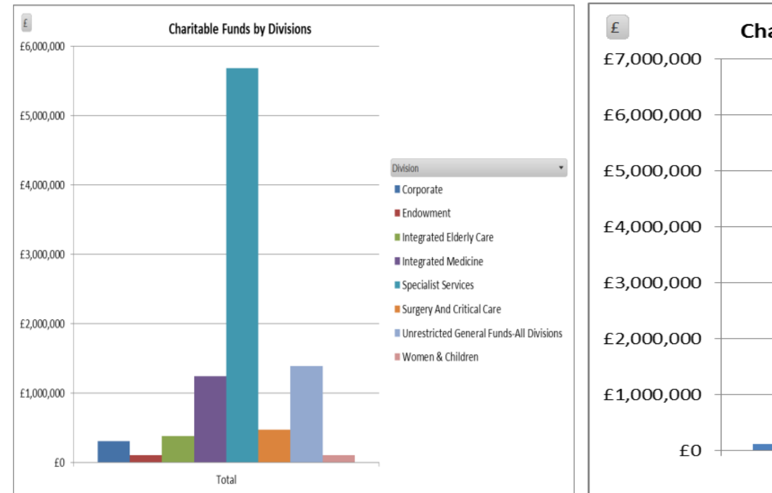
a) Note the Information.

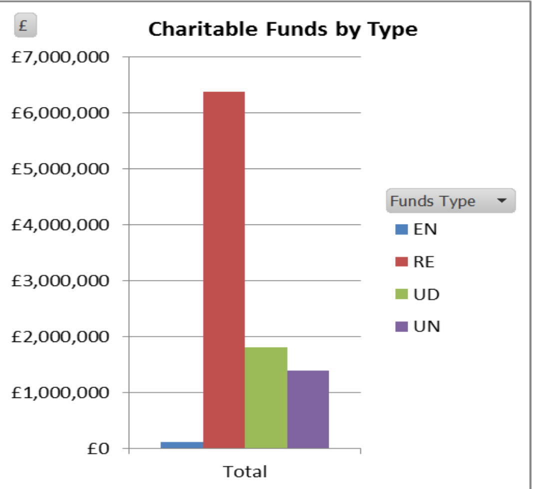
b) Endorse Bid Application 2020-018 for £100,000 authorised by the CFC.

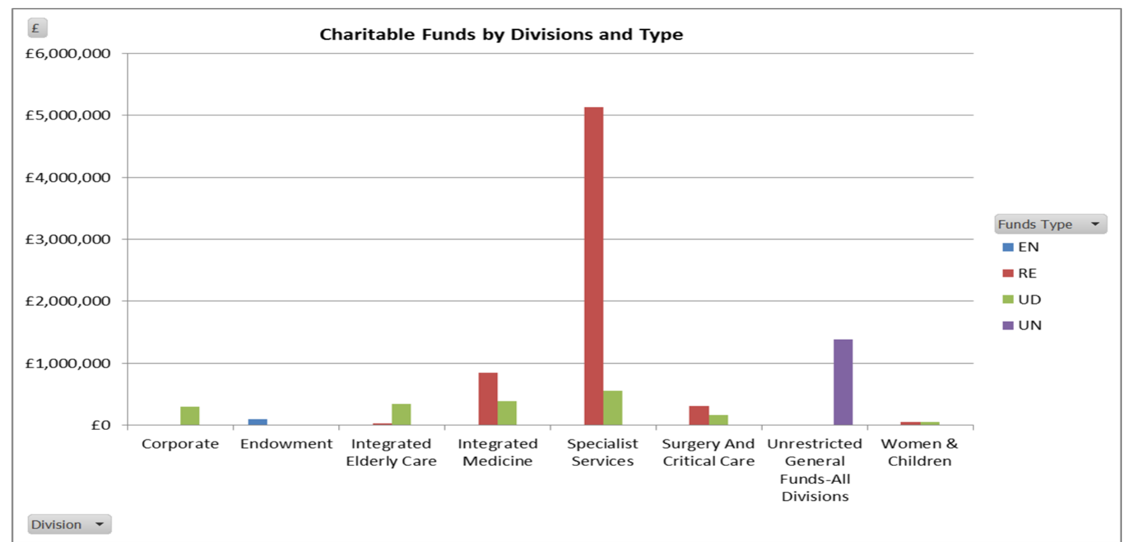
APPENDICES

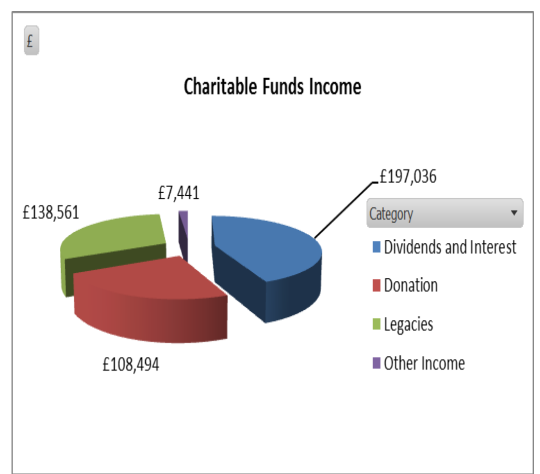
Appendix 1: Charitable Fund's Dashboard as at 31/12/2019.

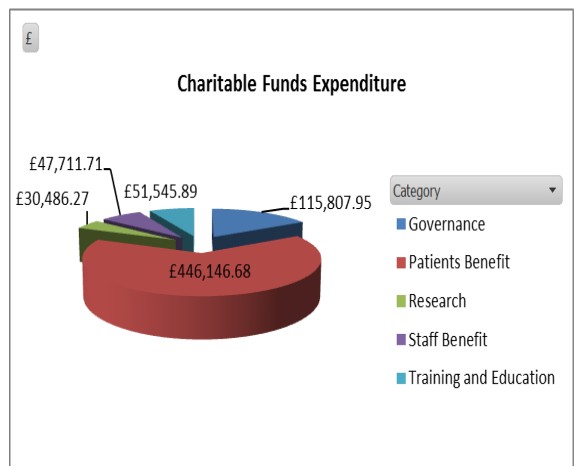
Charitable Funds Dashboard as at 31st Decemeber 2019











Keys
EN = Endowments
RE = Restricted Funds
UD = Unrestricted / Designated Funds
UN = Unrestricted Funds

Page **4** of **4**

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Infection Prevention & Control Report February 2020	
Board Lead	Tina Kenny	
Type name of Author	Niamh Whittome	
Attachments	IPC Monthly Report February 2020	
Purpose	Information	
Previously considered	Type in Board / Committee or Group and date considered, minute number	

Executive Summary

The report outlines Healthcare Associated Infection data for December. It is a mandatory requirement that the following HCAI are reported:

- *Clostridium difficile*
- MRSA bacteraemia
- MSSA bacteraemia
- Gram negative Blood stream infections (GNBSIs)

The report also highlights line infections

Decision	The Board / Committee is requested to endorse the report

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	HCAI's contribute significantly to patient safety and experience. They can impact on prolonged hospital stay, increase resistance of microorganisms to antimicrobials & disrupt patients and their families lives
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	HCAI can have additional financial burden
Compliance Select an item. **Safety**	Type in box
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box

1 Introduction/Position

1.1 February HCAI position outlined in the report

1.2

2 Problem
This may include a brief overview of the background to provided context

2.1

2.2

3 Possibilities
[ENTER SECTION HEADING]

3.1

3.2

Key risks and mitigations in place for your proposal should mentioned

Are there any resource implications for your proposal

4 Proposal, conclusions recommendations and next steps.

5 Action required from the Board/Committee

5.1 The Committee / Board is requested to:

a)

b)

APPENDICES
Appendix 1:
Appendix 2:

Infection Prevention & Control Report – February 2020

BHT Objectives set by Public Health England for 2019/2020 - *Clostridium difficile* 65 cases, MRSA bacteraemia 0 cases

	Limits set by PHE	Trust Total from April 2019	Integrated Medicine	Integrated Elderly & Community Care	Surgery & Critical Care	Women, Children & Sexual Health	Specialist Services
Clostridium difficile *- HOHA (Hospital onset healthcare associated)*	65	39	0	0	1	0	0
Clostridium difficile *– COHA (Community onset healthcare associated)* (Note – RCA is only completed when requested by CCG)		15	1	0	0	1	0
MRSA Bacteraemia	0	2	0	0	0	0	0
MSSA Bacteraemia (BHT associated (post 48 hours)	n/a	22	3	0	0	0	0
Hand Hygiene Observational Audit Compliance %	n/a	n/a	100%	99%	98%	98%	99%

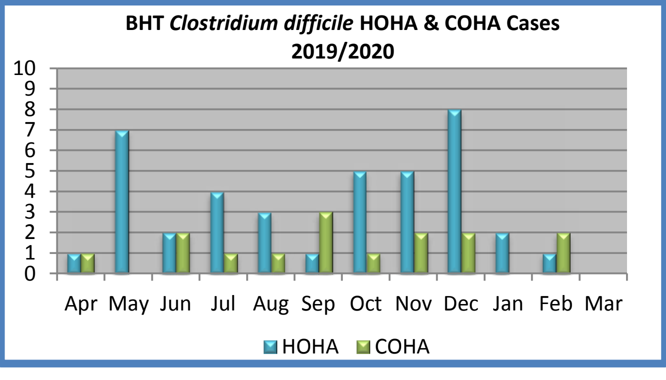
Clostridium difficile

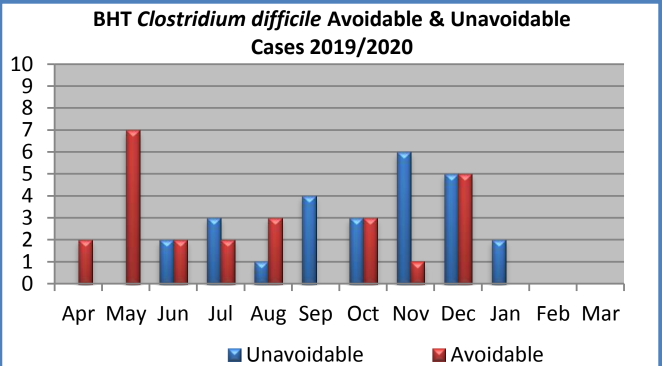
Total of **3** Cases were identified in February 2020

HOHA = 1 cases, COHA = 2 cases

BHT / CCG MDT Meeting to be held April to discuss cases:

Totals for 2019/20 = 25 Avoidable, 26 Unavoidable 3 Yet to be determined.
The Trust total of 51 to date incorporates 7 positive results from patients, who experienced a relapse/reinfection. 5 of these positive results are from one complicated case.





Meticillin Resistant Staphylococcus aureus (MRSA) Bacteraemia

0 Cases identified in February 2020

1 case detected in February though our laboratory however this was assigned to the Community.

Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia

3 Cases identified in February 2020

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Infection Prevention & Control Report – February 2020

Bacteraemia Line Infections

Aims & Ambitions

- Zero avoidable central line infections
- Zero peripheral line infections
- Zero Serious Incidents (SI's) declared – secondary to line infections

		Year to Date	Current Month
Central Line	**Avoidable**	2	0
	Unavoidable	6	0
Peripheral Line Infections		0	0
Totals		**8**	**0**

We have 1 PICC infection for oncology. **RCA requested for April 2nd Meeting.**

Yearly Comparison Table

		17-18	18-19	19-20
Central Line	**Avoidable**	5	3	2
	Unavoidable	24	24	6
Peripheral Line Infections		3	4	0
Totals		32	31	**8**

Infection Prevention & Control Report – February 2020

NHS Buckinghamshire Healthcare NHS Trust

BHT Hospital Onset Gram Negative Blood Stream Infections (GNBSI's)

Aim – NHS England/Improvement have set an ambition to reduce healthcare associated GNBSI's.

Ambition - The NHSE/I ambition is to have a 25% reduction by March 2021 and a 50% reduction by March 2024.

Definitions of different categories are: Hospital onset, Community onset healthcare associated, Community onset non-healthcare associated. The top three GNBSI causative organisms are E.coli, Klebsiella, Pseudomonas.

Hospital onset cases	Year to Date	Current Month
E.coli	47	5
Klebsiella	21	1
Pseudomonas	14	1
Totals	**82**	**7**

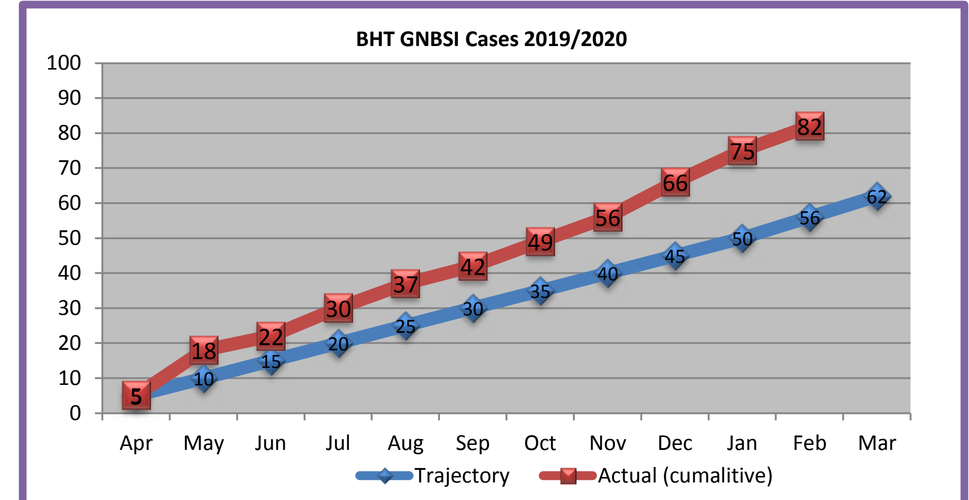
Yearly Comparison Table

	18-19	19-20
E.coli	44	47
Klebsiella	13	21
Pseudomonas	11	14
Totals	**68**	**82**

Update

Root Cause Analysis underway for some relevant cases.
NHSE/I have created Senior Responsible Officers (SRO) across the integrated care systems. For the BOB system our interim SRO is the Consultant Pharmacist at Oxford University Hospitals.

The purpose of this role within the system is to create, implement and deliver a system wide strategy to drive improvement related to healthcare associated GNBSI's. Activities and projects will be shared across the system once set.



BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
Wednesday 25th March 2020

Details of the Committee

Name of Committee	Quality and Clinical Governance Committee: Assurance meeting and Formal meeting
Committee Chair	Professor David Sines
Meeting dates:	4th February 2020 and 3rd March 2020
Was the meeting quorate?	No 4th February 2020 Yes 3rd March 2020
Any specific conflicts of interest?	None
Any apologies	4th February 2020 – none 3rd March 2020 – Mr Macdonald, Dr Sithamparanathan, Mrs Ricketts, Dr Kenny, Mrs Young, Miss Birrell, Mrs Whittome.

KEY AREAS OF DISCUSSION:

4th February 2020
The Committee focused its discussions around the following areas:

- Corporate Objective: Listening to the Patient Voice Q3
- Report on Learning Organisation including Clinical Accreditation Q3
- Corporate Objective: Culture of Improvement Progress update Q3
- Corporate Objective: Getting it Right First Time Progress update Q3
- Medicines Optimisation Q3
- Board to Ward Reporting
- Integrated Performance Report and Exception reports
- Annual Report IR(ME)R
- CQC Improvement Plan Q3
- CQC Insight report Q3
- Quality and Patient Safety group Chair's report
- Serious Incident bi-monthly report and Tracker

3rd March 2020
The Committee focused its discussion around the following areas:-

- Committee Terms of Reference
- Patient Experience/Involvement report
- Patient story; the introduction of patient assessors in the use of Perfect Ward
- Patient-Led Assessments of Care 2019 annual results
- COVID-19 briefing
- Review of CQUINs Q3
- Clinical Strategy report
- Integrated Performance report and Exception reports
- Infection Prevention and Control report
- Case Mix Programme Annual Quality report
- Compliance with Legislation
- Maternity Safety quarterly report
- Quality Accounts timetable 2019/2020
- Quality and Patient Safety Group Chair's report
- Nursing, Midwifery and Allied Health Professionals Board Chair's report
- Two recent critical incidents within the New Wing Theatre complex

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

4th February 2020

- Integrated Performance report: Friends and Family Test; The Committee recommended the Board reviews and amends the target for Friends and Family Test compliance and a report is to be re-submitted to the Board as part of the annual review due in April 2020.
- Annual report IR(ME)R: Committee not assured by the report submitted to the meeting and requested the document is re-submitted to the Committee.

3rd March 2020

- Resource implications for the Perfect Ward team
- Patient-Led Assessments of Care 2019 annual results: Committee not assured by the action plan accompanying the report. Action plan deferred for review by the Committee at the May 2020 meeting.
- Integrated Performance report and exception reports: Referral to Treatment performance and, continuing observation on Sepsis one-hour suspicion to needle.
- COVID-19 mitigation in place
- Two recent critical incidents within the New Wing Theatre complex

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

4th February 2020

- St Francis ward is the first to achieve clinical accreditation award; presentation scheduled on 16th March 2020

3rd March 2020

- Launch of Continuity of Carer within Maternity Services; first team launching in January 2020.
- Patient story: over 15 patient assessors trained in the use of Perfect Ward and as a team continue to build on the culture of continuous improvement, the patient assessors are also being trained in Quality Improvement science.
- Maternity Safety Quarterly report: Two Quality Improvement ongoing projects are presenting to a national event in Manchester; thermoregulation of the preterm infant and, measure blood volume.
- Head of Midwifery received a Quality Improvement award at the recent Trust Staff Awards event.

AUTHOR OF PAPER:	Jenny Ricketts, Chief Nurse (interim)

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	2019/20 annual safe staffing report
Board Lead	Chief Nurse
Type name of Author	Jeanette Tebbutt, Deputy Chief Nurse Workforce Transformation & Professional Standards
Attachments	None
Purpose	Assurance
Previously considered	Executive Management Committee on 28th February 2020

Executive Summary

This report is an overview of the nursing and midwifery workforce set out in line with the National Quality Board (NQB) standards and expectations for safe, sustainable staffing (2016), which was further supplemented in 2018.

Recommendations made here link to the statutory responsibilities arising from the National Quality Board (2016) as well as the NHS Improvement Developing Workforce Safeguards Guidance (2018), assessed as part of the CQC well led domain.

The report provides assurance to the Trust Board that regular reviews of nursing and midwifery staffing are undertaken, with appropriate modification of staffing where required.

2019/20 key staffing highlights:

- HealthRoster rolled out to all inpatient wards
- SafeCare live on all inpatient wards
- Full acuity/dependency staffing review completed
- Lowest vacancy and turnover rate for three years for both registered and non-registered nursing staff
- 100% compliant safe staffing in maternity
- Senior Matron out of hours staffing support rota introduced
- Only Trust in the UK to introduce and continue with the nursing Erasmus post registered programme
- Consistent approach to headroom in budgets for registered/non registered nursing and midwifery staff

Plans for the ongoing management of safe staffing in 2020/21 will include:

- A monthly safe staffing exception report
- Six monthly nurse staffing acuity and dependency review in May and November. The latter will be an annual nursing and midwifery staffing report
- Midwifery workforce establishment review – to take into account Continuity of Care and Saving Babies Lives staffing recommendations
- Community and AHP acuity dependency review
- Non-medical staff to be on an electronic rostering system
- Feasibility of supervisory ward sisters

The annual report is presented in full to the Trust Board as an expectation of the National Quality Board guidance which requires presentation and discussion at Board on all aspects of the staffing reviews.

Decision	The Committee is requested to: • Assure themselves that the Trust has robust systems for reviewing, nursing and midwifery staffing establishments in line

	with national guidance • Note the improvement in vacancies and retention for both registered nursing, midwifery and healthcare support workers. • Note the adoption of rostering metrics in 2019/20 to ensure maximum benefit is derived from the implementation of HealthRoster and SafeCare • Note the ongoing work to address turnover rates • Assure themselves of the progress in compliance with the guidance from the National Quality Board on safe, sustainable and productive staffing

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	Safe staffing levels are essential to the delivery of safe patient care and experience
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF 2.1 Innovate with new models of care and/or staffing to tackle gaps in workforce
Financial	• Correct and fully established rosters will reduce costs of bank and agency • 2019/2020 nursing acuity review included in 2020/2021 budgets • Midwifery acuity and dependency review is currently a cost pressure for 2020/2021
Compliance NHS Regulation Staffing	Well led, effective, safe caring NHS England Quality Board (expectations 2016/2018)
Partnership: consultation / communication	Consultation with the CCG to agree to help support the funding of Continuity of Carer and Saving Babies for Midwifery
Equality	N/A
Quality Impact Assessment [QIA] completion required?	Yes – will be required

2019/20 Annual Safe Staffing Report

1. Purpose of this report

This report provides the Trust Board with an annual update on progress regarding the requirements of the National Safe Staffing guidance (2018) in line with the expectations of NHSI/E, the National Quality Board, and the Care Quality Commission.

It is an expectation set out in the National Quality Board (NQB) guidance (2016) that Boards take responsibility for the quality of care provided to patients. A key determinant of quality is the responsibility for nursing, midwifery and care staffing capacity and capability. The NQB state that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing.

2. National staffing guidance

In 2013, as part of the national response to the Francis enquiry, the NQB published a guide to nursing, midwifery and care staffing capacity and capability 'How to ensure the right people, with the right skills, are in the right place at the right time.' This guidance was refreshed, broadened to all staff and re-issued in July 2016 to include the need to focus on safe, sustainable and productive staffing. The NQB further reviewed this document and issued an updated recommendations brief in 2018. The expectations of this brief are presented in Appendix 1.

In July 2014 NICE published clinical guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals.

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' guidance which sets out to support providers in their delivery of high-quality care through safe and effective staffing. This guidance includes many of the actions identified in both the NICE guidance and the NQB recommendations – but broadened to include all staff groups. Further work will be undertaken in 2020/21 to monitor progress and compliance against the NHSEI Developing Workforce Safeguards (2018)

The Carter review and the NHS Five Year Forward View planning guidance made it clear that workforce plans must be consistent to optimise clinical quality and the use of resources. The Carter report recommended a metric system, Care Hours Per Patient Day (CHPPD) as a consistent way of recording, reporting and monitoring staff deployment.

3. BHT nursing acuity/dependency review (May 2019)

In May 2019, BHT established a systematic; evidence based and triangulated methodological approach to reviewing ward staffing levels annually linked to budget setting and to staffing requirements arising from any developments planned in-year. This was aimed to provide safe, competent and fit for purpose staffing to deliver efficient, effective and high quality care. The skill mix review was signed off at Trust Board on 25 September 2019. There is no set requirement on the level of staffing required per ratio, only general guidance. Within the agreement and investment of this review the acute wards now have a minimum ratio of 1:6 during the day, and 1:8 on nights (some specific specialised wards are 1:6 at night as well). Community wards have a minimum ratio on days of 1:8, and nights 1:12.

The findings of this acuity review demonstrated that most wards had - at time of review - an establishment that reflected the needs of their patients and where adjustments were required; they were made with Human Resource support. Rosters were adjusted for 27 January 2020 and recruitment commenced. All areas now have an establishment that is in line with the needs of the patients in that specific area.

The acuity review had a costing methodology used as a consistent approach across all Divisions in regards to how vacancies were costed including enhancements for weekends and nights, and the cover element for qualified/unqualified, sickness and bank budget.

A maternity acuity review is currently being worked up and will be presented at EMC in April 2020. Further reviews will be undertaken for the Allied Healthcare Professionals and the Community during 2020/21.

Going forwards, acuity reviews of inpatient areas will now be undertaken every six months and, in line with National Quality Board standards, be reported to the Trust Board. Acuity and dependency will continue to be the ultimate driver to ensure sustained safe staffing levels. A monthly safe staffing report will be submitted to EMC, published on the BHT web site for public viewing.

3.1 **SafeCare**
SafeCare is the Allocate system that provides managers at all levels of the organisation with an easy to monitor view of staffing ratios against patient acuity across all wards, clinical units and sites. Using this tool, nurse managers can make professional judgements about ward safety on a shift by shift basis in almost real time. SafeCare was successfully fully rolled out to every inpatient ward in December 2019. It is worth noting that the SafeCare data is pulled from HealthRoster and is reliant on this information being up to date.

3.2 **Unify data**
Unify data is the reported metric of nursing staff actually on duty against the staff who were planned to work in all inpatient areas There is a national requirement to report this measure and each month this is reviewed and approved by the Deputy Chief Nurse Workforce Transformation and Professional Standards prior to submission. The Unify information is compiled by the Informatics Team utilising data from the eRoster system. The NQB recommendations say that the parameters should be between 90 and 110%. January 2020 was the first month that we have been able to utilise both the SafeCare data and the HealthRoster data to present a monthly staffing paper to Board. (Appendix 2)

Unify data also produces 'Care Hours Per Patient Day' (CHPPPD). The CHPPD calculation measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers. Since May 2016 all acute Trusts are required to report their actual monthly CHPPD, based on the midnight census per ward to NHS Improvement.

It is important to note that CHPPD provides just a number; this should then be triangulated alongside other qualitative and quantitative information alongside over-arching professional judgement. CHPPD does not account the skill mix or experience levels of the staff on the ward.

There are a number of factors that influence the data:
- bed occupancy
- acuity dependency
- patients requiring one-to-one care (enhanced care and support)

It is planned that subsequent safe staffing reports will include the following quality indicators alongside CHHPD and fill rate:
- Falls with harm
- Deep tissue pressure damage
- Serious Incidents
- MRSA bacteraemia H
- Hospital acquired C-Diff
- Complaints

Utilisation data (%) shows how efficiently staff hours are utilised within the ward based on their actual CHPPDs. Utilisation parameters are set between 90% and 110% and deemed normal within this range.

4. Keeping staffing safe at BHT
There is a robust process in place for reviewing safe staffing levels daily via the following:

- **Safety Huddles** On the successful completion of the roll-out of SafeCare to all inpatient wards, staffing levels are monitored in real time using the SafeCare tool. Twice daily safety huddles take place attended by the matrons, the outcome of these reviews are then reported into the bed meetings to ensure informed safe decision making.

- **Senior Nurse rota (adults)** A senior nurse presence during the hours of 15.00 to 20.00 Monday to Friday, 08.00 to 16.00 weekends and bank holidays, has been established in 2019/20. This provides a senior clinical presence which can support clinical decision making and staff allocation, ensuring safe staffing levels. (Paediatrics and maternity maintain a separate rota).

- **Red Flags (NICE (2014)** These are indications of a delay or omission of care, or fewer than two registered nurses on duty. Red Flags are reported via SafeCare by the nurse in charge of the ward. This alert is also incorporated into the Safety Huddle review. Red Flags provide an audit trail for future learning, and are a standard agenda item as part of the Allocate HealthRoster/SafeCare monthly meetings. All Red Flags must be recorded on Datix.

5. Workforce utilisation

5.1 **eRostering**

Since April 2019 all wards and clinical units have been managing their staff through the HealthRoster rostering tool. This was achieved through a rolled-out project plan, alongside education and training of staff in the use of the new system. The eRostering Policy for non-medical workforce was revised and verified in December 2019 with an attached rostering scorecard which reports the agreed KPIs:

- Contracted hours not used per month (balances of accumulated hours)
- Annual leave percentage to be within parameters of 11.75% to 16.75%
- Minimum six week roster final approval

These measures are used as the basis for identifying areas that require further support and training to realise the benefits into the new system. Performance of these measures are communicated out to all the Heads of Nursing and reported through a governance process to the Allocate - HealthRoster and SafeCare Working Group, and on to the Transforming the Nursing, Midwifery and AHP Workforce Steering Board.

5.2 **Datix incidents**

All staffing related Datix incidents are reviewed by the Transformational Workforce Team. Areas of concern are escalated to the relevant Head of Nursing.

5.3 **EU International Recruitment - Band 4**

The Trust has a unique overseas sustainable recruitment pipeline, having established a strong relationship with two Portuguese universities. This has enabled the vacancies of registered nurses to be mitigated. The EU nurses are supported to gain their competencies to practice at a level that frees up registered nursing time. A robust infrastructure is now in place to support these individuals, who join us working at Band 4 to pass the English exam, to meet the NMC requirement and supporting their NMC application.

5.4 **Turnover rate**

In March 2019 the Trust joined the NHSI Retention Collaborative which provides focused support to trusts aiming to improve retention of their nursing workforce. A retention plan has been developed with the aim of improving the nursing experience. A high-level plan was presented to NHSI which met with approval, a target of reducing turnover rate from 14.3% to 13.3% by March 2020, a reduction of 1%.
By analysing the Trust's registered nurse leavers' age profile, three distinct categories were chosen.

- Recruiting well and looking after staff in their first year
- Mid-career development
- 50+ workability

By May 2019 the target was achieved and to date has been maintained. Analysis of known reasons for leaving, relocation and retirement remain the most common given. It can be noted that both the vacancy and turnover rate for registered and non-registered staff has reduced to their lowest levels during the course of this financial year.

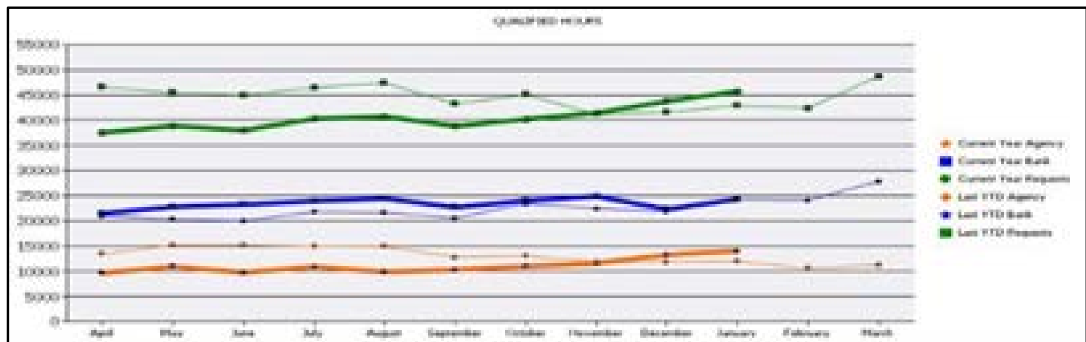
The current turnover rate for registered and non-registered nurses is attached as Appendix 3.

The Trust recognises the important contribution that Preceptorship makes to the retention of newly qualified healthcare professionals. With this in mind a two year Preceptorship programme is now offered to all newly qualified nurses, midwives and allied healthcare professionals.

5.5 **Temporary staffing**

Where there is a shortfall in nursing levels through a robust escalation SOP, bank and agency nurses are utilised

Agency and Bank data for Qualified Nursing – April 2019 – January 2020



As illustrated in the graph above, within the current financial year the Trust has demonstrated tight controls on temporary staffing spend. Up until November 2019 we have seen our agency spend consistently lower than the previous year. Unfortunately, the agency spend has increased in December and January due to a particularly challenging winter and an unprecedented demand on paediatrics which has been noted nationally.

6. Maternity safe staffing

The maternity service at BHT never runs below agreed minimum safe staffing levels as outlined in our maternity safe staffing guideline.

The Head of Midwifery provides a quarterly maternity safety report to the Board as well as a six-monthly Head of Midwifery staffing report to EMC and the Strategic Workforce Committee. This includes a record of compliance with safe staffing requirements. Any safe staffing red flags or staffing concerns are reported at the safety huddle. In 2019/20 maternity are 100% complaint with safe staffing.

The labour ward co-ordinator is always supervisory in line with NICE guidance. If maternity is not safe in any area, safe staffing guidelines are followed and escalated upwards appropriately. Out of hours there is a hospital on call midwife to ensure that the home birth service is not suspended and the Wycombe Birth Centre remains safe.

7. Trust wide risks and issues considered in this report

7.1 **Increasing patient acuity/dependency**

The development of our defining services continues to result in an evidenced increase in the complexity, acuity and dependency of the patients cared for in our general ward beds. Information on the acuity and dependency of our patients, including any enhanced care needs is now available via the ‘SafeCare’ functionality in health roster and is used in real time as part of our daily staffing meetings. This information will be used at the six monthly reviews as part of the professional judgment assessment.

7.2 **Increasing enhanced care needs**

The introduction of ‘SafeCare’ as part of the eRostering system has allowed for a more accurate capture of the acuity and dependency of patients which now includes any additional enhanced care needs (previously known as specialing) in real-time. This enables a better overview of the enhanced care requirements and Trust-wide priorities. We continue to see an increase in the complexity of patients particularly in relation to mental health needs including dementia and patients remaining in the acute settings for prolonged lengths of time while awaiting appropriate placements. This is having an impact on the ability to support the additional enhanced care needs that arise for this group of patients particularly across key specialties (Medicine for Older People, Integrated Medicine, Spinal and Trauma and Orthopaedics).

Early discussions are underway to explore the feasibility of a dedicated enhanced care team, as a different approach to deliver care to our most vulnerable patients, led by a mental health nurse.

7.3 **Supervising and supporting the junior workforce**

The professional judgement discussions with the ward managers highlighted the additional challenges posed to the staffing models of appropriately supervising and supporting the increasing range of learners having placements on the ward areas. This includes the ability to meet the supervisory standards with an increasingly junior workforce.

Robust retention and recruitment strategies across the Trust and the strong vision to ‘grow our own’ nurses for the future means that wards are supporting a range of learners including undergraduate students, trainee

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nursing associates, nurse degree apprentices Return to Practice students, newly qualified staff undergoing preceptorship and increasing numbers of overseas nurses awaiting registration. Education teams across the trust are key to supporting the development and learning into the wards and particularly in training and supporting the overseas nurses to full registration.

7.4 Vacancies

Currently, the total reported vacancy rate for registered nurses in January 2020 is 15% and for non-registered nurses, 10.2%. It should be noted that a number of band 4 Assistant Practitioners are funded by band 5 vacancies, with the expectation that they convert to registered nurses. Therefore we are actively recruiting to the equivalent of a vacancy rate of 12.8%. (See Appendix 4 for details.) The registered nurses' data is inclusive of nurses of all bandings, midwives and health visitors.

The national shortage of registered nurses is reflected in the Trust's ability to recruit to all our vacancies particularly band 5 posts. Recruitment activity is underway following the approval of the acuity review to ensure the recruitment team support the ward managers to fill the posts in a timely manner with priority given to A&E with a planned open day and intensive recruitment campaign. The day to day management of staffing to match actual staff available to the established staffing levels continues to be a challenge for all of the clinical areas. A range of safeguarding and escalation actions are in place to continuously maintain and balance staffing to assure minimum safe staffing levels.

A key action corporately and for all Divisions in 2020/21 is to continue to concentrate efforts to fill these vacancies and these efforts are reaping benefits with a gradually reducing vacancy position. Detailed work continues on the implementation of a range of retention and recruitment initiatives in partnership with the HR resourcing team to increase substantive staffing and reduce the baseline vacancies.

8. BHT 2020/21 safe staffing plan

Plans for the ongoing management of safe staffing in 2020/21 include:

- A six monthly nurse staffing acuity and dependency review in May and November. The latter will be an annual nursing and midwifery staffing report and include a gap analysis against compliance with the Developing Workforce Safeguards (October 2018)
- Midwifery workforce establishment review – to take into account Continuity of Carer and Saving Babies Lives staffing recommendations
- Community and AHP acuity dependency review
- Non-medical staff to be on an electronic rostering system
- Feasibility of supervisory ward sisters

9. Conclusion

The national shortage of registered nurses is reflected in our ability to recruit locally into our existing vacancies. However, we have established a unique and sustainable EU recruitment programme providing high quality nurses. We continue to develop and optimise on further recruitment opportunities.

Systematic ward staffing reviews will be reported to the Board annually, with six monthly light touch reviews. The next full staffing review to be presented to the Trust Board will be in November 2020

Continued implementation on the agreed actions help ensure compliance and adoption of the NQB, NICE and NHSi guidance on safe, sustainable and productive staffing. It is important to consider the quality of care provided, including patient safety and patient experience alongside CHPPD.

A continued focus on monitoring real-time staffing position (actual) against planned (establishment), matched to acuity/dependency levels is essential as part of the established processes, utilising the functionality provided by SafeCare and HealthRoster.

10. Recommendations

The Board is asked to:

- Note the work that is currently being undertaken
- Accept assurance that we remain compliant with national safe staffing guidance despite the continual rise of risk and challenges.

Appendix 1
National Quality Board expectations for safe, sustainable and productive staffing (July 2016)

Expectation	What does this mean in practice?	January 2020
1. Boards take full responsibility for the quality of care provided to patients, and as a key determinant to quality, take full collective responsibility for nursing, midwifery and care staffing capacity and capability.	Includes all aspects of board reporting and monitoring of establishments, actual and day to day staffing levels Emphasis on hours monitoring included as part of the NICE guidance and the requirements for uploading information to NHS Choices	Full staffing skill mix review undertaken for all in patient areas, signed off in September 2019 Uploading Unify monthly report Monthly safe staffing report to Board **Fully compliant**
2. Processes are in place to enable staffing establishments to be met on a Shift to Shift basis.	Executive team should ensure that policies and systems are in place, such as eRostering and escalation policies.	eRostering in place for all in patient areas SafeCare Live in place for all inpatient areas providing real time knowledge of acuity and dependency SOP for safe staffing escalation in place for use of temporary staffing Twice daily safety huddles **Fully compliant**
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability.	Use of proven methodologies and triangulation with professional judgement for setting staff levels	Benchmarking, CHPPD, SNCT, NICE guidance overarching professional judgement utilised as part of the skill mix review **Fully compliant**
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	Encourages working in well-functioning teams supported by appropriate infrastructure and support model. Requires an open culture to report shortfall.	Education and training in raising red flags in place. Process in place to receive Datix, investigate discuss at Allocate HealthRoster/SafeCare Working Group Process in place to raise red flag, discussed within safety huddle action taken, discussed for future learning at Allocate HealthRoster/SafeCare Working Group **Fully compliant**
5. A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments	Directors of Nursing lead the process of reviewing staffing requirements and ensure that: There is a process in place actively involves sisters, charge nurses, or team leaders. They work closely with Medical Directors, Directors of Finance, Workforce (HR) and Operations. Recognising interdependencies between staffing and other aspects of the organisation's functions.	Workforce Transformation Team undertake skill mix reviews working alongside finance representation Heads of Nursing, Matrons and Ward Sister actively engaged with final sign off from the Chief Nurse **Fully compliant**

Expectation	What does this mean in practice?	January 2020
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	Recommendation on adequate Headroom (no percentages stipulated) Recommendations on supervisory time for ward leaders (no time stipulated)	Following 2019 skill mix review a consistent approach across all divisions with all ward managers funded for one management shift a week. Discussions held on feasibility of supervisory sisters **Partially compliant**
7. Boards receive monthly updates on workforce information, staffing capacity and capability is discussed at Public Board meeting at least every 6 months on the basis of full nursing and midwifery establishment review.	Monthly workforce reports go to board detailing actual staffing levels against establishment for the Previous month – highlighting hotspot areas. 6 monthly establishment reviews to go to open board for discussion and debate	Areas triggering 30% vacancies of registered nurses and above are reported monthly (heat map). A deep dive is undertaken with the areas consistently appearing on report as part of an active holistic support. **Fully compliant**
8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	Display information of staff present by shifts clearly and visibly for patients.	Safety Boards in all inpatient areas There is variability in layout and reporting **Partially complaint**
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements	Robust recruitment and retention plans need to be in place within the organisation Organisations to work with LETB and others to inform commissioning intensions and future workforce planning.	Full engagement with workforce planning cycle local and regional level Unique EU recruitment strategy High level retention plan agreed with NHSI **Fully compliant**
10. Commissioners should seek assurance that providers have sufficient nursing and care staffing capacity and capability to deliver the outcomes and quality standards.	Transparent communication and review with Commissioners about any issues relating to safety and staffing levels. Impact Assessments.	Monthly community and quarterly maternity safe staffing report sent to the CCG Weekly telephone calls with the CCG and the Chief Nurse to discuss any quality concerns Monthly safe staffing reports to be sent to the CCG **Fully compliant**

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Appendix 2
Safe staffing report for January 2020

This is the first report to be generated following the completion of roll out of SafeCare to all inpatient areas.

January 2020 metric	Data
Actual v planned staffing rate	88%
CHPPD	8.7 hours
Trust utilisation	96.35%
Nursing and Midwifery related staffing incidents (Datix)	16
Red Flags	7

Safe staffing
Following safety huddles, declaration of matrons, investigations of incidents reported onto Datix and red flags, it can be concluded that there were no declared unsafe ward areas in January 2020.

On a twice daily basis staff are moved to mitigate unsafe staffing levels to an acceptable safe level. This is managed initially through the matron of the area and brought to the safety huddle where staffing gaps can be escalated and mitigated to the temporary staffing team or for further support from other areas.

January was an operationally challenged month due to increases in non-elective activity and acuity which has impacted on the CHPPD recordings, utilisation and actual v planned fill. Multiple escalation areas were opened at both Stoke Mandeville and Wycombe. The increased capacity impacted on the ability to discharge from ICU to the wards. January saw increased infection control issues ie flu and norovirus, leading to beds/bay closures across the Trust and in some cases whole wards for periods of time, therefore reducing their required CHPPD levels. Demand on temporary staffing increased to support the challenged areas, this was most prominent within the Paediatric Unit. Therefore this is reflected in an increase in temporary staffing costs and in particular agency costs.

Red Flags
Seven Red Flags were raised during January. Of these seven, only two had Datix reports. Following investigation none of the Red Flags were deemed to have fulfilled the Red Flag criteria and were inaccurately recorded, being raised as a potential incident, rather than an actual event.

A process is now in place whereby the SafeCare Matron will investigate Datix reports against SafeCare, with the details escalated to Heads of Nursing. Reports and any themes for learning will form part of the Allocate HealthRoster / SafeCare monthly meeting.

Datix
There were 19 staffing related Datix incidents recorded for January 2020 (16 nursing /3 medical)

Of the 16 nursing Datix there were some common themes:

- Weekend or Bank holiday related staffing concerns when no formal safety huddle took place.
- Potential of high risk of falls/dementia patients requiring one to one care.
- Possibility of delays in patient care as a result of staffing concerns. However, on investigation no actual delays were identified, and no actual harm occurred
- Staff wellbeing was cited in three of the Datix reports.

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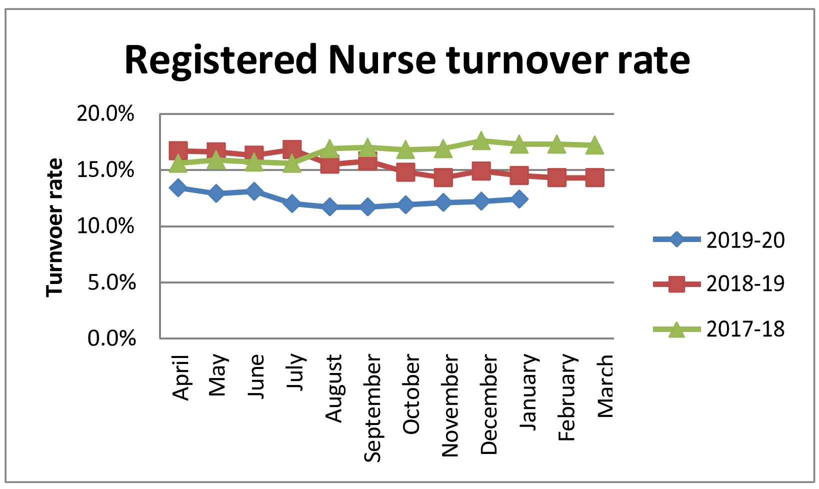
Appendix 2
SafeCare data - January 2020

Ward/Area	Division	Actual V planned hours	Monthly Day and Night hours for registered and unregistered staff		Care Hours Per Patient Day (CHPPD) Monthly average - January 2020				KPIs Roster Period 30.12.19-26.01.20			
		%summary	Total Actual	Total Planned	Utilisation %	Demand Template CHPPD	Required CHPPD	Actual CHPPD	Annual Leave %	Sickness %	Parenting %	Staff Assigned To Unit
		Within parameters 90-110%			Staff hours utilised in Unit				Within parameters 11.75% to 16.75%	Below 3.5%	n/a	n/a
Buckingham Hospital	IECC	87%	2581.05	2954.55	81.32%	6.66	5.94	7.3	14.8%	3.3%	0.0%	24
Florence Nightingale Hospice	IECC	93%	2618.17	2829.00	56.98%	7.8	6.1	10.71	11.8%	8.2%	7.9%	26
MfOP (Ward 9) SH	IECC	89%	4314.00	4858.50	111.42%	6.62	7.2	6.47	13.3%	8.2%	5.3%	29
MfOP Ward 8 (TNLU) SH	IECC	89%	3844.00	4334.00	110.23%	7.21	6.15	5.58	14.8%	8.9%	6.4%	30
MUDAS	IECC	n/a	n/a	n/a	139.69%	5.59	5.83	4.17	12.6%	23.7%	0.7%	8
Waterside Ward	IECC	92%	4202.50	4587.50	113.31%	6.45	6.71	5.92	12.3%	3.9%	1.5%	34
Assessment & Observation Unit SH	IM	n/a	n/a	n/a	116.92%	8.17	8.2	7.01	10.2%	8.1%	0.0%	36
Medical Day Unit & Discharge Lounge	IM	92%	2799.87	3046.75	122.68%	6.57	7.53	6.14	15.3%	3.2%	0.0%	10
Neuro Rehab Unit AH	IM	94%	3390.00	3622.00	110.49%	6.74	7.11	6.44	8.5%	14.5%	0.0%	27
Respiratory 1 Ward 4 SH	IM	84%	4878.50	5842.00	90.22%	6.98	6.32	7.01	14.3%	4.6%	0.0%	31
Respiratory 2 Ward 7 SH	IM	88%	4440.67	5060.00	108.74%	7.6	8.26	7.6	16.7%	5.8%	2.0%	32
Short Stay (Ward 10) SH	IM	87%	5050.50	5825.50	58.08%	6.89	6.71	11.55	14.6%	6.9%	0.0%	33
Ward 17 Gastro SH	IM	88%	4330.67	4908.83	113.41%	6.29	6.67	5.88	12.3%	8.4%	1.2%	30
Ward 2a - Cardiac Unit WH	IM	90%	3822.00	4269.75	117. 19%	6.26	7.72	6.59	8.1%	13.5%	0.7%	29
Ward 6 Diabetes SH	IM	85%	4631.08	5435.50	137.26%	5.77	8.36	6.09	14.7%	2.6%	3.4%	30
Ward 8 STROKE (HDSU)	IM	96%	3229.25	3352.50	95.99%	6.05	6.91	7.2	10.5%	7.6%		35
Ward 9 STROKE	IM	89%	4368.90	4929.15	86.75%	6.75	5.93	6.84	18.2%	7.2%	1.1%	31
Day Surgery - WH	SCC	n/a	n/a	n/a	113.04%	4.95	4.4	3.89	12.8%	15.4%		15
ITU SH	SCC	89%	8361.92	9408.00	59.79%	25.2	15.31	25.6	10.6%	10.2%	4.3%	77
ITU WH	SCC	73%	3809.00	5222.00	52.68%	30.29	14.26	27.06	16.6%	3.7%		33
Ophthalmology Ward 14	SCC	77%	1649.50	2134.50	42.46%	11.48	4.85	11.43	14.7%	2.3%	0.0%	10
SAU - SH	SCC	n/a	n/a	n/a	119.19%	8.56	7.08	5.94	13.3%	10.5%	1.0%	22
Ward 1 Trauma - SH	SCC	82%	4512.17	5503.92	132.13%	8.13	8.8	6.66	15.4%	3.9%	0.0%	29
Ward 11 PFI Burns - SH	SCC	84%	1784.00	2116.33	81.62%	9.83	13.76	16.86	5.0%	0.7%	7.0%	13
Ward 12a - WH	SCC	86%	2482.75	2902.25	74.13%	5.86	5.31	7.17	16.3%	1.2%	0.0%	20
Ward 12b - WH	SCC	95%	3549.25	3738.25	75.56%	5.83	4.89	6.47	11.6%	7.4%	4.4%	25
Ward 12c - WH	SCC	77%	2433.23	3143.10	68.11%	6.02	4.06	5.96	14.1%	10.1%	0.0%	21
Ward 16a - SH	SCC	94%	4958.75	5257.00	76.27%	6.07	7.13	9.35	12.8%	5.7%	0.0%	38
Ward 16b - SH	SCC	82%	4013.00	4902.00	100.41%	7.31	8.04	8.01	14.0%	14.0%	0.8%	33
Ward 2 Trauma - SH	SCC	86%	4132.75	4793.25	122.36%	7.18	8.14	6.66	12.0%	8.2%	0.0%	28
CSRU	SSD	n/a	n/a	n/a	81.36%	9.91	11.82	14.35	12.9%	6.4%	0.0%	17
St. Andrew Ward SH	SSD	91%	6531.75	7153.00	96.60%	9.16	8.9	9.22	15.9%	4.5%	2.3%	44
St. David Ward SH	SSD	85%	3859.00	4527.50	76.75%	6.2	6	7.82	12.5%	13.2%	0.0%	31
St. Francis Ward SH	SSD	94%	2006.25	2139.00	105.34%	7.67	10.44	9.91	5.5%	4.3%	4.4%	17
St. George Ward SH	SSD	85%	3930.98	4639.00	107.36%	6.12	6	5.59	11.8%	6.9%		35
St. Patrick Ward SH	SSD	94%	5411.50	5742.50	65.12%	7.61	7.93	12.18	11.6%	7.4%	0.0%	42
Ward 5 SH	SSD	94%	3513.50	3720.50	118.70%	6.85	7.51	6.33	11.3%	4.2%	2.6%	26
Birth Centre SMH	W&C	93%	663.00	716.50					-	-	-	-
Birth Centre WH	W&C	99%	1419.00	1426.50					-	-	-	-
Rothschild/Labour Midwives-SMH	W&C	92%	11402.75	12450.00					13.0%	6.7%	6.7%	79
Ward 3 - Paediatrics SH	W&C	89%	4842.80	5466.30	142.38%	6.16	9.9	6.95	10.7%	11.0%	2.7%	38
Neo-Natal Unit, SMH	W&C	88%	3812.50	4333.25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

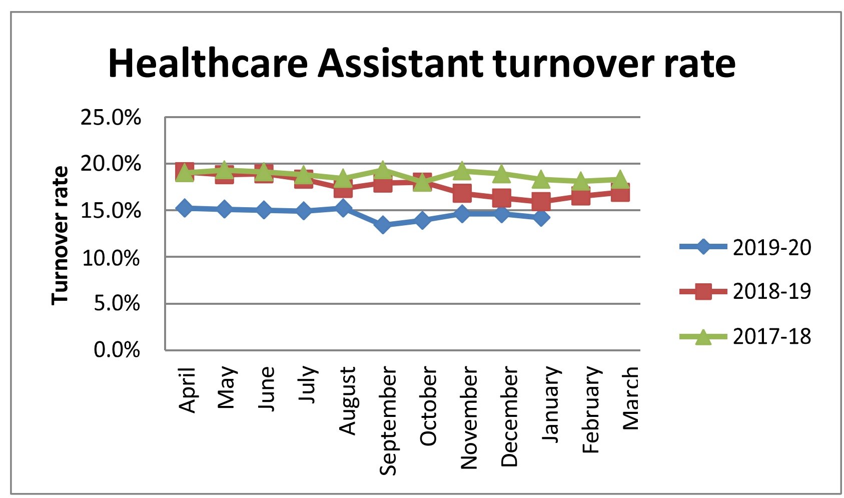
Please note cells showing n/a are designated assessment wards that do not pull thorugh hours to unify.
Additionally at present staff assigned to wards from allocate on arrival do not get included into actual hours. Please note there are plans to amend this by Q1 2020/2021.

Appendix 3
Turnover rate 2020 comparisons

Registered Nurse Turnover rate												
	April	May	June	July	August	eptembe	October	November	December	January	February	March
2019-20	13.40%	12.90%	13.10%	12.00%	11.70%	11.70%	11.90%	12.10%	12.20%	12.40%		
2018-19	16.70%	16.60%	16.30%	16.80%	15.50%	15.80%	14.80%	14.30%	14.90%	14.50%	14.30%	14.30%
2017-18	15.60%	15.90%	15.70%	15.60%	16.90%	17.00%	16.80%	16.90%	17.60%	17.30%	17.30%	17.20%



Healthcare Turnover rate												
	April	May	June	July	August	eptembe	October	November	December	January	February	March
2019-20	15.20%	15.10%	15.00%	14.90%	15.20%	13.40%	13.90%	14.60%	14.60%	14.20%		
2018-19	19.10%	18.80%	18.90%	18.30%	17.30%	17.90%	18.00%	16.80%	16.30%	15.90%	16.50%	16.90%
2017-18	19.00%	19.30%	19.10%	18.80%	18.40%	19.30%	18.00%	19.20%	18.90%	18.30%	18.10%	18.30%



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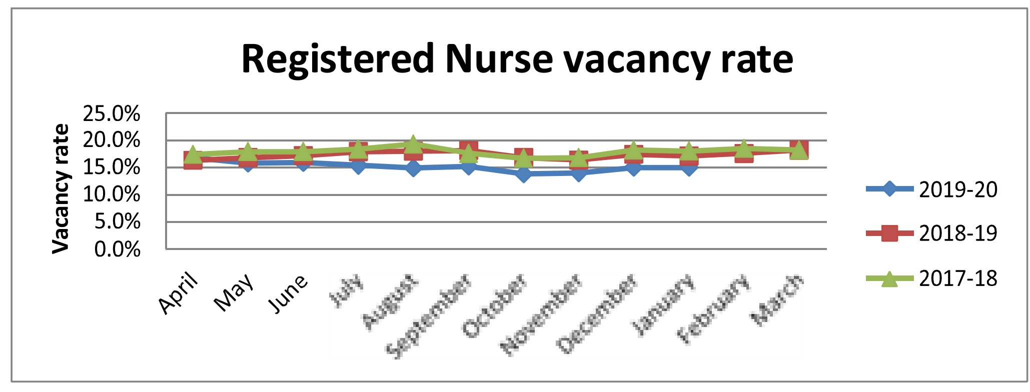
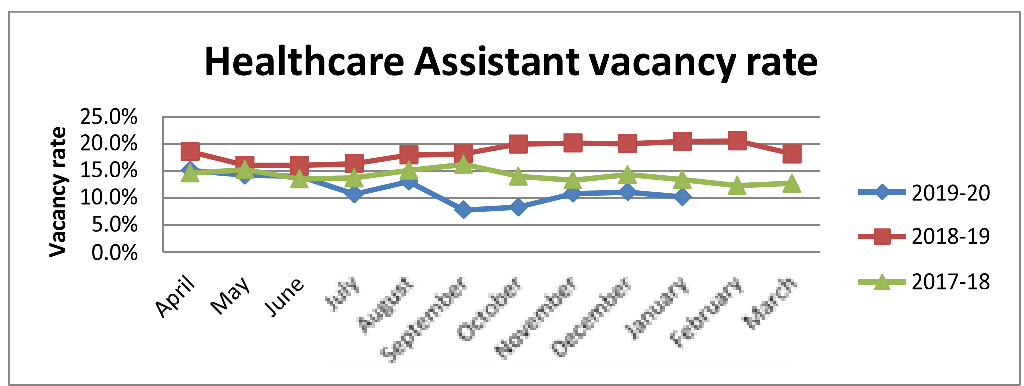
Appendix 4
Vacancy rate 2020 comparisons

Registered Nurse	April	May	June	July	August	eptembe	October	November	December	January	February	March
2019-20	16.80%	15.80%	15.90%	15.40%	14.90%	15.20%	13.80%	14.00%	15.00%	15.00%		
2018-19	16.30%	16.80%	17.20%	17.90%	18.00%	18.10%	16.80%	16.40%	17.40%	17.10%	17.60%	18.20%
2017-18	17.40%	17.90%	17.90%	18.40%	19.30%	17.60%	16.70%	16.80%	18.20%	18.00%	18.50%	18.20%

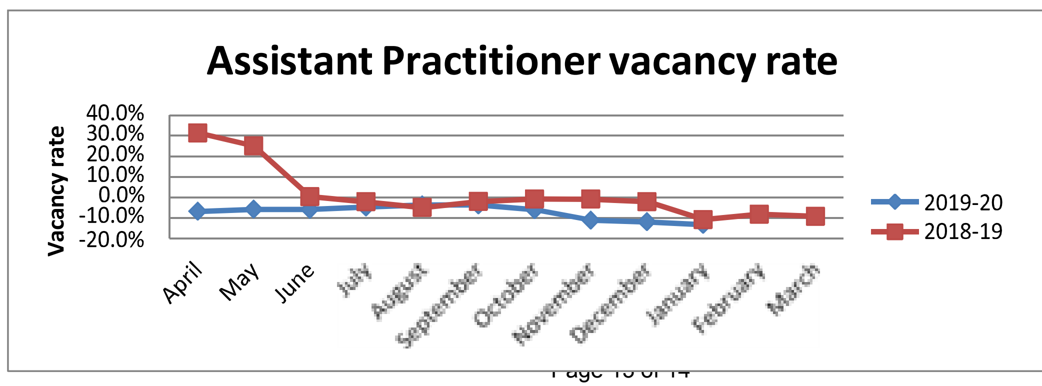


Healthcare Assistant	April	May	June	July	August	eptembe	October	November	December	January	February	March
2019-20	15.10%	14.20%	14.00%	10.70%	13.00%	7.80%	8.30%	10.80%	11.10%	10.20%		
2018-19	18.50%	16.00%	16.00%	16.30%	17.90%	18.10%	19.90%	20.10%	20.00%	20.40%	20.50%	18.10%
2017-18	14.60%	15.20%	13.50%	13.70%	15.10%	16.20%	14.00%	13.30%	14.30%	13.40%	12.30%	12.70%



Assistant Practitioner (Band 4)	April	May	June	July	August	eptembe	October	November	December	January	February	March
2019-20	-6.80%	-5.80%	-5.90%	-4.70%	-3.70%	-3.70%	-6.00%	-11.10%	-11.90%	-13.20%		
2018-19	31.30%	25.00%	0.40%	-2.20%	-4.90%	-2.00%	-0.80%	-0.90%	-2.10%	-10.80%	-8.20%	-9.20%

Assistant Practitioner rates have only been recorded since April 2018. It is to be noted that we are over established in band 4s. These are funded by band 5 vacancies.



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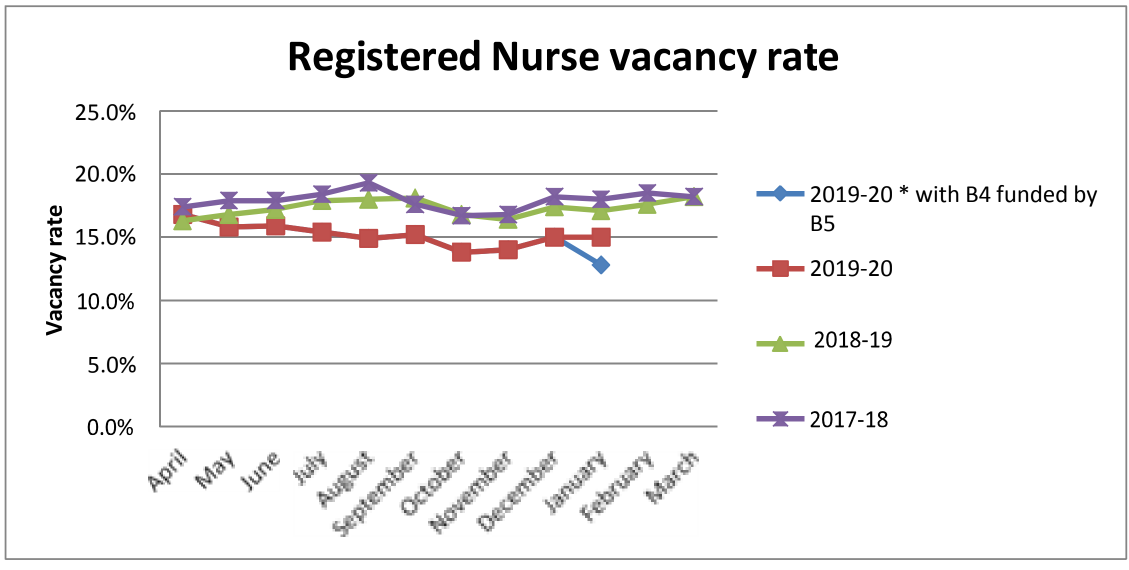
Qualified Nursing		
	Jan-20	Jan-20
Establishment	1958	1958
Staff in post *	1664	1708
Vacancies	294.1	250
Vacancy rate	15.00%	12.80%

* Includes band 4 Assistant Practitioners in post that are awaiting Pins and funded by band 5 vacancies.

Registered Nurse

	April	May	June	July	August	September	October	November	December	January	February	March
2019-20 * with B4 funded by B5	16.8%	15.8%	15.9%	15.4%	14.9%	15.2%	13.8%	14.0%	15.0%	12.8%		
2019-20	16.8%	15.8%	15.9%	15.4%	14.9%	15.2%	13.8%	14.0%	15.0%	15.0%		
2018-19	16.3%	16.8%	17.2%	17.9%	18.0%	18.1%	16.8%	16.4%	17.4%	17.1%	17.6%	18.2%
2017-18	17.4%	17.9%	17.9%	18.4%	19.3%	17.6%	16.7%	16.8%	18.2%	18.0%	18.5%	18.2%



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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	CQC Quality Improvement Plan Update Report
Board Lead	Chief Nurse
Type name of Author	Mrs H Anderson, Deputy Chief Nurse, Quality and Safety
Attachments	None
Purpose	Assurance
Previously considered	Quality and Patient Safety Group

Executive Summary

- The paper provides an update on progress against the CQC quality improvement plan actions.
- There are two lists of actions the regulatory “must do” actions and the “should do’s”
- A RAG rating has been applied to each action to denote progress against the action, a summary of which is provided below for the “Must do’s”:-

Regulatory Action	MD 1	MD 2	MD 3	MD 4	MD 5	MD 6	MD 7	MD 8	MD 9	MD10	MD11	M12
Compliance (Y/N) October/November 2019	Y	Y	Y	N	N	N	N	N	Y	Y	N	Y
Compliance-December 2019	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	Y
Compliance - March 2020	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	Y

Key:		
	R	Not started/actions delayed
	A	In progress/ongoing
	G	Completed but awaiting evidence
	B	Evidence received - item closed

- Progress has been made against both the regulatory actions detailed above. In summary, three further regulatory actions have been closed in the last quarter. One action requires additional submission of evidence and four actions have further work to complete although have progressed.
- There has also been progress against the “should do” actions with 10 of the 27 actions now rated as Blue (an increase of 4 since the last report); 6 as green (an increase of 3) and 10 as amber (an increase of 2) since the last report.
- The risks described in the last report relating to WHO audits and caring for patients with a mental health need in a risk assessed environment have progressed.
- Engagement with the CQC QI plan meetings had dropped off and progress is being made

but gaining assurance and updates on some outstanding actions is challenging. Alternative strategies are being employed to maintain momentum and achieve the same outcomes.

- Development of business as usual audit process remains positive and is providing assurance around embedding of actions across BHT and sustaining improvements.

Decision	The Board is requested to note the changes & improvements since the last report.	
Relevant Strategic Priority		
Quality ☒	**People** ☒	**Money**☒
Implications / Impact		

Patient Safety	Impact on a range of quality, safety and experience issues and reputational damage if not resolved.
Risk: link to Board Assurance Framework (BAF)/Risk Register	1.2 the learning organisation; 1.1 the patient voice, 4.0 money, 1.3 quality improvement
Financial	Impact of not getting care right first time, delayed LOS, litigation.
Compliance Select an item.	Safety and experience
Partnership: consultation / communication	Collaborative cross discipline work. No patient involvement which needs to be considered by the Deputy Chief Nurse
Equality	No
Quality Impact Assessment [QIA] completion required?	No

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	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
1	**KLOE**		**CQC Report June 2019 MUST/ SHOULD DOs**	**Service**	**Location**	**Division**	**Executive Lead**	**Lead**	**Date for Completion**	**Response From**	**Actions Completed To Date**	**Q3 Milestone**	**Q3 Actions Completed**	**Q3 RAG**	**Q3 Evidence**	**Q4 Milestone**	**Q4 Actions Completed**	**Q4 Evidence**
2		**MUST Dos**																
3	Safe	MD1	The service must ensure medicines including controlled drugs are managed safely and in line with regulations to protect patients.	Surgery Core Service	WGH & SMH		Medical Director	Divisional Director Surgery	July	Chief Pharmacist/ DD Surgery	*Master tracker system in place to enable recording of all take home medication and contemporaneous records of all TTO's provided to all patients. *Nurses trained and competent to administers ward packs. * All Wycombe staff trained in line with SOP. *Questions included in Perfect Ward for Pharmacy	*Accountability Framework to be considered using Perfect Ward- HA to D/W JA by 11/10/19. *To complete baseline compliance audit by 28/11/19- LO *HA and JN to reinvigorate the 'Reducing Harm from Medicines' group *Action Plan following audit to pick up the gaps- **all Q3 actions completed**	* Baseline compliance re-audit carried out across the organisation against registers and compliance with process- await final report. JB *Training provided where gaps identified. * Questions added to perfect ward to support ongoing QA process. * results form audit shared and action plan developed. * New format for reducing harm medicines group agreed	B	*Baseline Audit report for Wycombe and Stoke	*Re-audit in February 2020. * monitor compliance via perfect ward audit cycle/pharmacy audit process. *monitor progress of Q3 pharmacy audit action plans. * restart reducing harm from medicines group. * set up Harm Free Care Committee	* re audit completed and embedded in perfect ward for ongonig quality assurance purposes * Q3 audit results fed back and actions agreed.*	Q3 & 4 audit data
4	Safe	MD2	The service must ensure medicines including controlled drugs are managed safely and in line with regulations to protect patients.	Trust-wide			Medical Director	Divisional Director Surgery	July	DGL Surgery	*New process in place to manage expired CD stock- need to explore if this works for clinical teams and supporting to manage CD stock. Pharmacy seeking feedback by 28/10/19	*HA to meet with JB and Divisional reps regarding frequency, quality and areas for further forcused work around CD checks by 18/10/19. **Completed** * Current cascade of data to be extended to divisions- JB by 18/10/19. **Completed** * Assurance required re double checking of CDs by ODPs and Aneasthetists JB by 18/10/19.**Completed** Copy of anaesthetic SDU lead letter letter to trainees and consultant staff required- by 18/10/19 as evidence.**Completed** *CD stock list in Wards - trial in Spinal Dec 19 to go live Jan 2020 *Quarterly CD checks undertaken by Pharmacy on the wards - HoN to receive these for assurance and dissemination to staff.**Completed**	*cascade of audit data agreed. Expectation in terms of repsonse from divsions on receiving data agreed. * Assurance provided via ad hoc local checks and formal pharmacy quarterly audit process. * Audit data shared with wider team and actions agreed.	B		*CD stock list in Wards - to go live Jan 2020 *CDs required that are not on the list will be tracked until the patient leaves the ward. *Pilot in Spinal then rolled out Trustwide *Q3 Audit data expected Jan 2020. *Training to be provided based on audit outcomes followed by a further audit in Feb 2020	Q3 audit data received* Q4 actions completed	Q3 audit data
5	Safe	MD3	The service must ensure emergency medicines (Glucagon) are stored safely in line with manufacturer's guidance to ensure they are fit for use.	Surgery Core Service	WGH & SMH		Medical Director	Divisional Director Surgery	July	J Ricketts	*Trust wide comms to highlight importance of checking the expiry date of drugs and consumables. *Glucagon removed from Resus Trollies - now stored in fridges.	*Medical Audits of Resus Trollies to confirm ongoing compliance with glucagon storage across BHT quarterly. **Completed.** *confirm that question re the Glucagon is included in the resus trolley audit. HA by 18/10/19. **Completed**	*Posters in place re location of Glucagon for new starters *there is a note on the Resus Trolley to advise where the nearest Glucagon is stored *Jenny Wright (Resuscitation Services Manager) confirmed there will not be an additional question included in the quarterly Resus Trolley Audit in December specifically about Glucagon. There will only be questions about the drugs that should be there. This will highlight any drugs that should not be there which will then be removed straightaway. *Question to be added to PW "Is Glucagon stored in the fridge?"	B	*New Drugs Lists attached to the Resus Trollies. *Scan of the paper checklists used when removing Glucagon from the trollies *Posters re location of Glucagon for new starters	Monitor compliance through agreed audit processes - re-audit Feb 2020 - Jenny Wright	Questions added to Perfect Ward and results recorded	Screenshot from Perfect Ward Glucagon in Fridge Question

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
6	Safe	MD4	The service must ensure care is provided in a safe way to include all necessary checks such as the five steps (WHO Checklist) to surgery safety checks must be completed in line with practice guidelines.	Surgery Core Service	WGH & SMH		Medical Director	Divisional Director Surgery	July	DD & HoN Surgery	* Weekly compliance report now available from blue spier to monitor adherence to WHO (doesn't monitor quality only comletion). * WHO checklists board in place in each theatre to support process.	Audits complete by Dec '19. *Monthly spot check audits to take place from Jan'20. * introduction of Perfect ward theatre specific quality rounds by dec '19 CY/JA *LO to produce AP following the audit to be reviewed at Divisinal Governance Meeting, SDU and Corporate Quality meeting *All services being audited and any gaps or hotspots identified will drive the audit process moving forwards; i.e. if there are no problems the audit will be undertaken bi-annually. For areas where problems are identified, the audit will be undertaken quarterly. A spot check process can also be put in place if required following the audits.Dec 19	* process agreed and in place to facilitate completion of WHO audit of all specialties by December end '19.	A	Await audit result data december/early January.	*WHO initial audits complete *Get action plans in place *Plan cycle of subsequent audits based on results of initial audit	*await final audit report and action plans - due in 2/52	
7	Safe	MD5	The service must ensure risk assessments are completed and actions developed to mitigate those risks for patients undergoing surgical procedures. (VTE)	Surgery Core Service	WGH & SMH		Medical Director	Divisional Director Surgery	July	J Ricketts	* Quarterly VTE snapshot audit in place. * Monthly compliance data from Medway capturing patients assessed for VTE. * SOP to support staff compliance with VTE process in place. *Ward receptionist and medical support workers have clear instructions on how to input VTE data onto Medway * VTE assessment in place on surgical checklist and WHO	*Working Party reviewing VTE across SMH and WGC to develop standard pathway. Update CY by 15/11/19.**Incomplete but good progress.** *VTE Guideline to be reviewed and ratified. (Input from Maternity and Paeds awaited). MC By 15/11/19. **Completed** * SOP about to go live for medical support workers MC to provide as evidence- 18/10/19. April audit data showed 97% compliance with pts assessed on admission. **Completed** *100 patient trial of new assessment form. RW to advise trial dates and progress.**Completed**	Agreement for the VTE policy to be trust-wide covering adults and children. * Policy completed and awaiting ratification on11/12/19 from Policy approval group. * SOP in place. * Trial completed. * clinical pathway work making progress with aim of standardising across both sites POA services.Will complete in Q4 (January)	A		*Final changes to risk assessment document following pilot feedback. *03/02.2020 Final trial of form for 6 months *Guideline fully rolled out and in place on intranet. *Comms re changes to be circulated *Policy ratified and published	*Final changes made to assessment document	*Thromboprophylaxis Guidelines *DSU Risk Assessment form *Draft Minutes Quality and Patient Safety Group 27/01/2020 *SSD Workforce report Nov Final
8	Safe	MD6	The service must ensure equipment used at the service for providing care and treatment must be properly maintained and safe for use.	Surgery Core Service	SMH		Commercial Director	DD Specialist services	July	DD Specialist services /head of medical devices		*Medical Equipment Audit underway - expected to take up to 1 year *Improve route for Medical Equipment coming into the Trust. Underway. *Removal of all labels on equipment to be replaced by highly visible licence plates - expected to take up to 1 year. Underway. *Medical Equipment Policy review. Underway. * Trust wide equipment purchases to be overseen via Medical Devices Committee- Action for MC to attend medical devices committee and discuss these actions/timelines with the Chair and SS.	* Full PPM in place and on track for all current assett register equipment. **Complete.** * work underway to replace labelling system on all equipment. *work underway on procurement of medical equipment process and policy review.	G		*Medical Equipment Audit underway - expected to take up to 1 year of all equipment to ensure assett register accurate *Improve route for Medical Equipment coming into the Trust *Removal of all labels on equipment to be replaced by highly visible licence plates - expected to take up to 1 year *Medical Equipment Policy review * process to be developed to ensure Trust wide equipment purchases overseen via Medical Devices Committee- Action for MC to attend medical devices committee and discuss these actions/timelines with the Chair and SS.	*await assurance/evidence	Snapshot of planned Maintenance Jan 2020 to Dec 2020

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
9	Safe	MD7	The service must ensure vulnerable patients and those who present with acute mental health needs are treated in a suitable, safe, risk assessed environment.	Emergency care core service	SMH		Chief Nurse	HoN Integrated medicine	July	Adult safeguarding lead/HoN IM	*Self harm policy drafted and currently awaiting comments and then final ratification. * Timeline in place for ED work by end Dec '19 * Risk assessment document being finalised -by 28/12/19. *Missing patient policy being drafted 31/12/19	*Estates/Nursing team developing an environmental risk assessment for all ares to use. AP/HA/HD by 14/12/19 * Inclusion of mental health room in A&E - advice to be sought from Mental Health Trust regarding the set up of this room. SL to advise on any mitigation there is in place in the interim by 18/12/19	* Risk assessment documents complete need circulating for final review. * Policy underway. * New timeline in place for ED work-March '20	A		* New timeline in place for ED work- March '20 *Policy completion (BHT Pol 262 Policy for the Treatment of Patients with Mental Health concerns, Learning Disabilities and Self Harm). * Risk assessments will be completed once the policy has been signed off.	* Self harm policy completed - awaits ratification at TPSG. * Ligature policy drafted- requires presentation at Nurisng and Midwifery Board for comments and then formal ratifictaion. * Ligature cutters agreed and ordered.	
10	Safe	MD8 & SD4	The service must ensure patient's records are fully completed in a timely manner The staff should complete all medical and nursing records to ensure a full and contemporaneous record.	Emergency care core service	SMH		Chief Nurse/MD	Emergency Care Lead	July			*Await assurance/update from service on actions to date on communications with ED team; progress of quarterly notes audit; staff confirmation of compliance with standard. AF to email Helen Byrne and Jane Dickinson (cc. HA) to request an update by 14/12/19. **Completed but not update to date. To chase again by 14/12/19** * to clarify frequency of trust wide documentation audits. HA by 10/11/19. **Completed**	* new documentation audit process being developed by clinical effectiveness team. This action however relates specifically to medical documentation in ED. * Trust wide documentation audits biannually.	A		*new documenttaion system in place in ED- await further update and assurance* new audit template developed but await update from audit team on process		
11	Safe	MD9	The service must ensure safer staffing levels are appropriately assessed against patient need.	Community health inpatients core service	Comm		Chief Nurse	HoN IECC	Monthly reporting		*Lead for Physio has daily safer staffing monitoring systems in place	*Actions completed around daily safer staffing systems for nursing - recruitment is ongoing. KK provides monthly update report to CQC - evidence to SK: Safe Care element on Allocate report and monthly report. **Actions Completed**.	*Safe Care element on Allocate commenced. *monitoring and regular reporting systems in place to CQC.	B	Staffing & Quality Community Hospitals reports May to September 2019			
12	Safe	MD10	The service must ensure suitable numbers of staff are deployed to match identified safer staffing levels.	Community health inpatients core service	Comm		Chief Nurse	HoN IECC	Monthly reporting			*KK/CM to provide evidence to SK: Safe Care element on Allocate report and monthly report for therapists by 14/10/19.	*Safe Care element on Allocate commenced.	B	Staffing & Quality Community Hospitals reports May to September 2020			
13	Safe	MD11	The service must ensure processes are in place and effective in identifying, and responding to, the impact of safer staffing levels on patient's rehabilitation journeys.	Community health inpatients core service	Comm		Chief Nurse	HoN IECC	Monthly reporting			*CM to have conversation with team regarding Datix use for dropped therapy sessions. Currently maintain a local data base but not on datix.**Completed**. *CM to have conversation with team about recording all nurse interactions with patients by 14/10/19. **Complete**d	Actions completed for Q3 and evidence submitted. * system in place for recording dropped therapy sessions although given full therapy establishment this is not currently a risk.	B	Staffing & Quality Community Hospitals reports May to September 2021			
14	Respons ive	MD12	The service must ensure waiting times are reduced for paediatrician and therapy services.	Community health services for children young people and families	Trust wide		COO	DD Women and Childrens services	July			*Consultant led service- documented challenges around achieving 18 wks- monitored quarterly by the Trust Board against action plan and via joint commissioning meetings. * Therapies- evidence of current performance and actions- reported on monthly. Not currently demonstrating an improvement but robust actions and monitoring in place. Risk assessmsent completed.	*Evidence provided	B	MD12 Combined YTD stats MD12 community paeds performance updated sept 19			
15		**SHOULD DOs**																

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
16	Safe	SD1	The service should review non-compliance with mandatory training including safeguarding training and implement action plans to improve compliance.	Trust			Director of Org Devt and Workforce Trans	Head of OD	Oct		Training data monitored monthly via core divisional meetings; EMC and Staffing Workforce Committee.	*Currently on coporate risk register. SK to get evidence from HR - assurance that the data is going to the correct people and reported into relevant committees. Await feedback 14/12/19. * Intercollegiate Safeguarding document will impact on denominator for L3 training. Await feedback from divisions on absolute numbers. By 28/10/19. **Completed**.	* intercollegiate document reviewed and training matrix provided for divisional teams to calculate impact on divisional staff training numbers.	B	*Current Safeguarding Dashboard *Exception Rpt - Safeguarding Dashboard *IPR reports			
17	Safe	SD3	The endoscopy unit should consider alternative arrangements for the decontamination of their scopes.	Medicine Core Service	WGH		COO	Emergency Services lead	Oct			Corporate strategy - including JAG accreditation especially at Wycombe. This is risk assessed and under control with clear plan & time lines in place *SM to provide evidence by 14/10/19. *SL to obtain evidence from Janet Hercules re the mitigations currently in place. * **outstanding feedback HA to chase HB by 14/12/19.**		A		Jag visit w/c 20/01/2020 - results will determine future actions		
18	Safe	SD5	The service should consider how to store patient's paper records more securely to protect data protection breaches and to protect patient confidentiality.	Trust wide			Chief Nurse/ Medical Director	Divisional Directors	Oct			*SM & HA to look at CQC report to identify what this action applies to specifically. By 28/10/19. Completed.	The CQC report has been monitored through the Caldicott Committee. The IG team spot-checked all of the areas identified in the report. No concerns were found or raised around the security of paper records. * QA is provided via the perfect ward audits.	B	Minutes from Caldicott and Information Governance meeting on Tuesday 17th September 2019			
19	Safe	SD6	The hospital should continue to improve its antibiotic prescribing to reach the trust target of 90%.	Medicine Core Service	WGH & SMH		Medical Director	Anti-Infectives Pharmacist	Oct		*Review of practice in other organisations with a view to identfying transferable practice. * work with leaderhsip team in ED around AMR and cultural shift in working practice. * Biochemistry reviewing urniary dipstix from something which could improve practice around automatic testing.	*HA to discuss existing CQUIN with Claire Brandish to understand detail CQUIN Q2 data imminent and recovery plan being developed by HA.**Completed.** * To understand detail & scope of any other antimicrobial audits being carried out in order to determine further organisational wide actions. By 31/10/19. Completed.	* Regular meetings set up to support team leading AMR CQUIN. * Recovery drafted although improvements made overall with CQUIN performance. *AMR audits carried out in additon to the CQUIN work trust wide and available to divisions for review and development of apporiate action planning.	A	October 2019 Monthly Anti Microbial Care Bundle Audit Graphs and Action Plans by Division	*** HA to confirm % compliance of general AMR audit compliance before closing this action.**		UTI CQUIN Quarter 3 report
20	Safe	SD7	The hospital should provide appraisals for all of its staff. The service should work with staff to complete appraisals in line with the trust policy	Trust wide			Director of Org Devt and Workforce Trans	Divisional Directors/ Head of OD	Oct		*Monitoring by SWC & Div performance meetings.	Monitored via EMC and SWFC. Current challenges around data validation. KH to advise on this by 28/10/19. Completed.	*Monitored via EMC and SWFC. Current appraisal rate is 88.8%; Trust target is 90% compliance. Weekly reports from HRPB's to DD's/Chairs highlighting areas of none compliance. Systems and process considered robust and subject to continual monitoring.	B	Divisional and Corporate data IPR reports Staff Appraisal Completion rates Performance Exception report			
21	Safe	SD8	The hospital should monitor the safe management of disinfectant.	Medicine Core Service	WGH & SMH		Medical Director	IPC Lead Nurse	Oct		* Practice changes agreed and rolled out from 1/10/19	Moving to Clinelle wipes from 1st October *HA to contact Niamh Whittome to get evidence of changes.	* evidence received.	B				

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
22	Safe	SD10	All intravenous fluids should be stored safely.	Medicine Core Service	SMH		Medical Director	Deputy Divisional Chief Nurse IM/ Governance Pharmacist and Medication Safety Officer	Oct			*Potential requirement for audit and costings to install didgi locks as required. *HA to get hold of copy of baseline audit from Matt Lee, Head of Security to understand where the Trust have any gaps. If not available then audit of each area will be undertaken to determine requirements. 31/10.	* Await baseline audit data of areas that are outstanding for lock fitting. Action ML by 6/12/19	A	Screenshots from question report on Perfect Ward	Baseline audit undertaken by Matt Lee. Work being undertaken to replace existing broken locks.		
23	Safe	SD11	The hospital should monitor the ambient room temperature in treatment rooms where medicines and intra-venous fluids are stored.	Medicine Core Service	SMH		Medical Director	HoN IM	Oct	CGL Surgery	*Busness case completed for Trust wide solution for fridge and ambient temperature monitoring. Currently no funding although agreed in prinicple.	*Temperature monitoring is inconsistent. HA to discuss with JB. No upper guidence in place currently. Plan agreed requires roll out and agreed audit process.	* Plan to roll out manual monitoring system across trust within Q4.	A		*Demonstrations of electronic systems 20/01/2020 - decision in process for selection of product. *Roll out manual montoring process starting 1st Feb 2020 (to give time to ensure all wards have thermometers) * Agree audit process. *Audit to locate existing thermometers and check working correctly RC *Audit of existing Thermometers - purchase and calibrate new thermometers where required	*Funding approved - Demonstrations of electronic systems took place 20/01/2020	Treatment room paper temperature monitoring proforma
24	Safe	SD12	The hospital should check hard copies of standard operating procedures and policies are in date and the latest version. Policies and procedures should be reviewed and reflect current guidelines to support staff's practices.	Trust Wide	SMH		Director for Governance	Heads of Nursing	Oct			Robust procedure in place for policy review and ratification. All policies currently up to date on the intranet. *HA to check if there are any questions on PW regarding hard copies of policies being held by staff. By 18/10/19 * SM reviewing intranet. *Policy register to be more clearly identifiable on the intranet and advertised in daily staff bulletin. **All Actions completed.**	* Assurance received that currently all Trust policies up to date and clear governance process in place. *Policy register made more obvious on the intranet and advertised in daily staff bulletin	B				*BHTtoday information about the Trust Policy Register *Screenshot of policy register page on Swanlive
25	Safe	SD13	The process for assessing and recording food and fluids intakes should be reviewed and action plans put in place to protect patients from the risk of malnutrition.	Surgery Core Service	SMH		Chief Nurse	Nutrion Lead Nurse	Oct			*KK to contact Liz Anderson re frequency of Audit and clarification of process. **Completed.** *not currently on perfect ward. 14/12/19		A		*Malnutrition Universal Screening Tool (MUST) audit (Results due Feb 2020) and action plan (if required)	*MUST audit undertaken *30/01/2020 Guideline for Detecting Patients at Risk of Undernutrition emailed (by Liz Anderson) to every matron and ward manager asking them to share it with staff with a reminder of what their responsibilities are.	*30/01/2020 Guideline for Detecting Patients at Risk of Undernutrition
26	Safe	SD14 & SD26	Staff should follow the standard operating procedures for transfer of patients to the wards, and patients are not nursed in corridors for a prolonged period whilst waiting for beds to become vacant.	Surgery Core Service	SMH		Chief Nurse	Head of Emergency Services	Oct			*AF to email Helen Byrne to find out about policy and transfer of patients, and plus one by 14/10/19 *Policy to go to DOC, TPSG, EMC *HB planning Pre-emptive Discharge Policy	* HB has completed Transfer policy & received comments await final ratification	A		*Transfer Policy to go to DOC, TPSG then onto EMC for final ratification		
27			The service should review out of hours transfers to the service to identify ways to minimise wherever possible.	Community health inpatients core service	Comm		COO	Head of Emergency services	Oct			*AF to find out if Helen Byrne policy supports this practice. By 14/10/19. Complete.	*HB has drafted the policy and circulated for comment.Await further update by 14/12/19	A		* New Transfer policy to be ratified and published		
28	Caring	SD15	The trust should consider some form of annual, end of life mandatory training to capture staff who may have been working for the trust for many years and missed the induction session on end of life. The service should consider including responding to the deteriorating patient as part of their mandatory training programme	End of Life Care core service	SMH		Chief Nurse	Div Chair Specialist Services	Oct			*KK to pick up with Helen Byrne and Liz Monaghan by 21/10/19. Completed.	* E learning programme planned by year end. Under development.	A		*Elearning programme to go to MaST		

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
29	Safe	SD16	The service should consider how to provide consultant presence 16 hours a day in line with the Royal College of Emergency Medicine's recommendations.	Emergency care core service	SMH		Medical Director	Divisional Chair IM	Oct			*AF to pick up with Jane Dickinson and Helen Byrne around current plans. By 14/10/19. HA to D/W HB by 14/12/19		A			*Urgent Care Improvement group chaired by Div chair for Surgery - staffing for A&E is one of the work streams of this	
30	Safe/ Car	SD17	The service should consider better line of sight by staff for waiting area	Emergency care core service	SMH		COO	Head of Emergency Services	Oct			*AF to pick up with Jane Dickinson and Helen Byrne by 14/10/19 Should change with ED build. * HA to discuss with HB by 14/12/19		G			New mitigiations in place to cover ahead of the ED build: * New Treatment and Treatment Nurse support (HCA) engaged: -HCA doing repeated obs in the waiting room -Streaming at the front door risk assessing who is the most sick- working out where everyone needs to go and within the first 15 minutes. -Additional EMP for minor injury and minor illness patients who has oversight of the waiting room and is managing pain	
31	Caring	SD19	The service should consider how to protect patient's privacy when carrying out assessments in the GP streaming area waiting area.	Emergency care core service	SMH		COO	Head of Emergency Services	Oct			*AF to pick up with Jane Dickinson and Helen Byrne by 14/10/19 Should change with ED build. HA to pick up with HB by 14/12/19	* Time line for ED build in place	G			*Private cubicle set up to mitigate this ahead of the ED build	
32	Caring	SD20	The service should consider making the 'fit to sit' area in the major's area a more patient friendly space	Emergency care core service	SMH		COO	Head of Emergency Services	Oct			*AF to pick up with Jane Dickinson and Helen Byrne by 14/10/19 Should change with ED build. Await update on 14/12/19. HA to discuss with HB by 12/14/19		A				
33	Safe	SD24	The service should document and evidence action is taken in response to an identified deteriorating patient.	Community health inpatients core service	Comm		Chief Nurse	HoN IECC	Oct			*KK to provide evidence of training dates and number of staff trained to SK. All staff trained to date although further dates planned in a rolling cycle.By 14/10/19. **Completed.**	* Actions completed await evidence.	B	Register of trainees rec'd			
34	Caring	SD25	The service should update the trust website to ensure ward visiting times reflected the actual, flexible visiting hours	Community health inpatients core service	Comm		COO	HoNs	Oct			HoNs to collate ward visiting hours and supply to Comms for publishing on the Trust website by 14/12/19		A		HoNs to collate ward visiting hours and Ward Direct line tel no. across whole Trust and supply to Comms for publishing on the Trust website		
35	Safe	SD27	The service should continue to monitor and identify the reasons for delays in looked after children health assessments and take appropriate action to bring about improvements.	Community health services for children, young people and families	W&C		Chief Nurse	Operational Lead WCSHS	Oct			*ID to email Vicky Perkins re evidence that this info is being provided on a fortnightly basis by 14/10/19	*Evidence Provided	B	SD27 2019 09 24 BHT Youth Offending Service Activity report SD27 2019-09-24 LAC Assurance Report_BHT			
36	Safe	SD28	The service should develop a formalised process to record risks associated with staffing levels and monitor the impact of the risk to children and families.	Community health services for children, young people and families	W&C		Chief Nurse	Operational Lead WCSHS	Oct			*ID to email VP re evidence of monthly vacancy report; on risk register; meeting with joint commissioners monthly by 14/10/19	*Evidence Provided	B	SD28 Risk Register August 2019 SD28 Risk Register for SLT Autumn term delivery 2019 SD28 Therapy Monthly report August 2019			
37	Safe	SD30	The service should continue to work towards health visiting performance meeting national targets.	Community health services for children, young people and families	W&C		Chief Nurse	Operational Lead WCSHS	Oct			*ID to email VP re evidence but process as above.by 14/10/19	*Evidence Provided	B	SD30 Q1 - HCP 0-19 data submission template 2019-20			

	A	B	C	D	E	F	G	H	I	J	P	Q	R	S	T	U	Y	Z
38	Safe	SD32	The service should carry out risk assessments for all environments that services are provided from, including those not owned by the trust.	Community health services for children, young people and families	W&C		Commercial Director	DD W&C/Head of Estates	Oct			*ID: can provide evidence of people being risk assessed when going back into homes; lone worker devices in place. **Completed.** *ID to pick up - Has not seen risk assessments for Health visitor joint sessions in village halls.14/12/19	* Work to develop on SOP and update policy.	G	* Evidence provided of risk assessment tool and completed documents.	*Lone Worker SOP to be completed and ratified *Lone worker policy to be updated with Community info *Assessment Tool for Action Plan to enable safe contact in the form of a risk Assessment Template on RIO - meeting with Head of Security to move forwards *SOP re adding alerts to RIO where issues with aggression *Skyguard reports to be provided	*SOP in place *New process for recording risk assessments on RIO: Service risk assessment and then a dynamic risk assessment for individual situations they need to be aware of	
39	Safe	SD34	The service should ensure staff working with children, young people and families in the community have the knowledge and skills to identify the specific signs and symptoms for a child or baby suffering from sepsis and take appropriate action.	Community health services for children, young people and families	W&C		Chief Nurse	HoN Childrens	Oct			*ID to clarify what this relates to.	* Community staff trained on how to identify a patient with sepsis and how to support their family with escalation as this would be in the patient's home.	B	Agendas including the Sepsis Training sessions Lists of attendees			
40	Safe	SD35	The service should monitor the temperature of the chilled room.	Hospice	IECC		Chief Nurse	HoN IECC	Oct			Thermometers are in place. A quote has gone in for the Aircon unit for one location in the hospice. *KK to find out which room this is by 18/10/19. **Completed.**	* System in place in the chilled room and monitored daily.	G		*Chilled blanket repair *Training people how to use it * Daily temperature monitoring	*Chilled blanket *Training people how to use it *Continued daily temperature monitoring in place	
41	Safe	SD36	The service should undertake local audits to monitor the effectiveness of care and treatment and use the findings to improve them.	Hospice	IECC		Chief Nurse	HoN IECC	Oct			*KK to contact Liz Monaghan for local leads and audit timetable by 18/10/19. **Completed.**	*Audit lead is reviewing audit timetable and how to quantify impact of results.	G		*Meeting to plan next audits: 4th Feb 2020	*Audit in place	
42	Safe	SD37	The service should monitor when patients were not able to access the service when they needed.	Hospice	IECC		Chief Nurse	HoN IECC	Oct			There is a daily bed meeting and trust wide report into sitrep every day to prioritise who is coming in and where and provide oversight to trust. Matron manages e roster. *KK to provide evidence to SK	* relates to tracking pts that have not been admitted due to lack of bed availability. System being developed but not in place until January 2020.	G		*System to be developed and rolled out by end of January 2020. *Introducing an Admissions meeting to review proposed admissions and referrals and formally record the outcomes		

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Apprenticeship Update	
Board Lead	Bridget O'Kelly	
Type name of Author	Jan Marote	
Attachments	Appendix 1 – Slides	
Purpose	Assurance	
Previously considered		

Executive Summary

- Brief outline of new national rules on Apprenticeships and their impact
- Example of a Developmental Pathway using Apprenticeship programme (Nursing)
- Apprenticeship Levy & our spend to date (44.8%)
- Overview of Apprenticeship programmes and numbers across BHT

Decision	The Board / Committee is requested to: Approve the direction of travel

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	
Risk: link to Board Assurance Framework (BAF)/Risk Register	This paper supports BAF 2.1, 2.2 and 2.3
Financial	Costs will be covered from the DAS & on some clinical programmes via identified 'top slicing' at divisional level
Compliance CQC Standards Staffing	Better developed staff are more engaged staff, which correlates with improved outcomes for patients
Partnership: consultation / communication	Apprenticeship is providing opportunities to make some new partnerships with HEIs and local authorities to spend & share the Levy
Equality	Apprenticeship provides opportunity for all staff and most programmes are designed around the need of the learners as well as the organisation
Quality Impact Assessment [QIA] completion required?	

14

Apprenticeships in BHT

Shaping the Workforce with a 'Grow your own' Strategy

Jan Marote
Assistant Director of Clinical Education

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Apprenticeships – The Rules in Brief

- Since April 2017 'Apprenticeship levy funding' has been accruing in **Digital Apprenticeship Service (DAS) accounts** of Employers with an annual pay bill of more than £3 million at a rate of 0.5% of their total pay bill.

- **Rules for utilisation of 'Apprenticeship levy funding'**
  - Can not fund apprentice salary
  - Apprenticeship programme must map to specific 'Apprenticeship Standard'
  - Apprenticeships must be delivered by approved apprenticeship training Providers

- **Levy funding expiry rule** - 24 months after it enters an employers account

  In BHT we are not at risk of losing levy

- **Co-investment rule** - We can invest more in apprenticeship training. If we run out of levy the Government will pay 90% and we will pay the remaining 10%

- **Levy transfer rule**
  - We can accept levy from other organisations to support our Apprentices
  - We can and donate our levy to other Employers to support their Apprentices

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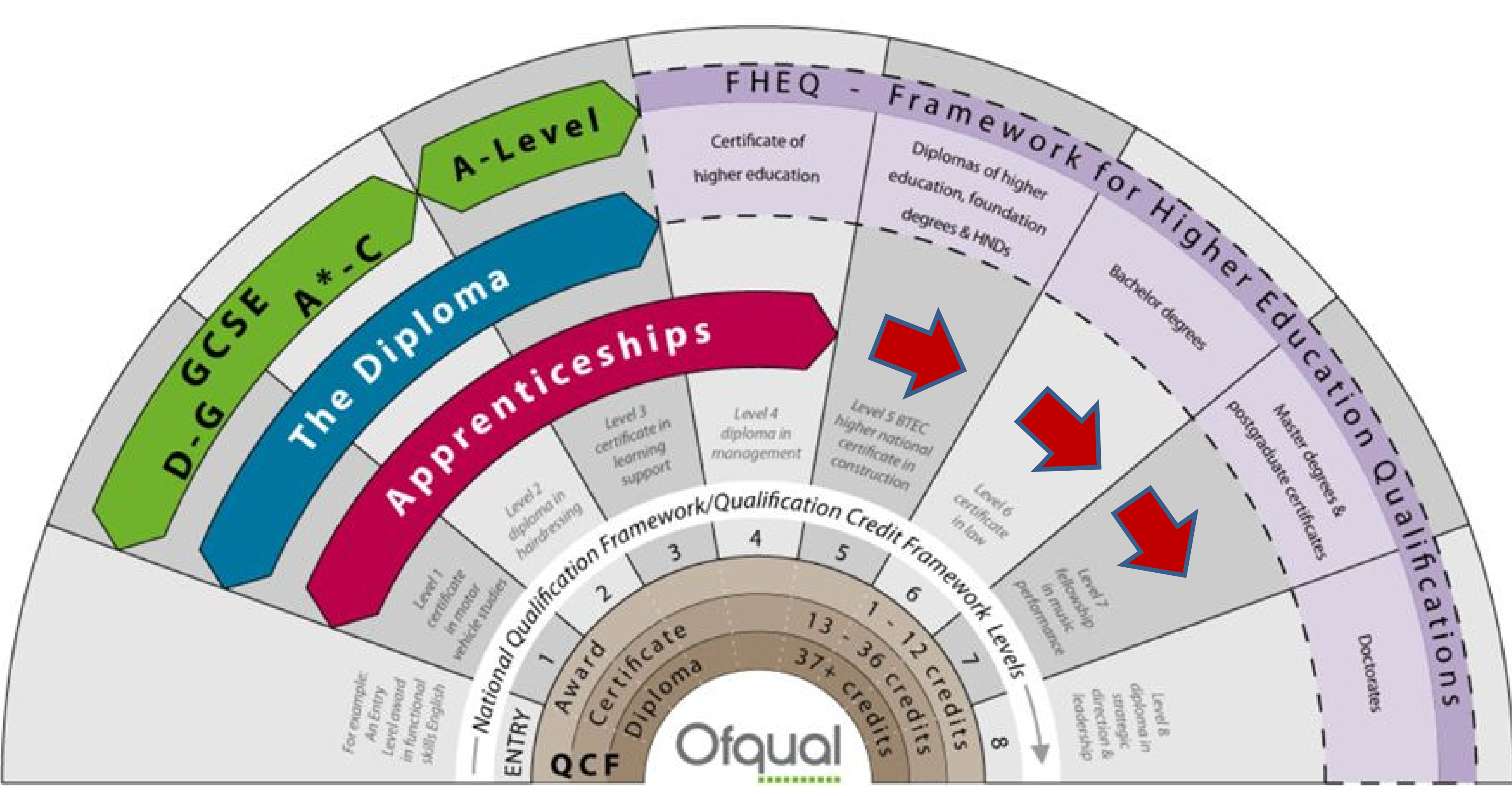
Apprenticeship – Academic Equivalents



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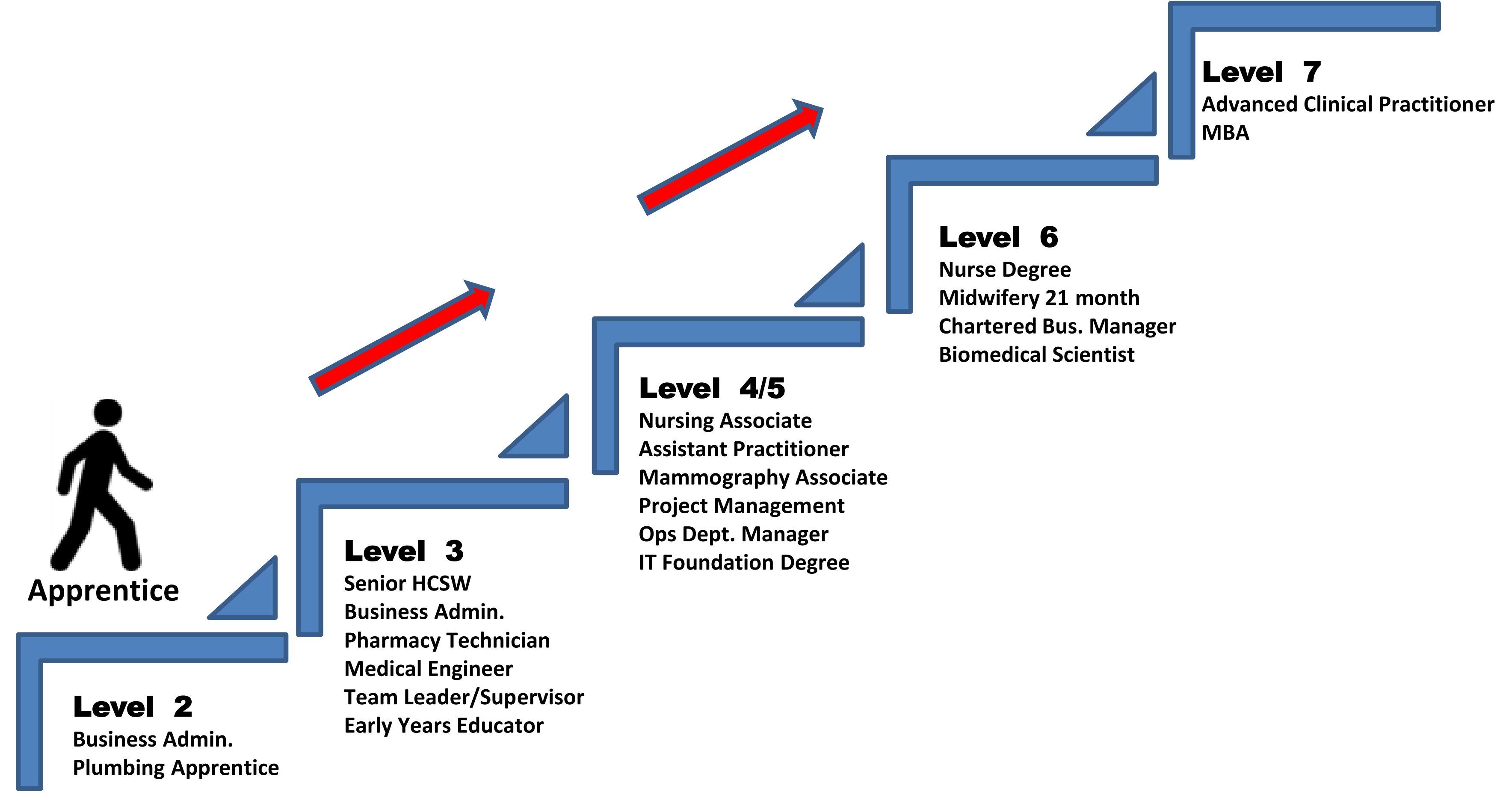
Developmental Pathway for Apprentices



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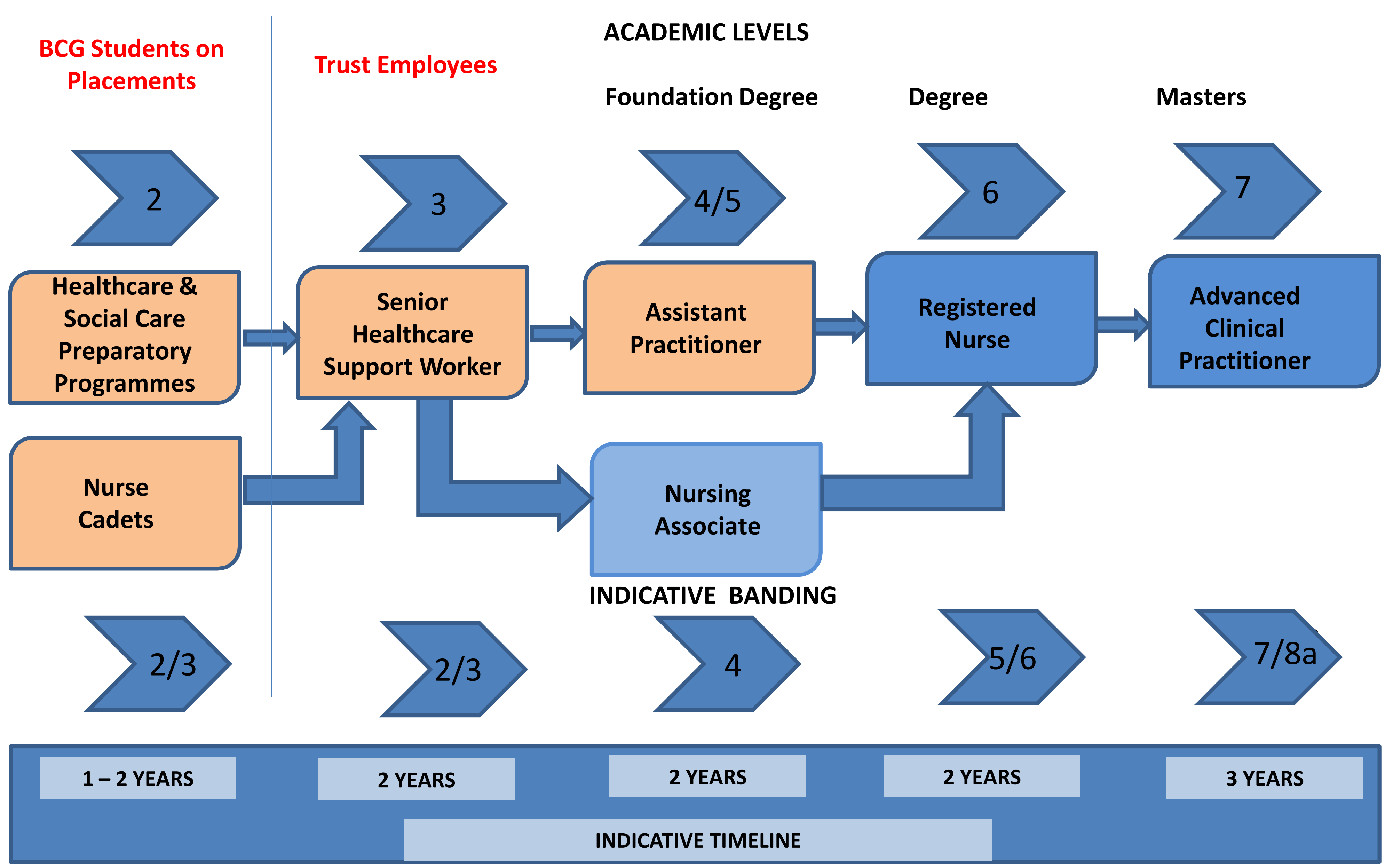
Nursing Apprenticeship Pathway - Clinical



Apprenticeships

- BHT accrues Apprenticeship levy funding at c£85,000/month

- BHT Levy funding to end February 2020:
  - Total BHT has paid into levy account £2,984,013
  - Total expenditure from levy account £1,336,876
  - Total balance remaining in levy account £1,647,137

  - % levy expenditure against total paid into levy account 44.80%

- Apprenticeships in BHT:
  - We are using 20 different apprenticeship programmes
  - Ranging from academic level 2 to 7
  - Since May 2017, we have registered 333 new start apprentices
  - 255 of these are undertaking clinical apprenticeships.

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New Start Apprentices in BHT

Apprenticeship	Level	Staff Group	2017/18 new starts	2018/19 new starts	2019/20 new starts
Senior Healthcare Support Worker	3	B2/3 clinical	**54**	**52**	**50 (tbc)**
Assistant Practitioner	5	B2/3 clinical	**15**	**7**	
Mammography Assistant				**1**	
Nursing Associate	5	B2/3 clinical		**38**	**26**
Registered Nurse (Degree) Adult	6	B2/3/4 clinical who have the Assistant Practitioner qualification or equivalent	**5**	**3**	**6**
Registered Nurse (Degree) Child	6	B2/3/4 clinical who have the Assistant Practitioner qualification or equivalent	**1**	**1**	**3**
21 Month Midwifery	6	Existing Registered Nurses			**1**
Advance Clinical Practitioner (Degree)	7	Existing clinical staff		**11**	**8**
Biomedical Scientist					**1**
Pharmacy Tech	3	Pharmacy B1-4		**7**	**4**
Business Admin	2&3	Existing A&C	**2**	**3**	
Team Leader/ Supervisor	3	Existing A&C/clinical		**32**	**10**
Project Management	4	Existing A&C/clinical		**15**	
Operations Dept. Manager	5	Existing Managers		**15**	**7**
Chartered Manager Degree	6	Existing Senior Managers		**3**	
MBA	7				**3**
Trade		Existing staff	**2**		
Medical Engineer					
IT		Existing staff			**2**
			79	**178**	**120**

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	2019 Staff Survey Update	
Board Lead	Bridget O'Kelly	
Type name of Author	Amir Khaki	
Attachments		
Purpose	Information	
Previously considered	EMC	

Executive Summary

- Our staff survey returns for 2019 shows 4 areas above average, 4 areas average and 3 areas below average
- Divisional & team heat maps have now been produced along with an action plan to support staff engagement
- Three priority areas for the Trust to focus on remains as last year's
- Action plan and next steps

Decision	The Board / Committee is requested to note the updates

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	Type in box
Risk: link to Board Assurance Framework (BAF)/Risk Register	We will be a great place to work where people have the right skills and values to deliver excellence in care
Financial	More engaged staff reduce our need for bank & agency
Compliance Select an item. **Staffing**	More engaged staff will support safe staffing at BHT
Partnership: consultation / communication	This is in line with the long term plan and the Trust priorities
Equality	WRES and WDES are key parts of the staff survey
Quality Impact Assessment [QIA] completion required?	Type in box

15

2019 Staff Survey Update

1. Benchmarked report

The benchmarked report, which compares the Trust against the other 47 combined acute and community Trusts, was published on 18 February. In the 2019 survey we surveyed all our staff on-line, achieving a 48% response rate, above the median response rate of 46% for this benchmarking group, but lower than the response rate of 51% achieved in 2018.

The following table shows an overview of the 11 major themes summarised and compares the Trust's results with the best and worst trusts in our benchmarking group and also identifies a new theme; team working. The table identifies a small shift compared to last year. In 2018 where we achieved 6 themes above average and 4 were scored as average. For 2019, 4 themes scored above average, 4 scored average and 3 below average; namely EDI, Quality of Care and Safety Culture. None of the improvements or deteriorations were deemed statistically significant.

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	9.1	6.1	7.0	6.2	5.5	7.4	8.2	9.6	6.7	7.1	6.8
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	2,740	2,762	2,775	2,742	2,471	2,518	2,743	2,750	2,748	2,794	2,758

2. National context

Five out of the 11 themes improved nationally in the following areas:

a. Immediate Managers – this theme improved for the Trust
b. Morale – this theme remained the same as 2018 for the Trust
c. Quality of Appraisal – this theme remained the same as 2018 for the Trust
d. Quality of Care – this score deteriorated for the Trust
e. Safety Culture - this score deteriorated for the Trust

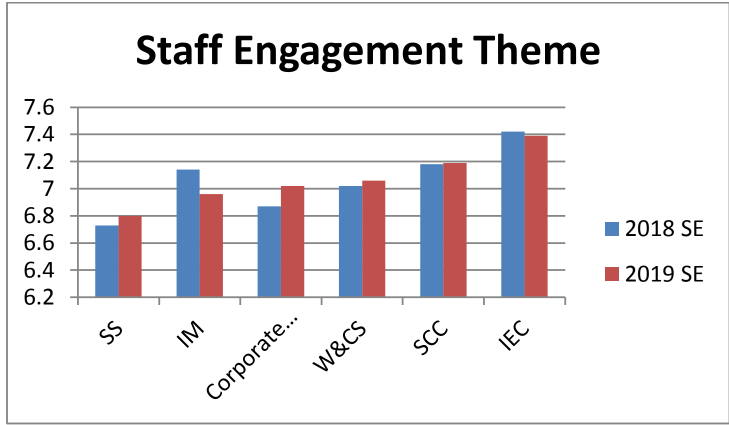
There was a mixed picture nationally on the health and wellbeing indicator, in particular with stress up to 40%, although the result on MSK remained unchanged. Despite the increase in stress from 36% in 2018 to 39% in 2019 the Trust's score in this theme improved slightly from 6.0 to 6.1.

Nationally the engagement score remained stable (the engagement score is made up of 9 questions covering advocacy, motivation and involvement). Interestingly motivation and enthusiasm for the job improved as did staff recommending as a place to work. The Trust's score improved slightly 7.1; motivation improved, involvement improved in 2 out of the 3 questions and as did advocacy, but the question relating to staff recommending the Trust as a place to work deteriorated.

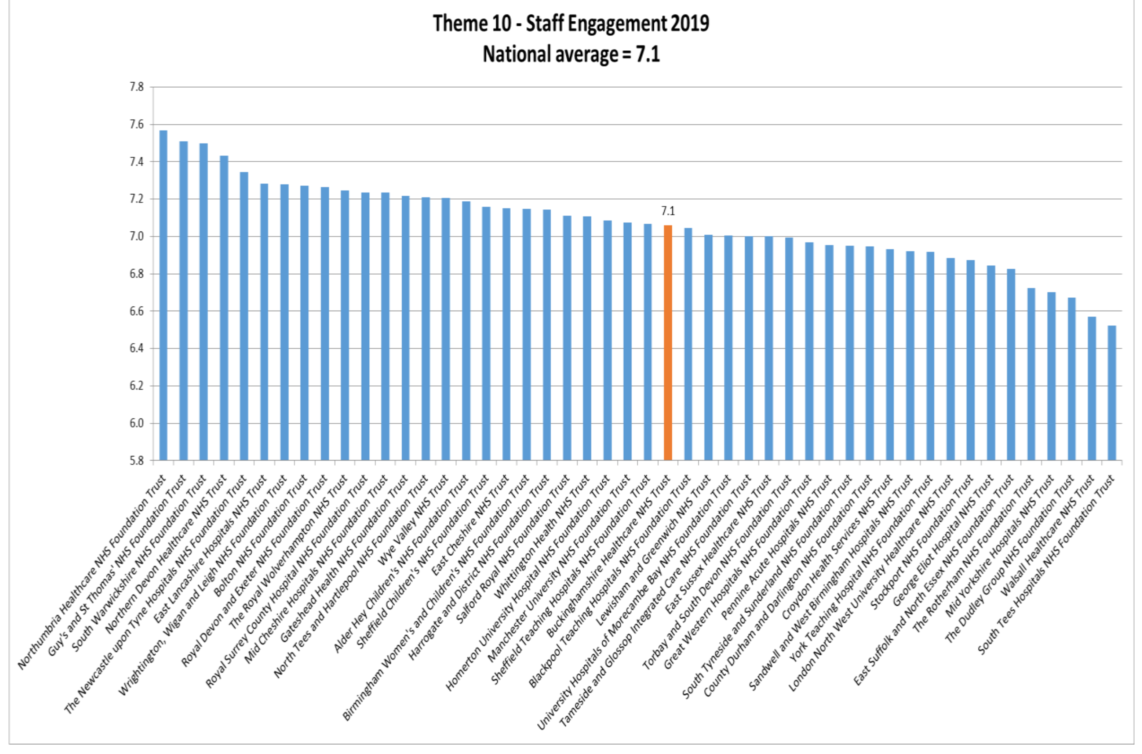
Although there were some improvements nationally on the WRES indicators there is still a lot more improvement needed. For the Trust we saw a deterioration of both BME and white staff believing the Trust provides equal opportunities for promotion and career development when compared with our results in 2018 and this was also the case for discrimination from managers, team leaders or colleague and also for experience of bullying and harassment in both groups and across both years.

3. Staff engagement theme

The overall staff engagement score improved from 7.0 to 7.1. The divisional staff engagement scores are provided in the table below, with comparison with 2018. The staff engagement score improved slightly in 3 out of the 5 clinical divisions and improved in corporate services, however there was a significant deterioration in 2019 in Integrated Medicine. The department with the highest staff engagement score was Speech and Language Therapy with a score of 8.35.



The Trust within our benchmarking group with the largest staff engagement score is Northumbria Healthcare NHS Foundation Trust.



4. Priority areas

Based on our previous report, sharing the raw results for the organisation, and discussions with divisional leads, we have agreed the three priority areas for the Trust to remain the same as last year, these being: reducing stress, reducing the incidents of bullying, harassment and abuse from managers and colleagues and identifying the issues around staff saying they do not have sufficient equipment, materials or supplies to do their work properly. This will help us to further develop the work we started last year, allowing us to make a significant impact on these issues.

In addition, we will also focus on reducing harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public; we have seen an increase in staff reporting incidents both through the staff survey and, more recently, through the Trust usual reporting processes.

5. Action Plan

Action	By Whom	Status
Heat maps developed for priority areas	Engagement team	Complete
Identify senior HR lead for each of the 3 priority areas	Senior HR team	Complete
Thematic analysis of Narrative Feedback	Quality Health & Engagement team	End March
Formal result presentation to EMC & divisional leads	Quality Health & Engagement team	End March (to ELD team only)
Heat maps to be used to inform divisional management team local actions using QSIR methodology	HRBPs & Engagement team; divisional leads	Throughout f/y 2020-21
Continue with our Pioneer Programme for 2020, looking to recruit at least 3 of the hot spot teams in Cohort 5 in Q1	Engagement team & divisional leads	Throughout f/y 2020-21
Monitoring & reporting on the staff survey action plan	Feedback & Engagement group	Monthly

6. Next steps

We will share the progress on actions to address our priority areas at a future date.

The Board is asked to note this update.

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Gender Pay Gap Reporting
Board Lead	Bridget O'Kelly
Type name of Author	Inderjit Bhambra
Attachments	Gender Pay Gap Report For Publication
Purpose	Approval
Previously considered	EMC, SWC

Executive Summary

- This is the third time that the Trust will publishing its Gender Pay Gap Report
- There is a gender pay gap in the Trust
- There have been marginal improvements (reduction) in the Gender Pay Gap when comparing against 18/19
- The report that will be published on the Trust's internet site is available at appendix 1; this also contains an action plan. Both the report and the action plan will be uploaded onto the Trust website following Board approval.

Decision	The Committee is requested to note the contents of the paper.

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	N/A
Risk: link to Board Assurance Framework (BAF)/Risk Register	Making BHT a great place to work
Financial	Staffing costs comprise c70% of Trust expenditure
Compliance Select an item. Select CQC standard from list.	CQC Well Led Framework, Regulation 18
Partnership: consultation / communication	ED&I Steering Group
Equality	Statutory Reporting
Quality Impact Assessment [QIA] completion required?	N/A

Gender Pay Gap Reporting

Summary
This is the third year that the Trust has produced its Gender Pay Gap report. We are required to publish information from 31st March 2019 by 31st March 2020 alongside an action plan for closing any gap

Whilst a Gender Pay Gap still exists, there have been marginal improvements (a reduction) in the gap.

2019 gender pay gap data

Difference between men and women

	Mean	Median
Hourly fixed pay	29.1% (29.3%)	13.1% (15.0%)
Bonus Pay Gap	77.0% (87.0%)	33.2% (33.3%)

The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are widely different, with the mean being higher than the median, it can be inferred that the dataset is skewed, by presence of very high earners.

The figures in brackets are the values reported in 2018. As can be seen, there is a notable improvement in the Median hourly fixed pay value and a small improvement in the mean bonus pay.

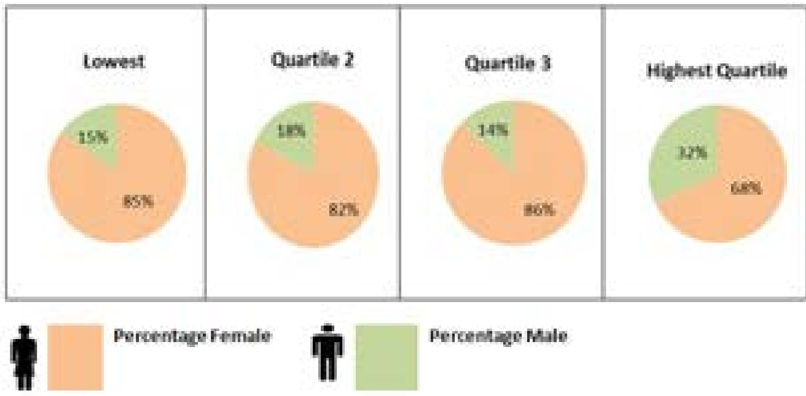
Background
Gender pay gap calculations are expressed as a percentage in relation to the male salary. All values recorded as negative (-) indicate that the gender pay gap is in favour of the female workforce. As the data for BHT is expressed as a positive (+) figure, the data tells us that there is a gender pay gap in the favour of the male workforce.

It is worth noting that the gender pay gap and equal pay are not the same, but are often confused to be one of the same:

- The right to equal pay is set out in the Equality Act (2010), which gives a right to equal pay between women and men for equal work.
- The gender pay gap is a measure of labour market or workplace disadvantage, expressed in terms of a comparison between men's and women's average hourly rates of pay.

Detail
Additional analysis (see below) has been carried out to understand the drivers of the pay gap.

The data shows that in quartiles 1, 2 and 3 the split between male and female employees is fairly consistent, however in the highest quartile there are more male employees than the previous quartiles.



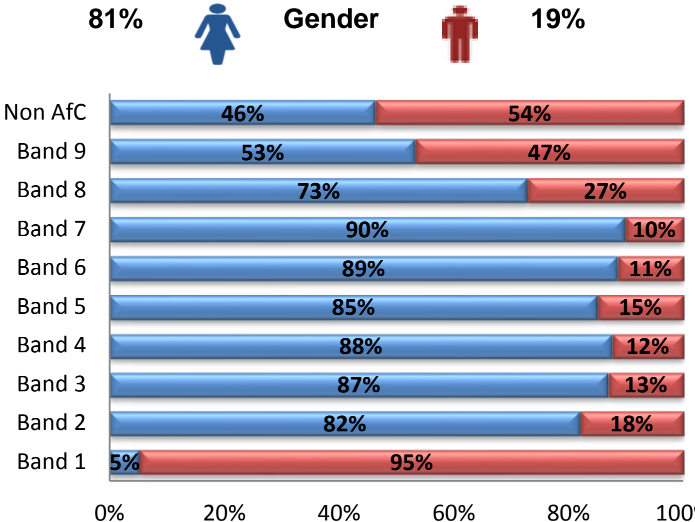
The numbers in each quartile for the four largest staff groups in the Trust are set out in the table below.

The variance in the highest quartile is mainly due to significantly different gender splits within the Medical staffing group and the Admin & Clerical staff groups; in contrast, there is a greater proportion of female staff in the highest quartile for nursing staff and allied health professionals.

	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4	
	Female	Male	Female	Male	Female	Male	Female	Male
Allied Health Professional	1	0	114	18	201	22	148	11
Medical	0	0	26	27	39	27	261	343
Nursing & Midwifery	3	1	374	47	876	72	419	20
Administrative and Clerical	544	73	278	61	80	40	83	70

The charts below show the gender split by staff on AfC contracts and those not on AfC contracts (medical & dental staff and executive directors). Whilst overall, 81% of our workforce is female, in the highest AfC bands (Band 8 and 9) there are significantly lower proportions of women. The relative proportion of men and women in bands 3 – band 7 is the same.

Gender Spilt Across BHT



Staff on Agenda for Change Terms and Conditions
The table below shows the mean and median pay gap for ordinary pay by staff group.

	Mean Hourly Rate			Median Hourly Rate			Headcount	
Staff Group	Female	Male	Mean Gap	Female	Male	Median Gap	Female	Male
Add Prof Scientific and Technic	£19.79	£20.76	5%	£18.74	£18.68	-3%	142	59
Admin and Clerical	£12.82	£18.12	29%	£10.67	£15.06	29%	985	244
Allied Health Professionals	£18.39	£17.70	-4%	£18.74	£16.99	-10%	464	51
Healthcare Assistants	£10.80	£11.13	3%	£10.49	£10.86	3%	517	111
Healthcare Scientists	£18.97	£19.31	2%	£19.56	£18.74	-4%	96	39
Medical and Dental	£34.54	£38.12	9%	£33.11	£39.17	15%	326	397
Nursing and Midwifery Registered	£18.25	£17.12	-7%	£17.87	£16.47	-9%	1672	140
Support Staff	£10.71	£10.46	-2%	£10.46	£10.15	-3%	555	127

The data shows two staff groups with the largest pay gaps: Admin & Clerical and Medical & Dental.

These two groups had the largest gender pay gap in 2018; however, this year the differences have reduced for both the mean and median from 32% and 35% respectively for Admin & Clerical, and 13% and 19% respectively for Medical & Dental staff.

We intend to carry out further analysis into gender pay gaps by AfC pay band, and will share this data once it is available.

Medical & Dental Staff
The gender profile for Medical Consultants (overall, the highest paid staff group) is changing, but remains predominantly male, with 62% of this group being male, and 38% female. (In 2018, the proportions were 65% male and 35% female.)

The gender balance of this medical consultant split by age is set out below. Currently there is a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post; this is driving our gender pay gap.

All Consultants split by Gender & Age (Headcount)				
Age Range	**Female**	**Male**	**Total**	**% Female**
30-39	20	17	37	54%
40-49	48	68	116	41%
50-59	34	60	94	36%
60+	2	24	26	8%
Total	**104**	**169**	**273**	**38%**

We are assured that medical staff are remunerated correctly as they are appointed to a pay scale depending upon their grade (i.e. Consultant, Specialty Doctor, Doctor in Training).

Bonus pay
In terms of bonus pay, there is a 3% difference in the number of men (7%) and women (4%) who received a bonus for their performance in 2018/19. Bonus Pay applies to fewer than 4% per cent of all our staff employed.

Within the Trust there are two types of payments which are considered bonus pay:
1. Clinical Excellence Awards (both National and Local)
2. Long service awards.

Clinical Excellence Awards (CEAs) are only available to the Consultant workforce, within the Medical & Dental Staff group. This group has a significantly different gender split when compared to the Trust as a whole. Bonus pay elements are awarded as a result of recognition of excellent practice over and above contractual requirements and should have no gender bias. CEAs earned historically are retained by recipients until the point they retire. Local CEAs awarded under the most recent arrangements are in place for the duration of this 3-year agreement.

At BHT, staff who have been employed by the NHS for greater than 20 years, also receive bonus pay, by way of a one-off long service award.

The bonus pay gap is driven by both the Clinical Excellence Awards (a legacy of a higher percentage of male consultants receiving the awards), and is then significantly exaggerated as a result of the long service awards (small sums payable, but mostly to women). The denominators increase significantly by incorporating the long service awards.

The tables below provide a truer / more accurate reflection of the bonus pay gap. These figures have remained broadly the same as those of last years. The All Staff (Long Service Awards) table shows that there is no difference in bonus pay between men and women.

	Mean Bonus pay			Median Bonus Pay		
	Female	Male	Mean Gap	Female	Male	Median Gap
All Staff (Long Service Awards)	£75	£75	0%	£50	£50	0%

	Mean Bonus pay			Median Bonus Pay		
Band	Female	Male	Mean Gap	Female	Male	Median Gap
Medical (CEAs)	£8,682	£11,984	28%	£6,032	£9,048	33.2%

	Mean Bonus Pay			Median Bonus Pay		
Band	Female	Male	Mean Gap	Female	Male	Median gap
All Staff (Long Service and CEAs)	£2,265	£9,894	77.0%	£6,082	£9,098	33.2%

The table below demonstrates the amount of Clinical Excellence Award holders (National and Local) split by Gender in 18/19:

Female Consultants	Male Consultants
44 (41.66 FTE)	75 (72.77 FTE)

Last year 33% of CEA award holders were female, whereas this year the figure has increased to 37%.

Difference between 17/18 and 18/19

Broadly speaking there have been some changes in the data during 18/19 when comparing against 17/18. The median hourly fixed pay for men has decreased from 15.0% in 17/18 to 13.1% in 18/19, and the mean value decreased from 29.3% to 29.1%. Bonus pay for men also highlighted a difference, with the median value decreasing from 33.3% in 17/18 to 33.2% in 18/19, and the mean value also decreased from 87% to 77%.

The gender split between pay quartiles remained broadly the same in 18/19 compared to 17/18.

Closing the Gap

The Trust will continue to consider how we can encourage more female applicants to apply to consultant roles and into more senior management positions. We will continue to seek to address this through the Trust's talent management approach, and through the monitoring of recruitment and progression (promotions). Whilst we are aware that there are proportionately more men receiving a bonus then women, we will continue to develop strategies to encourage more women to apply for these awards. However the legacy of a higher proportion of male consultants is driving the current imbalance, which will remain up until the point this cohort retires. An action plan has included within the report to be published at Appendix 1.

Next Steps

SWC are asked to;

1. Note the contents of this paper, prior to submission to the Trust Board for approval, and upload onto the Government's Gender Pay Gap Reporting Service

Inderjit Bhambra
Assistant Director HR

Appendix 1: Gender Pay Report – 2019 (for publication)

Pay and Bonus Gap – BHT Based on Hourly Rates of Pay as at 31 March 2019

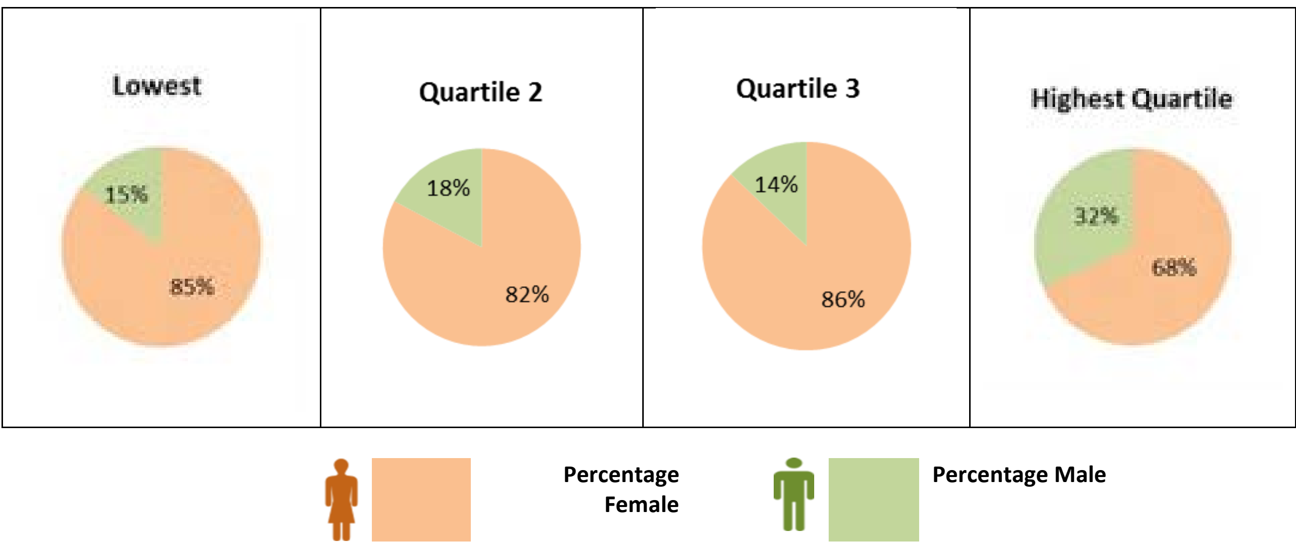
	Difference between men and women	
	Mean*	**Median****
Hourly fixed pay	29.1%	13.1%
Bonus Pay Gap (overall)	77.0%	33.2%
Bonus Pay Gap (Long Service Awards)	0%	0%
Bonus Pay Gap (Clinical Excellence Awards)	28.0%	33.3%

*The mean is the average of all the numbers.
** The median is middle value once a list of numbers has been put into numerical order

The above table shows our overall mean and median gender pay gap based on hourly rates of pay as at the snapshot date (31 March 2019). 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 2019 (i.e. 1 April 18 – 31 March 19).

We are pleased to report an improvement (reduction in the gender pay gap) this year compared to 2018, as both the mean and median hourly fixed pay figures have reduced: the mean from 29.3% in 2018 to 29.1% in 2019; the median from 15% in 2018 to 13.1% in 2019.

Pay Quartiles



The above data shows that in pay quartiles 1, 2 and 3 the split between male and female employees is reflective of the overall split between male and females within the organisation. However, there is a higher percentage of men in the highest pay quartile compared to the overall percentage of men working for the Trust. This difference is mainly due to there being a higher number of male clinicians than women.

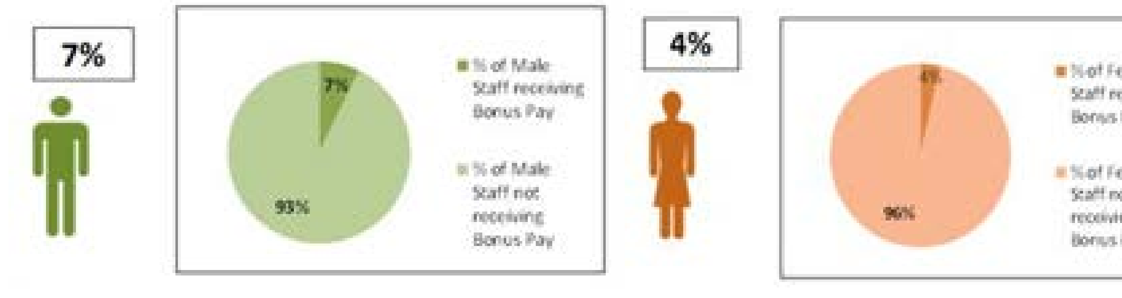
Proportion of employees receiving a bonus

Bonus Pay applies to fewer than 4% per cent of all our staff employed. There are two categories of payment made by the Trust, which are classified as bonus pay – Clinical Excellence Awards and Long Service Vouchers.

Only consultants are eligible for Clinical Excellence Awards (CEAs), which are given in recognition of excellent practice over and above any contractual requirements. The Clinical Excellence Awards form part of the national contract for consultants. This group has a significantly different gender split when compared to the Trust as a whole (38% of the consultant workforce is female, compared to 81% female for the overall workforce).

The Trust recognises NHS long service of more than 20 years and at 10 year milestones thereafter, through the award of vouchers. All staff are eligible to receive these vouchers and the profile of those awarded reflects the overall gender profile of the Trust. The different eligibility criteria and value of these two very different schemes drives the Trust's overall figures for bonus pay. As such, we have analysed the figures for each of the two schemes separately. We are pleased to note that there is no difference in the bonus pay associated with long service award.

The Bonus Pay Gap (Clinical Excellence Awards) table below provides a more accurate picture of the bonus pay gap at Buckinghamshire Healthcare NHS Trust. These figures have remained broadly the same over the past few years. We expect this to slowly improve as the older consultant workforce (with a higher proportion of men in receipt of life-time awards) retires and the consultant workforce profile changes to one with a more even gender balance in receipt of fixed-term awards.



We are confident that men and women are paid equally for doing equivalent jobs across the Trust. Our aim is to reduce the gender pay gap throughout the organisation, but accept that this may take several years to achieve.

Whilst we have started to make improvements in our Gender Pay Gap when compared to last year, we have now formally developed an action plan to drive further change which can be viewed in appendix 1.

I confirm the data reported is accurate.

Bridget O'Kelly
Director of Organisational Development and Workforce Transformation

Appendix 1

Actions during f/y 2020-21 are set out below

Action	Lead
Ensure that our recruitment and selection processes are inclusive for all • Undertake further analysis of divisional and departmental data to make sure that each of our diverse teams has the information required • Continue with the roll out of inclusive recruitment and selection training. • Representatives from the Trust Staff Networks will be involved in all senior appointments • Use social media recruitment case studies to promote the lived experience of women in more senior and specialist roles.	Head of Recruitment
Enable and equip more women to progress into senior roles in the Trust through our talent management scheme	Head of OD and Leadership
Encourage women to take on senior roles in our Staff Networks	Equality, Diversity and Inclusion Manager
Promote flexible working throughout the organisation • A focussed approach to flexibility within our working practices to ensure that all employees can achieve their potential • Set up Carers' Network	Deputy Director of Workforce

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BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
25 March 2020

Details of the Committee

Name of Committee	Strategic Workforce Committee
Committee Chair	Hattie Llewelyn-Davies
Meeting dates:	4 February 2020
Were the meetings quorate?	No
Any specific conflicts of interest?	No
Author of the paper	Bridget O'Kelly

Apologies:
Tom Roche (Non-Executive Director)
Nicola Gilham (Non-Executive Director)
Juliet Anderson (Health Education England – Thames Valley)
Lesly Clifford (Communications)

KEY AREAS OF DISCUSSION:

The key areas of discussion were:

- An update on the people corporate objectives
- The Trust Integrated Performance Report
- The Trust Freedom to Speak up Guardian presented a report covering the Q3 of the financial year
- Dr Bahal, Guardian of safer working hours, presented his report for Q2 of the financial year
- The initial results of the National NHS Staff Survey for 2019
- A 6-month update on Equality, Diversity & Inclusion
- Staff story – The Matron for Integrated Elderly Care attended the meeting to share a video about a member of staff who had been recruited as a Healthcare Assistant
- The Trust's annual Gender Pay Gap report for March 2019

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

- None

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

- None

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Compliance with legislation
Board Lead	Sue Manthorpe, Director for Governance
Type name of Author	Sue Manthorpe, Director for Governance
Attachments	Compliance with Legislation
Purpose	Assurance
Previously considered	EMC; Quality and Clinical Governance Committee; Finance and Business Performance Committee;

Executive Summary

This report provides and update on the information completed by the Executive team to assess the Trust's level of compliance with key pieces of legislation and regulations.

The report briefly outlines the actions being taken to review and monitor the areas identified as non-compliant.

Appendix 1 provides a list of the relevant legislation and regulations

Decision	The Committee is requested to note and take assurance from the process describe to measure the Trust's compliance with legislation and regulations.

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	Failure to manage and monitor compliance can increase patient safety risks
Risk: link to Board Assurance Framework (BAF)/Risk Register	Key risks in identified are on the corporate risk register
Financial	There can be legal costs and fines if the Trust is found to be non-compliant with legislation or regulations
Compliance Select an item. Select CQC standard from list.	Relevant legislation and regulations have been listed.
Partnership: consultation / communication	N/A
Equality	N/A
Quality Impact Assessment [QIA] completion	N/A

required?	

1 Introduction/Position
The purpose of this paper is to provide the Committee with assurance a regarding compliance with a range of legislation and regulation such as those from Care Quality Commission CQC)

2 Background
Each year the Trust conducts a self-assessment of compliance. This process is used to underpin the declaration in the Annual Governance Statement. As part of this self-assessment the following preparation and in-depth review has been undertaken by Executive Management team; Finance and Business Performance Committee and Quality and Clinical Governance Committee:

- Completion of a compliance template for each piece of legislation or regulation listed.
- A review of the evidence by the executive lead with the management lead.
- Review of all completed templates at the Executive Management Committee (EMC).
- Peer challenge between executive directors of the assurance of compliance.

Following the peer challenge and discussion a consensus confirmed agreement with the assessment of compliance or non-compliance.

3 Key Issues
The list of legislation and regulations is shown in Appendix 1 with a compliance statement and an outline action for those areas identified as non-compliant

The process has been helpful in confirming known risks and issues, many of which are currently on being acted upon, monitored or resolved. For example, the CQC regulations are monitored through the CQC action plan which is regularly reviewed by the Quality and Clinical Governance Committee. Committee members will also recognise issue that have been discussed at Board Committees.

Areas considered to be non-compliant are:

Legislation/ regulation	Gap	Action	Monitoring
Freedom of Information Act (FOI):	The trust does not consistently meet the regulatory response time of 20 business days. A change has been made to resources to improve the Trust response time to FOI requests and this is being closely monitored by the information governance team.	The Trust has recruited a new FOI/SAR Lead, who starts with the IG team on 30th March. Once the dedicated resource is in place it should ensure compliance going forward.	This is being monitored at the Caldecott meetings.
Copyright, Designs and Patents Act:	The trust has not yet completed the annual survey to identify and confirm if all of the areas using media. This is scheduled to be carried out in March 2020	Confirmation has been received the trust is up to date with payments for the licences. Trust to confirm all areas using multimedia has not changed	The Trust is now carrying out a re-survey of the all areas to confirm the information on the areas using all form of media (Radio, TV DVDs etc.) remains unchanged.

Legislation/ regulation	Gap	Action	Monitoring
Electricity at Work Regulations	This relates to the Electrical infrastructure at Stoke Mandeville Hospital. The Trust has a project in place to improve the electrical infrastructure across the Stoke Mandeville hospital site. Wayleaves are in progress to allow cabling to the electrical cabling hospital site	Stoke Mandeville Hospital. The Trust has a project in place to improve the electrical infrastructure across the Stoke Mandeville hospital site. Wayleaves are in progress to allow cabling to the electrical cabling hospital site	Director for Governance is meeting with the estates team to review electrical safety management processes.
Local Government and Public Involvement in Health Act:	The amalgamation of a clinical service on to one site should have received a more robust consultation process.	Lessons have been learnt about the process for consultation with the public.	Chief Nurse is raising awareness of the need for consolation. Consideration is being given on how to ensure this is considered and completed for all future service changes.
HTM04 Safety Water in Healthcare Premises	Water safety is not fully compliant because the trust has a large number of low use/redundant pipe work which can affect water flow and encourage bacterial growth.	Regular water testing and monitoring is carried out across all trust sites.	A water safety plan is being produced to support this process. Director for Governance is meeting with the estates team to review water safety plan
HTM 02-01 Part A Medical Gas Design, installation, validation and verification	The medical gases infrastructure is not fully compliant as there are a number operational issues with regard to the pipe medical gases age, design and associated infrastructure. Property services are working to resolve these issues. Work on replacement and the provision of support systems are in place to reduce the risks	Property services are working to resolve these issues. This includes work on replacement of aged gas systems and the provision of support systems are in place to reduce the risks. E.g. gas cylinders	An audit action plan is in place and monitored at the health and safety committee and medical gas committee

4 Recommendations and next steps.

Going forward the Director for Governance has agreed to improve the process for monitoring compliance. This will include:

- A central repository of evidence to support compliance is currently being produced. This will be reflected in the attached spreadsheet to indicate evidence collected.
- Action plans for areas of non-compliance will be reviewed by the most relevant operational committee e.g. Quality and Patient Safety group. This timetable is being produced and will be added to Committee work plans
- All action plans will be monitored by the Risk and Compliance group which provides regular reports to the EMC. Exception report will also be provided where concerns are raised on the robustness of action plan progress.
- Work with internal audit around providing further assurance on the compliance process through sampling

5 Conclusion

The paper provides a positive level of assurance regarding compliance and where concerns or gaps have been identified, action is being taken to resolve them**.**

6 Action required from the Committee

6.1 The Committee is requested to:

a) Note the processes used to demonstrate the trusts compliance with legislation

b) Approve the recommendations provided

c) Give assurance to the Trust Board the process undertaken and the proposed next steps provide positive assurance on the Trusts commitment and action to ensure its compliance with legislation and regulation is robust.

APPENDICES

Appendix 1: Compliance with Legislation and Regulations Spread Sheet

CQC Reg	Legislation/ Regulation	EXEC	2020 review	Inc in Pack	Compliant	Peer Challenge Comments	Reviewed by EMC 14/02/2020
5	**Fit & Proper Person Requirement for Directors**	DoWOD	Done	✓	✓		✓
9	**Person-centred Care**	CN	Done	✓	✓		✓
10	**Dignity and Respect**	CN	Done	✓	✓		✓
11	**Need for Consent**	MD	Done	✓	✓		✓
12	**Safe Care and Treatment**	CN	Done	✓	✓		✓
13	**Safeguarding Service Users from Abuse and Improper Treatment: Children's Act 1989**	CN	Done	✓	✓		✓
14	**Meeting Nutritional and Hydration Needs**	CN	Done	✓	✓		✓
15	**Premises and Equipment** *Carriage of Dangerous Goods *Control of Asbestos Regulations 2012 *Control of Substances Hazard to Health Regulations COSHH 2002 *Criminal Justice and Immigration Act 2008 *Food Hygiene Regulations 2013 Sodexo and Medirest *Food Safety Act 1990 Medirest and Sodexo *Management of Health and Safety at Work Regulations 1999 *RIDDOR *The Electricity at Work Regulations 1998 *The Gas (Installation and Use) Regulations 1998 *The Hazardous Waste (England & Wales) Regulations 1998 *The Health and Safety at Work Act *The Regulatory Reform (Fire Safety) Order 2005 *The Workplace (Health, Safety and Welfare) Regulations 1992	Commercial Director	Done	✓	See each individual regulation	The CQC regulation covers all of the regulations listed. For ease of reference regarding compliance each regulation has been assessed independently and is shown individually on the spread sheet	
16	**Receiving and acting on complaints**	CN	Done	✓	✓		✓
17	**Good Governance**	Director for Governance	Done	✓	✓	The Trust process to assess itself against the listed legislation and regulations is to provide assurance on its effective governance, including assurance and auditing systems or processes.	✓
18	**Staffing**	DoWOD	Done	✓	✓		✓
19	**Fit & Proper Persons Employed**	DoWOD	Done	✓	✓		✓

20	**Duty of Candour**	CN	Done	✓	✓		✓
20A	**Requirement to display of Performance Assessments**	CEO	Done	✓	✓		✓
	Abortion Act 1967	MD	Done	✓	✓		✓
	Access to Health Records 1990 **Access to Medical Reports Act 1988**	Dir Stra	Done	✓	✓		✓
	Accessible Information Standard	DoWOD	Done	✓	✓		✓
	Autism Act 2009 **Includes adherence to the following Regulations:** **• Regulation 9: Personal Centered Care** **• Regulation 11: Need for Consent**	CN	Done	✓	✓		✓
	Blood Safety and Quality Regulations	MD	Done	✓	✓		✓
	Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
	Charities Act 2016	DoF	Done	✓	✓		✓
	Civil Contingencies Act (2004)	COO	Done	✓	✓		✓
	Companies Act 2006	Director for Governance	Done	✓	✓		✓
	Computer Misuse Act (1990)	Dir Stra	Done	✓	✓		✓
	Control of Asbestos Regulations 2012 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
	Control of Substances Hazardous to Health Regulations 2002 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
	Copyright, Designs and Patents Act 1988 (the CDPA")	Director for Governance	Done	✓	No	The Trust met the requirements of the application for the relevant licenses (Motion Picture Licencing Company - for TV, Videos and CDs; Public Performance Ltd - for recorded music e.g. radio; Performing Rights Society for radio use) . However, the Trust considers itself not compliant because we have not yet completed the annual survey.	✓
	Crime and Disorder Act 1998	Commercial Director	Done	✓	✓		✓
	Criminal Finance Act 2017	DoF	Done	✓	✓		✓
	Criminal Justice and Immigration Act 2008 s119 s120 s121(1) (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓

Data Protection Act 2018	Dir Stra	Done	✓	✓		✓
Dentists Act 1983	MD	Done	✓	✓		✓
Electricity at Work Regulations (CQC Regulation 15)	Commercial Director	Done	✓	No	Electrical supply – wayleaves in progress to permit cabling to be laid. This will allow work on electrical systems to commence	✓
Electronic Communications Act (2000)	Dir Stra	Done	✓	✓		✓
Employment Rights Act 1996	DoWOD	Done	✓	✓		✓
Environmental Information Regulations (EIR) 2004	Dir Stra	Done	✓	✓		✓
Equality Act 2010	DoWOD	Done	✓	✓		✓
Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002	DoWOD	Done	✓	✓		✓
Food Safety Act 1980 & Food Safety Hygiene (England) Regulations 2013 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
Freedom of Information Act 2000	Dir Stra	Done	✓	No		✓
Gas Safety (Installation and Use) regulations 1998	Commercial Director	Done	✓	✓		✓
General Data Protection Regulation (GDPR)	Dir Stra	Done	✓	✓		✓
Hazardous Waste (England and Wales) Regulations 2005 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
Health and Safety (First-Aid) Regulations 1981	DoWOD	Done	✓	✓		✓
Health and Safety (Miscellaneous Amendments) 2002	Commercial Director	Done	✓	✓	These regulations allow for the amendment of regulations relating to health and safety at work. As amendments to regulations are made the trust will assess the changes and apply them as required. In 2018 the regulation was updated to the Health and Safety (Miscellaneous Amendment) (EU Exit) Regulations 2018 - these Regulations are being drafted to ensure that European Union derived health and safety protections will continue to be available in UK law after the UK leaves the EU.	✓
Health and Safety at Work etc. Act 1974 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
Health and Social Work Professions Order 2001	CN	Done	✓	✓		✓
Health Care Professions Council regulations	MD	Done	✓	✓		✓

Human Rights Act 1998	DoWOD	Done	✓	✓		✓
Human Tissue Act 2004 **(Human Tissue Authority - Codes of Practice)**	COO	Done	✓	✓	Executive lead to change to COO. MD to check the contract is in the correct name.	✓
HTM 02 01 NHS Estates Guidance for Medical Gas Pipeline Systems (CQC Regulation 15)	Commercial Director	Done	✓	No	independent report - risk register – request for emergency capital funding Additional note – We have a significantly ageing estate that is non-compliant with HTM02-01 parts A+B guidance, however with regular servicing and maintenance programs we reduce the risks to patient safety.	✓
Ionising Radiation (Medical Exposure) Regulations 2017 [IR(ME)R17]	COO	Done	✓	✓		✓
Ionising Radiations Regulations 2017 (IRR17)	COO	Done	✓	✓		✓
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	CN	Done	✓	✓		✓
Local Government and Public Involvement in Health Act 2007	CN	Done	✓	No	The Pain outpatient service was moved to Amersham in 2019 without consultation/involvement with patients. No EQIA was completed. The HASC was not notified. Advice given at the time was that the volume of patients potentially affected by the move was not large enough nor were their clinic attendance thought to be frequent enough. Lack of compliance with this legislation will be discussed at the Divisional Operational Committee (DOC) in March 2020 for education and learning to avoid future re-occurrence. It has also been shared with the executive team, the comms team and the patient experience team.	✓
Malicious Communications Act (1998)	Dir Stra	Done	✓	✓		✓
Management of Health and Safety at Work Regulations 1999 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
Manual Handling Operations Regulations 1992 (MHOR)	DoWOD	Done	✓	✓		✓
Medical Act 1983	MD	Done	✓	✓		✓
Medical Devices Regulations 2002 (and Amendment 2012)	MD	Done	✓	✓		✓
Medical Gases HTM 02-01 Part a Design installation and maintenance	Commercial Director	Done	✓	No	The medical gases infrastructure is not fully compliant as there are a number operational issues with regard to the piped medical gases and associated infrastructure. Property services are working to resolve these issues. mitigations include regular monitoring of gas pressure and compatibility with medical machinery is in place. there is also extensive access to gas cylinders	✓
Medical gases HTM 02-01 Part B operational management	MD	Done	✓	✓		✓
Medicines Legislation: **- The Controlled Drugs Regulations 2013** **- The Human Medicines Regulations 2012** **- Medicines Act 1968** **- Misuse of Drugs Act 1971** **- The Misuse of Drugs (Safe Custody) Regulations 1973** **- Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007** **- The Pharmacy Order 2010**	MD	Done	✓	✓		✓

National Health Service (Charges to Overseas Visitors) Regulations 2015, which has been amended by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017	DoF	Done	✓	✓		✓
Mental Health Act 1983 Mental Health Act 2007 Code of Practice (Mental Health Act 1983)	CN	Done	✓	✓		✓
National Health Service Act 2006	DoF	Done	✓	✓		✓
NHS (Quality Accounts) Regulations 2010 NHS (Quality Accounts) Amendment Regulations 2012 NHS (Quality Accounts) (Amendment) Regulations 2017	CN	Done	✓	✓		✓
NHS Standard Contract 2017-19	DoF	Done	✓	✓		✓
Nursing and Midwifery Council Legislation Inc Nursing and Midwifery Order 2001	CN	Done	✓	✓		✓
Part-time Workers (Prevention of Less Favourable Treatment Regulations 2000).	DoWOD	Done	✓	✓		✓
PHIN	DoF	Done	✓	✓		✓
Protection from Harassment Act 1997	DoWOD	Done	✓	✓		✓
Protection of Freedoms Act 2012 - links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012	DoWOD	Done	✓	✓		✓
Public Interests Disclosure Act 1998 (with updates in 2007 and 2013)	DoWOD	Done	✓	✓		✓
Regulation of Investigatory Powers Act 2000	DoF	Done	✓	✓		✓
Regulatory Reform (Fire Safety) Order 2005 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
RIDDOR (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓
Safeguarding Vulnerable Groups Act 2006	DoWOD	Done	✓	✓		✓
Temporary and Agency Workers (Equal Treatment) Bill 2008 currently replaced by Agency Worker Regulations 2010	DoWOD	Done	✓	✓		✓
HTM 04 Safe Water in Healthcare Premises	Commercial Director	Done	✓	No	Water safety is not fully compliant because the trust has a large number of low use/redundant pipe work which can affect water flow and encourage bacterial growth. To monitor this and to reduce the risk regular test water testing and monitoring is carried out across all trust sites. A water safety plan is being produced to support this process.	✓
Workplace (Health, Safety and Welfare) Regulations 1992 (CQC Regulation 15)	Commercial Director	Done	✓	✓		✓

Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Audit Committee
Board Lead	Mr. Graeme Johnston Non-Executive Director and Chair of the Audit Committee
Type name of author	Sue Manthorpe, Director for Governance
Attachments	None
Purpose	Assurance
Previously considered	

Executive Summary

The Committee noted the following:

- Internal Audit
- External Audit
- Financial training for staff

Decision	The Board is asked to note the Audit Chair's report.

Relevant strategic priority

Quality ☒	**People** ☒	**Money** ☒

Implications / Impact

Patient Safety	Not Applicable
Risk: link to Board Assurance Framework (BAF)/Risk Register	The committee provides assurance about internal control and risk management.
Financial	Committee review of Trust financial processes
Compliance Select an item. **Good Governance**	The AC reviews assurance in respect of all Trust systems of control which includes reporting and compliance with all regulation applied to an NHS
Partnership: consultation / communication	Not Applicable
Equality	Not Applicable
Quality Impact Assessment [QIA] completion required?	Not Applicable

Internal Audit
The Committee received the five final reports from the Internal Auditors RSM, these were:

- Charitable Funds – substantial assurance opinion. The Committee wished to thank Mr Garcia for his work.

- DSP Toolkit – Advisory Review
  Although the Committee noted and received assurance on the progress on the DSP toolkit, concern was raised about information governance regarding freedom of information requests and the number of breaches which could lead to enforcement action from the Information Commissioner. The Committee were assured further resources were being given to the information governance team to improve the situation.

- CQC – Reasonable Assurance Opinion

- Payroll – Partial Assurance Opinion
  Several issues had been identified in the design and operating effectiveness of the controls in place to manage staff salary payments e.g. the processing of paper time sheets. Two management actions had been identified relating to the assurance the Trust receives from the Trust's outsourced supplier of payroll services.

- Financial Management and CIPs – Partial Assurance Opinion
  This report provided a very helpful analysis of the circumstances in which the 19/20 budget control total was accepted and the board misgivings about the inherent risk. Budget approval and sign off needs to be more robust with a clear timeline. There also needs to be a more collegiate approach between the overarching budgetary challenge and the financial plans being drawn up at divisional level.

It was noted 68% of management actions had now been fully implemented with a further 32% being confirmed as not yet implemented with extended deadlines. There were no actions awaiting an update.

Draft Head of Internal Audit Opinion
The draft head of internal audit opinion confirms the organisation has an adequate and effective framework for risk management, governance and internal control. However, further improvements have been suggested to these areas to ensure they remain robust.

Internal Audit Plan and Strategy for 2020-2021; Counter Fraud Plan
The Committee received the internal audit plan of activity for 2020/21 based on the Trust Corporate Objectives, risk profile and assurance framework. Core areas of focus will be financial forecasting and Cost Improvement Programme (CIPs), financial systems, payroll, data security and protection toolkit and risk management. The Committee received and agreed the counter fraud plan for 2020/21.

External Audit
The Committee received an update from the External Auditors. The External Audit report highlighted risks around patient care income, evidence around recognising and receiving PSF income; IT controls; payroll testing; operating expenditure and PPE additions.

Finance Training for Staff.

The Committee discussed the need for staff to receive the appropriate finance training. Concern was raised around the resources required and the time line to deliver the training

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Board Attendance Record	
Board Lead	Sue Manthorpe	
Type name of Author	Elisabeth Jones	
Attachments	None	
Purpose	Information	
Previously considered		

Executive Summary

To keep the Board informed of the attendance of Board members at Board meetings and Board committees.

Decision	The Board is requested to note the contents of the report.

Relevant Strategic Priority		
Quality ☐	**People** ☐	**Money**☐

Implications / Impact	
Patient Safety	Type in box
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	Type in box
Compliance Select an item. Select CQC standard from list.	Type in box
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box

Buckinghamshire Healthcare NHS
NHS Trust

Board Attendance Record: January to March 2020

	Strategic Workforce Committee	Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee	Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board
	4 Feb	27 Jan	25 Feb	7 Jan	4 Feb	3 Mar	26 Feb	25 Feb	7 Jan	27 Feb	21 Nov	9 Jan	29 Jan
Hattie Llewelyn-Davies Trust Chair *	✓	✓	✓				✓				✓		✓
Neil Macdonald, Chief Executive Officer *	✓	✓	✓	✓	x	x	✓						✓
Dipti Amin NED*				✓	x	✓	✓		✓		✓	✓	✓
Dan Gibbs Chief Operating Officer*		✓	✓	✓	x	✓	✓						✓
Nicola Gilham NED*							✓			✓		✓	✓
Rajiv Jaitly NED *		✓	✓				✓			✓	✓	✓	✓
Barry Jenkins Director of Finance*		✓	✓				✓			✓ (via teleconference)	✓	✓	✓
Graeme Johnston NED * (SID)		✓	✓				✓				✓	✓	✓

	Strategic Workforce Committee	Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee	Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board
	4 Feb	27 Jan	25 Feb	7 Jan	4 Feb	3 Mar	26 Feb	25 Feb	7 Jan	27 Feb	21 Nov	9 Jan	29 Jan
Tina Kenny Medical Director *		✓	x	✓	✓	x	✓		✓				✓
Becki Medlock Board Affiliate							✓						
Bridget O'Kelly Director of Workforce & Organisational Development	✓						✓						✓
Jenny Ricketts Interim Chief Nurse*(from 1 November)	✓			✓	✓	x	✓						✓
Tom Roche NED*	x	x	✓				✓	✓			✓	✓	x
Karol Sikora Associate NED							x						✓
David Sines Associate NED	✓			✓	✓	✓	✓						✓
David Williams Director of Strategy & Business Development		✓	✓				✓						✓

	Strategic Workforce Committee	Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee	Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board
	4 Feb	27 Jan	25 Feb	7 Jan	4 Feb	3 Mar	26 Feb	25 Feb	7 Jan	27 Feb	21 Nov	9 Jan	29 Jan
Ali Williams Commercial Director		✓	✓				✓	✓			✓		✓

NB: greyed out fields indicate committees the individual would not be expected to attend. NED = Non-Executive Director. A * indicates a voting member of the Board

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Meeting: Trust Board Meeting in Public

25 March 2020

Agenda item	Private Board Summary 29 January 2020	
Board Lead	Sue Manthorpe	
Type name of Author	Elisabeth Jones	
Attachments	None	
Purpose	Information	
Previously considered		

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on the 29 January 2019. The matters considered at this session of the Board were as follows:

- Serious Incident Report and Tracker
- Excluded Practitioners
- Car Park Management Contract
- Energy Procurement
- Health Education England: Memorandum of Understanding
- Update and Progress of Annual Planning

Decision	The Board / Committee is requested to note the contents of the report.

Relevant Strategic Priority

Quality ☒	**People** ☐	**Money**☐

Implications / Impact

Patient Safety	Type in box
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	Type in box
Compliance Select an item. Select CQC standard from list.	Type in box
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box