Safe & compassionate care,

every time

Buckinghamshire Healthcare **NHS**

NHS Trust

Buckinghamshire Healthcare NHS Trust
Annual Report
2017/18

1. CONTENTS

(Please note, page numbers on the bottom left of the page refer to the Annual Report as indicated above. The pages including the financial accounts on pages 85-148 also include a financial accounts page reference on the bottom right of the page.)

2. Our Trust

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

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

We deliver our services from a network of facilities including:

- A range of community settings - health centres, schools and patients' own homes

- Five community hospitals in Marlow, Amersham, Buckingham, Chalfonts & Gerrards Cross and Thame

- Two acute hospitals located in the two most densely populated areas of Buckinghamshire - Wycombe and Stoke Mandeville, Aylesbury

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

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

Our main community facilities
- Amersham Hospital, Wealden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrard's Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Thame Community Hub, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge Rehabilitation Unit, Croft Road, Aylesbury, Buckinghamshire HP21 7RD.
- Camborne Centre, Jansel Square, Bedgrove, Aylesbury, Bucks HP21 7ET

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

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

3. Chairman and Chief Executive Foreword

We are proud of the progress we have continued to make this year in challenging circumstances, and the fact that Buckinghamshire has been selected to be one of the first eight shadow Integrated Care Systems in England. This wouldn't have been possible without the dedication of our staff, board and the support of our partners. We are committed to the communities we serve, and our patients will continue to be at the centre of our plans as we strive towards becoming outstanding.

We would like to thank Neil Dardis for his leadership over the last three years and to acknowledge his contribution to the progress we have made towards our goal of being one of the safest healthcare systems in the country. His drive and determination have played a huge role in our progress and achievements and we wish him every success in his new role as CEO of Frimley Health NHS Foundation Trust.

During 2018/19, our strategy and priorities will remain the same and we will focus on the following corporate objectives which have been agreed by the board:

Quality
- Enhancing our culture of safety, making the use of innovative technology to improve the patient experience
- Listening to our patient voice
- Develop as a learning organisation

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

Money
- Delivering our systems control total
- Improving our operational productivity
- Delivering our capital plan to reduce backlog and invest in clinical estate

Our gratitude and thanks go to all the staff, board members and volunteers who have worked so hard to support our patients and service users over the past year. They are what makes BHT a great place to work and we are proud of everything they have achieved. Our thanks also go to our partners, key stakeholders and local communities for your continued support and encouragement.

Hattie Llewelyn-Davies, chair   *Neil Macdonald, chief executive*

4. STRATEGIC REPORT – Our mission and strategy

4.1. The BHT Way

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

The BHT Way is underpinned by our **CARE** values of collaborate, aspire, respect and enable and throughout 2017/18 we continued to embed these throughout the organisation. We are focussing on the following three strategic priorities designed to ensure we deliver our vision:

Quality　　**People**　　**Money**

4.2. Developing our Clinical Strategy

During 2017/18 we have worked with clinical services to develop our 2018 – 2021 Clinical Strategy. The development and delivery of our strategy is an iterative process and is informed by qualitative and quantitative analysis of international, national and local health and social care contexts and includes engagement with patients, communities and local partners within Buckinghamshire.

The figure below shows how our strategic framework and planning processes are designed to support the development of SDU, team and individual objectives that align with the Trust's values and deliver the Trust's strategic priorities.
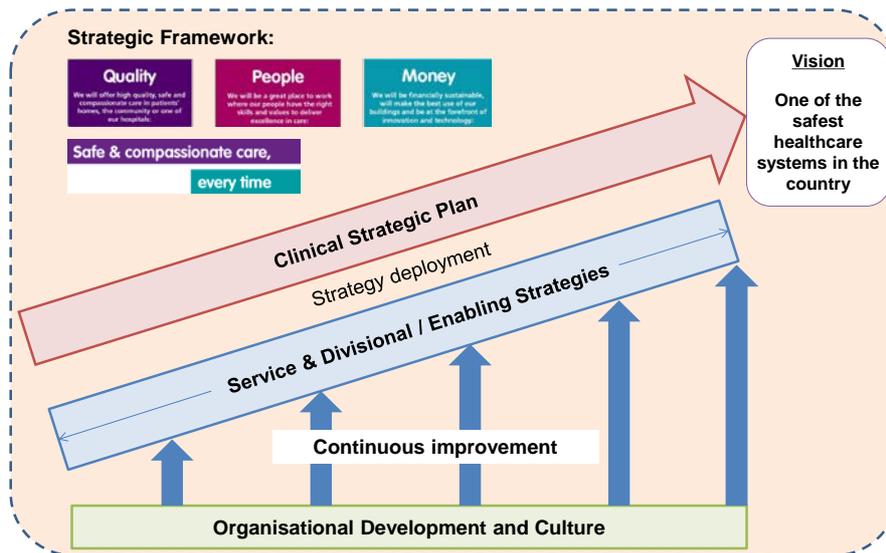
4.3. Six Themes of our Clinical Strategy

As we have progress the following six themes have emerged and been agreed as areas of focus for our clinical strategy between now and 2021:

We are creating a clinical strategy that is real, owned, led and delivered by Service Delivery Units and teams throughout the Trust. The figure below shows the outlines a small number of transformation projects within each theme that we are likely to focus on delivering as part of our clinical strategy:

Integrate, Care Pathways and Models of Care	1) Implement **integrated care teams** with health and care providers in approximately 13 clusters (30-50k populations) and expand new models of **community hubs** to slow growth in acute hospital activity.
	2) Implement changes that improve access to **urgent and emergency services** to slow the growth in emergency activity.
	3) Implement **pathology network** with regional strategic partners improving access and innovation in pathology & reducing costs.

Reduce Variation in Quality and Efficiency	1) Each Service Delivery Unit (SDU) implements **efficiency improvements** using Model Hospital & GIRFT Data
	2) Implement improvements in operational and clinical processes in **outpatient care** to reduce wasted time for patients & staff.
	3) Implement improvements in operational and clinical processes in **theatres** to reduce wasted time for patients & staff.

Innovate and Improve	1) Establish Buckinghamshire Health and Social Care **Innovation Hub** (BHSCH) with Buckinghamshire New University (BNU) & Oxford AHSN to support Small Medium Enterprises (SMEs) to develop new health care services and products.
	2) Establish the University of Buckinghamshire **Medical School** to develop high quality medical graduates.
	3) Adopt and implement a **single improvement methodology** in BHT to create a culture of innovation and improvement.

| Sustainable Services Growth | 1) **Repatriate patients** from border areas into the Trust in specific services and specialties to provide better access locally and increase Trust income. |
| | 2) To grow **private patient activity** in specific services and specialties to offer different services to people in Buckinghamshire and increase Trust income. |

Enable Transformation	1) Implement 'Careflow' across the system and implement E-Observation system across all wards to improve **interoperability** and better use of clinical information that improves safety, outcomes and experiences for patients.
	2) Improve **IT systems** to increase clinical time for patients and improve quality of care (e.g. single sign-on, E-prescribing, virtual clinics, e-referrals, radiology reporting).
	3) Deliver changes in **Estates** to improve space utilisation, reduce maintenance and generate cash for investment in facilities.

Health and Wellbeing	1) Support better **health and wellbeing** for staff by creating a positive organisational culture and delivering services to reduce staff sickness.
	2) Increase the **patient, family and carer voice** by engaging with patients and communities to adapt and change services to meet their needs and contribute to preventing ill health.
	3) Work with partners to ensuring **children and young people** have the best start in life and are safe from harm.

Between April and May 2018 we are working with our Service Delivery Unit clinical teams to prioritise and agree critical milestones and metrics to oversee progress and measure the impact of our plans. We will monitor our plans with divisions at monthly Strategic Transformation Committee (STC) and run quarterly strategic conferences with all SDUs.

It is important to create shared ownership and work collaboratively between clinical and support teams and ensure plans are detailed, realistic and relevant. We are continuing to develop a strategic culture that looks to the future to deliver clinically, operationally and financially sustainable services as part of the Buckinghamshire Integrated Care System (ICS).

4.4. The Buckinghamshire Integrated Care System (ICS) and Buckinghamshire, Oxfordshire, Berkshire West Sustainability and Transformation Partnership (BOB STP)

Buckinghamshire health and care system is one of eight wave 1 Integrated Care Systems in the country aiming to deliver the objectives of the Five Year Forward and improve the health and wellbeing of the population.

Our aim is to have the best health and social care outcomes for people in the county, delivered by one of the safest and most efficient health and social care systems.

The ICS is a collaboration of strategic partners brought together to create a place based care system in which we rise to the challenges and deliver a transformation that improves and integrates care and makes us clinically, operationally and financially sustainable over the long term and delivers best health outcomes for our population.

We are committed to the vision of the ICS "**Everyone working together so that the people of Buckinghamshire have happy and healthy lives**".

The ICS Strategic Partners are:

Buckinghamshire Clinical Commissioning Group (BCCG) responsible for commissioning health services;

Buckinghamshire Healthcare NHS Trust (BHT) responsible for delivering the majority of acute and community services for Buckinghamshire patients;

Oxford Health NHS Foundation Trust (OHFT) responsible for delivering all-age mental health care and continuing healthcare services in Buckinghamshire;

Buckinghamshire County Council (BCC), a single contiguous upper tier authority responsible for commissioning and providing social and community services as well as population and public health services;

FedBucks, a GP federation covering 85% of the 51 practices in Buckinghamshire and

Medicas, a GP federation that covers all but one of the remaining practices;

South Central Ambulance Service NHS Foundation Trust (SCAS) who provide emergency and non-emergency patient transport as well as 111 services.

A Buckinghamshire provider collaborative has been formed as a delivery mechanism to build relationships between organisations to deliver integrated care in the county in areas such as urgent care and mental health.

Seven localities operate within the system with a focus on developing and delivering primary and community care.

Many of the projects within the BHT clinical strategy are designed to complement and contribute to the delivery of the system transformations in Buckinghamshire and fit within the ICS transformation programme which is made up of four core elements:

- Population Health: Working with local teams to better understand their population's health and care needs and monitor outcomes of interventions (including prevention and self-care)

- Integrated Care: Improving access to services for people with long-term conditions and frailty in particular. This will support people to live independently and reduce reliance on emergency and acute services.

- FYFV: National priorities including improving outcomes for cancer, improving resilience in primary care, improving access to urgent care and improving outcomes for people with mental health.

- Professional Support Services (Enablers): that ensure we have the support,

expertise and technology to operate as an effective integrated care system.

The Buckinghamshire ICS sits within the Berkshire West, Oxfordshire, and Buckinghamshire Sustainability and Transformation Partnership (STP).

The STP identified priorities align with those of the ICS and are as follows:

- Shift the focus of care from treatment to prevention
- Access to the highest quality, Primary, Community, and Urgent care
- Acute trusts collaboration to deliver equality and efficiency
- Mental health development to improve the overall value of care provided
- Maximise value and patient outcomes from specialised commissioning
- Establish a flexible and collaborative approach to workforce
- Digital interoperability to improve information flow and efficiency
- Primary Care at Scale

We believe that effective leadership is vital if we are going to see effective and long-lasting transformation and change and so BHT has taken an active role in the ICS and the STP.

We know that as an organisation we cannot achieve our ambition for the population of Buckinghamshire on our own and we recognize the importance of partnership working.

The diagrams below provide more detail on the concept, model and programmes within the Integrated Care system. This is emergent thinking and still a work in progress.

The model below describes the Integrated Care System Care Concept which is being developed within Buckinghamshire.

The Buckinghamshire Care Model Concept
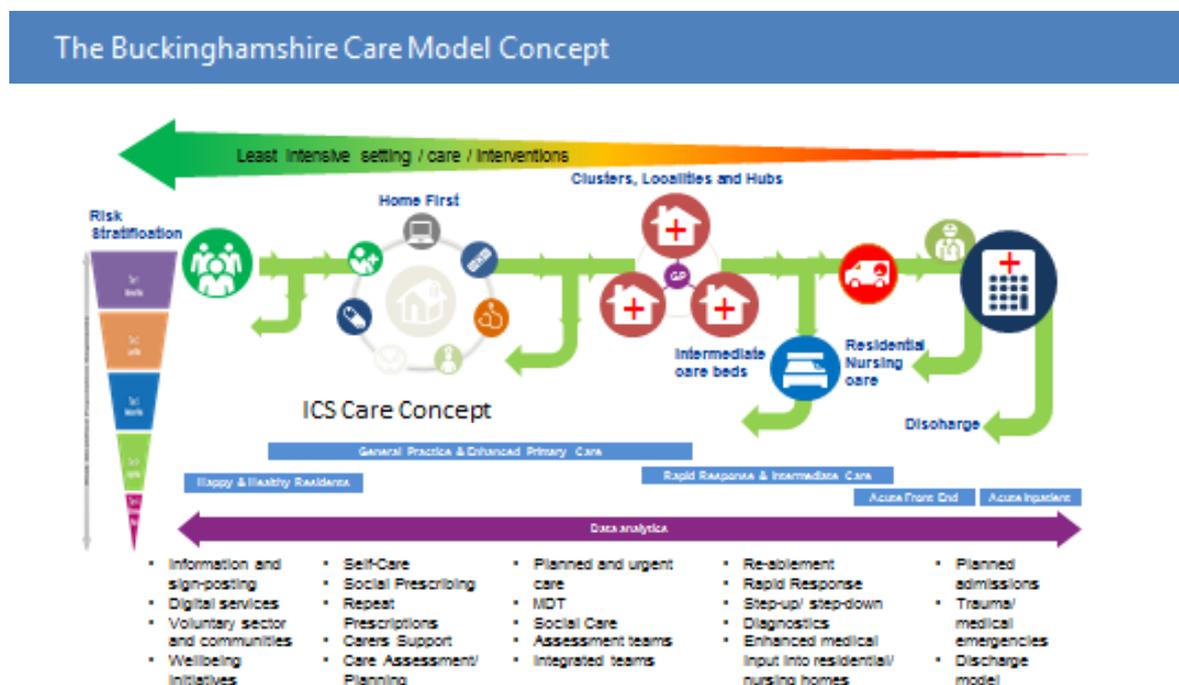
We are developing an integrated programme structure to support and deliver the key transformation. Key to our success is the availability of high quality informatics and decision support along with good leadership and support throughout the system.

Our ICS Programmes

- Our aim is to ensure the wellbeing of patient/service users, staff and partners within the system to achieve long term stability and sustainability
- The transformation programme initial priorities were agreed collaboratively to increase effectiveness and efficiency, creating system sustainability, and ensuring the success of the new model of care
- We aim to create a lean process with the appropriate level of governance, rigorous system controls, and the appropriate level of decision making and assurance

ICS core pillars							
Population Health		Integrated Care		FYFV		Professional Support Services (Enablers)	
Examples of delivery programmes/ projects							
Preventive	Self-Care	Long Term Conditions	Frailty	Mental Health	Cancer	Estates	Finance
Adult Social care and children and young people	Population Health Data and Analysis	Community Services	Integrated Care	Primary Care	Urgent and Emergency Care	OD/Work Force	Portfolio Office
Medicines Management and Optimisation	Information Advice Guidance	Planned Care	Unplanned Care			IT	Comm and Engagement

4.5. Corporate Objectives

The following corporate objectives have been agreed by the Board for the year ahead:

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

4.6. Partners and Stakeholders

17/18 has been a year of working and engaging with external partners and stakeholders to shape health and care services in Buckinghamshire. Our work has included:

- System leadership:
  - the Chief Executive sits on the Buckinghamshire Integrated Care System Board and on the BOB STP Delivery Board
  - The Trust leads STP-wide initiatives in Maternity, Paediatrics and Workforce
  - A strong partnership with Oxford Academic Health Science Network (AHSN); the Chief Executive chairs the Clinical Innovation Group
  - A Member of the Bucks Health and Wellbeing Board.
  - The lead organisation in the collaboration providing 24/7 primary care services across Buckinghamshire from 3 April 2018, along with Oxford Health, South Central Ambulance Service and FedBucks

- We meet and present to the Health and Adult Social Care Select Committee throughout the year
- The Chief Executive meets with Healthwatch quarterly
- The Chief Executive and Chair, along with commissioning group leaders, meet with all local MPs on a quarterly basis
- We have developed an Executive Lead for each of the seven GP localities in Buckinghamshire to enhance communication and responsiveness to primary care.
- We are working with Bucks Carers, Alzheimer's Society and Age Concern to develop voluntary services in our community hubs
- Our Chief Nurse and Director of Communications chair the stakeholder engagement group as part of our community hubs engagement programme

4.7.   Outpatient pharmacy

The Trust has invested in a wholly owned subsidiary company to deliver an Outpatient Pharmacy (Buckinghamshire Healthcare Projects Ltd) in 17/18 but did not trade in that year. Trading commenced on the 4th April 2018.

4.8.   Managing risks in relation to our corporate strategy and objectives

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

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

The Annual Governance Statement appended to this report contains more detail about the risk and control framework and its effectiveness in 17/18.

4.9.   Corporate Governance Report

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

5.   Performance Highlights and Challenges

This section of the report provides information about our performance including how we have done against the national indicators set out in the Operating Framework for 17/18. More detailed information about quality performance can be found in the Trust Quality Accounts 2017/18 published on the Trust website from the 30th June 2018.

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

5.1. Quality Performance
The following section sets out how we have performed against our quality goals for 17/18 and highlights some of our quality achievements.

5.1.1. Reducing Mortality

What we aimed to achieve:
The aim of this priority is to reduce unwarranted variations, learn lessons from all settings and collaborate to improve all our mortality measures.
This priority aimed to achieve the following specific targets by the end of March 2018:

- HSMR will be no more than 90
- Fragility pathway improved through risk assessment on admission (75%)
- Improving Door to Needle Time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)
- 36 hours standard to theatre for emergency fractured Neck of Femur patients (80%)

Actual Outcome:
The following table provides performance data against the targets:

Target	Performance 2016/2017	Performance 2017/2018	Status
HSMR will be no more than 90	HSMR as at March 2017 (Dec 2015 – Nov 2016) **89.3**	HSMR as at March 2018 (Dec 2016 – Nov 2017) **89.0**	Met
Fragility pathway improved through risk assessment on admission (75%)			Not met
Improving Door to Needle Time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)		64% in Quarter 4	Not met
36 hours standard to theatre for emergency fractured Neck of Femur patients (80%)		71%	Not met

The following sections provide detail on what has been achieved in the delivery of the priorities e.g. what went well and also what was not achieved and has been identified as requiring further improvement.
Improvements achieved:

The observed and expected mortality rates still continue to fall. Crude mortality continues on a steadily decreasing trend. Review of the Community acquired pneumonia and fractured neck of femur mortality data has provided reassuring information demonstrating distinct improvement in two key areas; both in the standardised ratios and crude mortality.

Further improvements identified:
The target of 80% which was set for patients to go theatre within 36 hours following an emergency admission with fractured neck of femur was not achieved but the division has instigated the following actions to achieve 71%:
- Task and finish group was set up to focus on reviewing the fractured neck of femur pathway looking at additional trauma lists over the winter
- Trauma demand and capacity review was undertaken and has shown that there are peak days for trauma cases which informed the current work on long term demand management plan

The door to needle time for patients presenting with sepsis within an hour has achieved 64% compliance in quarter 4.
The following actions have been/ will be instigated:
- Ongoing improvements within the urgent care include the re-introduction of a daily 'handover huddle' highlighting the importance of sepsis management at the start of each shift and linking with an ongoing education and training programme
- To enable orientation of the high numbers of transient permanent and agency staff within the emergency department, welcome packs have been created including key information on recognising and responding to patients presenting with sepsis

A sepsis e-learning tool has been developed and launched along to enhance learning alongside sepsis study days which continue to have a high uptake

5.1.2. Keep people safe and protect them from avoidable harm
What we aimed to achieve:
The aim of this priority is to ensure that avoidable harm is eliminated and that patient safety is everyone's responsibility.

This priority aimed to achieve the following specific targets by the end of March 2018:
- Reduce the avoidable category 2 pressure ulcers by 25%
- Zero avoidable category 3 or 4 pressure ulcers.
- Reduce the number of avoidable falls by 25%.
- Reduce the number of in-hospital falls resulting in moderate or severe harm by 25% from 2016/17 baseline.
- Zero avoidable MRSA bacteraemias
- Maximum of 32 avoidable C. difficile infections

Actual Outcome:
The following table provides performance data against the targets:

Target	Performance 2016/2017	Performance 2017/2018	Status
Reduce the avoidable category 2 pressure ulcers by 25%	285	294	Not met
Zero avoidable category 3 or 4 pressure ulcers	5	14	Not met
Reduce the number of avoidable falls by 25%	1230	1139	Partially met
Reduce the number of in-hospital falls resulting in moderate or severe harm by 25% from 16/17 baseline	31	24	Partially met
Zero avoidable MRSA bacteraemias	3	2	Not met
Maximum of 32 avoidable C. difficile infections	44	43	Not met

Four targets relating to this priority were not achieved. During this year, the incidence of avoidable pressure ulcers has increased. Opportunities for early intervention at the level of category 1 and 2 were missed. There was a recognition that some of these patients were nursed in A & E trolleys for prolonged period of time that contributed to the occurrence of pressure ulcers. In some cases, the record keeping was poor with regard to patients' pressure areas.

Improvements achieved:
- There was a reduction of 7.4% in all cases of falls

Actions to reduce the risk of harm:
Actions have been identified to improve early identification and management of pressure ulcers:
- Seconded post to Tissue Viability team for 1 year focus on pressure ulcers – education, ward walks daily and prevention
- Education roll out based on NHS Improvement pressure ulcer improvement project (Pressure area care) – face to face, micro sessions
- Review of prevention and management of pressure ulcer care plan
- Clear evidence of duty of candour obligations
- Undertake investigations of harm caused by pressure damage in a timely manner to prevent the missed opportunity, understand the specific improvement requirements and inform learning lessons.
- Developing an easy to follow flow chart for sending specimens, antibiotics for relevant staff.
- Carrying out Root Cause Analysis for each C diff case to highlight any lessons to be learnt via the Scrutiny Panel Meeting. This is a Multi-Disciplinary approach and findings are discussed at the Infection Prevention Control Committee by a Divisional representative.
- Instigating a deep cleaning process across the Trust in all in-patients areas. This will commence in May 2018 in Accident and Emergency, Assessment areas and Short Stay Ward, and then then roll out across the rest of the Trust over the next 12-18 months.

5.1.3. Engage people in their care and ensure a great experience

What we aimed to achieve:

The Trust's ambition is to deliver good care linked to positive outcomes for patients that are associated with good carer and patient experience. The aim of this priority was to seek and act on feedback from patients, relatives and carers

This priority aimed to achieve the following specific targets by the end of March 2018:

- Increase response rates in our Friends and Family Test (FFT) by 30%

- Sustain the approval rating from the FFT at ≥ 95%

- Response time to patients who complain about the service they received to be at 85% within required timescales

Actual Outcome:

The following table provides performance data against the targets:

Target	Performance 2016/2017	Performance 2017/2018	Status
Increase response rates in our Friends and Family Test (FFT) by 30%	22%	31%	Met
Sustain the approval rating from the FFT at ≥ 95%	95%	95%	Met
Response time to patients who complain about the service they received to be at 85% within required timescales	78%	86%	Met

5.1.4. Quality Achievements of 2017/18

Introduction of Surgical and Plastics Emergency Ambulatory Care (SPEAC)

SPEAC aims to provide our ambulatory emergency surgical patients with access to daily consultant led clinics with access to first class diagnostics in a safe and welcoming environment.

To improve access to emergency plastic and general surgery clinics for patients, the referral process into the Surgical Assessment Unit (SAU) has been changed. The new system, with a central point of contact, has enabled patients to be referred to the most appropriate pathway of care in a more effective and efficient way. This has resulted in a more positive experience for patients and GPs (General Practitioners).

Delirium Screening in Pre-Op Assessment

Delirium is a common, but an often underdiagnosed, complication in the elderly following major surgery. Recognising delirium in its early stages can improve outcomes and management of patients post-surgery.

A screening pathway has been introduced and implemented in the pre-operative assessment clinic. This ensures all patients over the age of 75, and those who might be at higher risk, are screened to assess their risk of post op delirium and undiagnosed dementia.

If any patients are identified as being at risk of post-op delirium then the patient's GP is informed so a referral to Memory Clinic can be made and a hospital passport is put in place to aid the care pathway on admission. In addition, the ward link nurse is informed prior to admission for surgery so that the correct staffing and other practical

arrangements can be in place in advance to support the patient through surgery into recovery and on to the ward. In an ideal situation, this includes a bed next to a window, visible clocks, offering extended visiting times for relatives, extra HCA (Health Care Assistant) support to ensure safety and no delay to post op mobilisation and physiotherapy.

In summary we have introduced:
- A new screening Abbreviated Mental Test (AMT) pathway for Pre-Op patients for all patients over 75 or considered to be at high risk of post-op delirium;

- Improved communication with patient GP with results of adverse AMT score;

- Introduction of `Knowing Me' patient passport for elective surgical patients (this is already in use on Medicine for Older Peoples Wards); and

- Managing post-operative delirium with environmental, supportive and pharmacological interventions has already been seen to reduce length of stay in our high risk post-operative colorectal patients.

Significant improvements in sepsis awareness
Sepsis is a rare but serious complication of an infection. Without quick treatment, it can lead to multiple organ failure and death.

The Clinical nurse lead for sepsis has been visiting departments and teams across the Trust to spread the word about sepsis, giving them the tools and training to be able to identify and act quickly to save lives.

As a result SAU compliance has increased from 72% in March 2017 to 97%, in April 2017, a standard which has been sustained throughout the year.

This tremendous success/ significant turnaround was due to
- Clear education around sepsis
- Strong leadership from senior team members who made sure that the message around the importance of screening for sepsis was front of mind with staff for all patient observations.
- A great team receptive to any new ideas that help improve patient wellbeing and outcomes.
- The right tools to enable the team to screen effectively - including a tick box assessment form
- A launch event and a fixed display on the ward so staff can proudly demonstrate compliance results and raise patients' awareness.

Appointed the first Eye Clinic Liaison Officer (ECLO) in the region
The Ophthalmology department has appointed the first Eye Clinic Liaison Officer (ECLO) in the region, to support our patients in the eye clinic. ECLOs provide those recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence. Most importantly, ECLOs have the time to dedicate to patients following consultation, so that they can discuss the impact the condition may have on their life.

Community hubs

We have carried out the development and pilot of community hubs in Marlow and Thame community hospitals. Over the past year they have offered:

- Community assessment and treatment service (CATS) including a frailty assessment service where geriatricians, nurses, therapists and GPs provide expert assessment, undertake tests and agree a treatment plan to help frail older people to stay at home and avoid an A&E visit or hospital admission
- Additional diagnostic facilities such as one-stop blood tests and x-rays
- An extended range of outpatient clinics, including chemotherapy clinics at Marlow, community occupational therapy clinics at Marlow (and in Thame in the near future), tissue viability clinics, Parkinson's disease and falls clinics
- Support from voluntary organisations, such as Carers Bucks and Prevention Matters, ranging from clinics, drop-in sessions and information stands. There are monthly stands from Age UK in Thame and Carers Bucks are running a 'clinic' in Marlow on a fortnightly basis. Victim Support has also begun a weekly session in Thame.
- Links with other public services have also been made – for example library services are now available in Marlow, providing books to support self-care and the management of mental health and long term conditions.

This is in line with what patients and clinicians told us they wanted - rapid access to testing and diagnostics and a place where they could access a full range of therapy services. Having these services based in the local community makes it easier for GPs to become full members of the multidisciplinary team that delivers the care. We have put in place a single point of access to make it easier for clinicians to refer to the multi professional, multiagency frailty assessment clinics.

To support we have invested £1m into the community services. A total of nearly 36 new posts were created in the community. We have also redeployed staff from the Community Hospitals in both Thame and Marlow to work within the community assessment and treatment service (CATS) team.

Community assessment and treatment service (CATS)

The community assessment and treatment service operates from 9am to 5pm at Marlow on Mondays, Wednesdays and Fridays and Thame on Tuesdays and Thursdays. There is a geriatrician on site in the mornings and a General Practitioner in the afternoon.

The community assessment and treatment service was made possible by re-utilising the space that had previously been the inpatient ward at both Marlow and Thame. By developing the CATS service, along with the rapid response team, it was felt that more people could be supported in their own homes and therefore not require an overnight community bed. During the pilot, we ensured that overnight packages of care were still available if required – this included the other community hospital sites across the county and the ability to spot purchase local care home beds. We separately commissioned a range of services as part of the discharge to assess scheme, which had options for domiciliary care, some 24/7 care and transition beds in local care homes across the county.

Rapid response and intermediate care (RRIC)

The rapid response and intermediate care service was expanded to ensure adequate and integrated support for people at home. Therapists, nurses and healthcare assistants are now working as one countywide team with staff located across the

county, aligned to localities. The service provides short-term packages of support based on clinical need (up to three times a day for up to six weeks) to those who would benefit from rehabilitation to help them get back to their level of independence. The service is available 8am – 9pm, seven days a week and is accessed through the single point of access.

Community care coordination team – single point of access
To support both of these initiatives, and to provide a general single point of access to community services, a community care coordination team was developed. They provide GPs, hospital clinicians and other health and social care staff with a 'single point of access' via phone and email to organise specialist community services for their patients, including district nursing, rapid response & intermediate care and community physiotherapy. The service operates 8am – 5pm weekdays and 8am – 4pm weekends and bank holidays and will eventually operate 8am - 8pm 7 days a week once we have recruited the relevant staff. The Trust has a wide-ranging strategy to recruit and retain the staff required to run these essential services with recruitment days held at all sites and six district nurses trained locally each year. There are excellent relationships with the university to attract newly qualified registered nurses to roles in the community and in collaboration with Bucks New University; bespoke courses are offered such as Transition to Community Nursing.

This service is now aligning with the new integrated urgent care service across Thames Valley and will be able to expand the range of services it can access.

Volunteers in Medicine for Older People (MFOP)
Our Medicine for Older People wards have recently introduced new volunteer roles in Stoke Mandeville. These volunteers will receive training and development to enable them to deliver additional care to patients as opposed to the traditional model of volunteers. We are very excited to welcome our new volunteers who will be able to assist patients who need help to eat and drink, assist patients who need support due to confusion or just someone to talk to.

Stroke Services: Improved patient experience and communication
There is now a dedicated specialist stroke nurse within the Cardiac and Stroke Receiving Unit (CRSU). This, with the availability of the multidisciplinary team, allows:
- patients to receive stroke specific care in a specialist area from time of arrival;
- provision of a full patient pathway including admission, discharge and follow up within one department.

Stroke Services: Innovation
Following a successful a pilot with Neurologic Music Therapy (NMT), the stroke unit has employed a music therapist for one day per week. We are the first stroke unit in England to provide this service.

A recent audit has demonstrated that the NMT service is providing significant benefit to patients - it increases patient engagement in therapy and provides the therapy team with additional resources to meet the needs of patients in a positive way.
NMT assists the multi-disciplinary team with four out of the six categories for recommendations of support needed after a stroke by the National Stroke Strategy: re-enablement; communication; mental health and emotional wellbeing; practical help.

Opening a Second Cardiac Catheter Lab
A second cardiac catheter lab commenced work in the second week of November last year. The benefits are:

- Improved patient experience as more patients are able to have care closer to home.
- Increased capacity to allow more angiograms and angioplasties to be performed.
- Increase in recruitment and retention by helping to attract new external staff with cardiology skills to join the Trust.
- By involving staff in the design of the new lab, there was good staff engagement with the project and this has resulted in enhanced staff satisfaction.
- The new facilities provide a better patient journey in a bright, newly equipped environment. There is up-to-date technology and imaging equipment available.

Paediatric Patient Survey
The most recent national Picker Survey was carried out in 2016/2017, with the results made available to the Trust during 2017/18.

Results included:

- 92% of parents rated care as 7 or more out of 10
- 93% of children rated that they have been cared for quite or very well
- 81% of parents always had confidence and trust in the members of staff treating their child
- 94% of children thought that the people looking after them were always friendly

Out of the 71 trusts surveyed nationally, Buckinghamshire Healthcare NHS Trust was 12th overall and 8th most improved.

Neonatal Unit
The NHS England Quality Surveillance Team (QST) visited the neonatal unit at Stoke Mandeville during the year as part of its outline review of specialist services.

The outcome was very positive with a significant number of areas highlighted as demonstrating good practice, including:
- The governance structure
- The annual report for the unit was highly commended
- The Outreach Service
- Good collaboration with midwifery and paediatric teams
- Breast feeding rates at discharge
- Feedback from parents

The team was commended for raising an incident involving Total Parenteral Nutrition which flagged learning for the network and nationally which are now being addressed.

The Fixers Project
This was a distinct piece of work with children with an oncology diagnosis at the end of successful treatment. A short film has been produced to share with new and existing staff as to what is important to these families during a period of prolonged care – an action plan has been developed by the Paediatric Clinical Nurse Specialist (CNS) for oncology to ensure areas for improvement.

Achievements to date following the action plan include:

- Parking

- o Securing free parking at Wycombe Hospital for children coming in for any oncology treatment.
- o Securing a one-off reduced rate for parking at Stoke Mandeville Hospital.

- Toys and Activities
  - o A dedicated special-activity trolley with toys, including arts and crafts, for children undergoing oncology treatment
  - o Two iPads, with apps downloaded, secured for children who have to stay within their rooms.
- Rooms
  - o Wherever possible, en-suite rooms are provided for children undergoing oncology treatment.
  - o Redecoration of the cubicles in Wycombe to make them more colourful.

Asthma/Wheeze Project
Over the last 12 months, the Paediatric team has been reviewing the care delivered to children who attend and are acutely unwell with wheeze-related illnesses. As part of this project there has been dedicated nursing time allocated to provide a review of the care delivered in the in-patient setting, facilitating discharge and providing follow up to reduce the re-admission of children with asthma. This initiative supports the NICE guidance for the care of children with asthma and viral-induced wheeze. This is a registered project with the Clinical Effectiveness team and a report will be produced by the end of the financial year 2017/18.

Oncology & Haematology
The Cancer Care and Haematology Unit at Stoke Mandeville Hospital were re-accredited with the Macmillan Quality Environment Mark (MQEM) in April 2017.

The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. Everything from choice of appointments, to available food/ refreshments and the overall environment are looked at as well as policies, procedures and the care given.

The MQEM standards were developed in collaboration with more than 400 people living with cancer and with numerous stakeholders, including the Department of Health.

This is the second consecutive time the unit has achieved the MQEM which is re-assessed every three years.

Horatio's Garden at the National Spinal Injuries Centre
In July 2017 building work commenced on a beautiful garden for patients with spinal cord injury at the National Spinal Injuries Centre at Stoke Mandeville hospital. Horatio's Garden is a charity that creates and lovingly cares for beautiful accessible gardens in NHS spinal injury centres and it will be maintained by the charity's volunteer team, led

by a head gardener, to keep the garden looking beautiful, help run activities for patients and contribute to the happy, uplifting atmosphere, which permeates Horatio's Gardens.

The garden has been designed by Joe Swift an RHS Gold medal winner and presenter of BBC Gardeners' World and will become an integral part of patient's lives and care whilst they undergo rehabilitation in hospital. Patients will be able to take part in gentle activities in the gardens organised by the charity, including garden therapy, art therapy and music concerts.

The building work is due to finish in the summer and the garden will officially open in September 2018.

Further information can be found at http://www.horatiosgarden.org.uk/horatios-garden/stoke-mandeville/

5.1.5. Medicines management

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

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

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

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

The formation of the ICS has started a review of the medicines governance arrangements for the organisation and this work will continue alongside work to develop a medicines resource centre for both primary and secondary care, which will provide a centralised point for medicines related issues to be managed through.
A business case for e-prescribing is in development which will be a major change for the organisation and enable benefits for patients and allow pharmacy services to provide a new approach to management of clinical workload.

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

5.1.6. Infection Control

We continue to participate in the mandatory reporting of *Clostridium difficile* Infection. The graph below shows our *Clostridium difficile* figures for the year. Our limit for the year was 32. Our year end numbers were 43 cases reported to Public Health England (PHE).

For 2018/19 a Clostridium Difficile Infection (CDI) reduction plan has been developed to focus on the aspects of learning identified from our avoidable 2017/2018 cases. Part of this plan is a focused decontamination plan using both ultra violet light and hydrogen peroxide vapour methods.
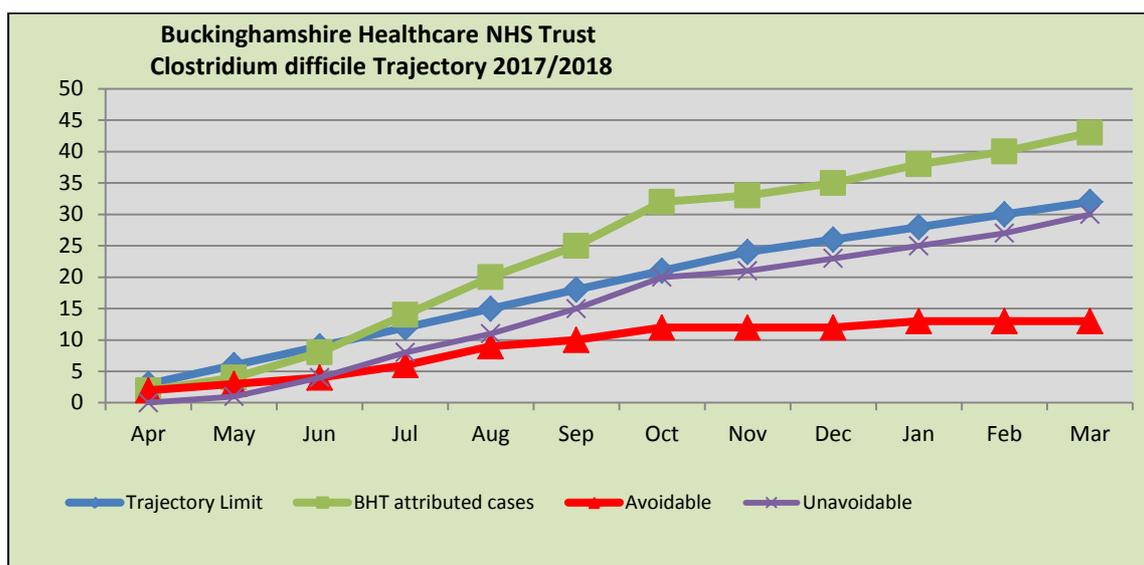
Mandatory reporting of MRSA bacteraemia continues. The limit was set at 0 avoidable cases. 2 cases were reported to PHE for 2017/2018, a reduction of 1 case from 2016/2017.
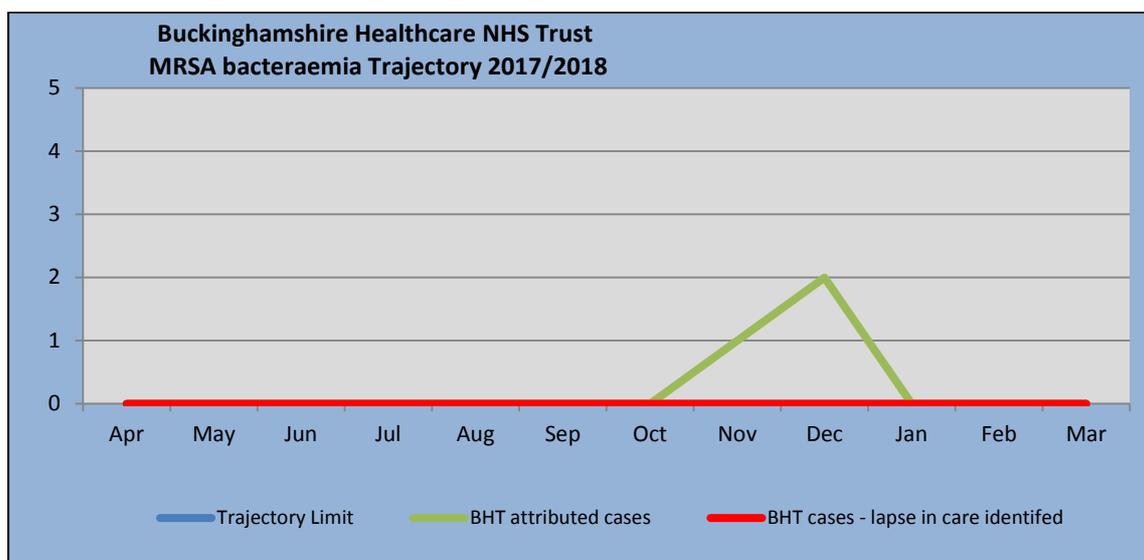
5.1.7. Safer staffing (specific to nursing)

Nurse vacancy levels pose a current challenge to the delivery of safe and high quality patient care. Innovative new staffing models and roles will be required to sustain our wards in the future. The current qualified nurse vacancy rate is above 17% and is not inconsistent with other Trusts in the region.

As part of this approach the Trust has in development several key initiatives.

Alongside existing and re-energised efforts to make the organisation a great place to be nurse the Trust has put in place a number of actions:

- The creation of new (band 4) roles to bridge the gap between the current registered: non-registered ward based workforce and take advantage of a number of available staff who have developed further competencies but currently have no role into which they can develop. 65 of these roles have been created. The post holders will be assistant practitioners, nursing associates and overseas nurses awaiting registration.

- The creation of more band 4 roles also supports our ambition to develop our own staff to be our future registered nursing workforce

- The innovative deployment of alternative registered professional groups to work alongside nurses as a part of a multi-disciplinary ward based team. This might include for example increased number of therapists working in rehabilitation areas, increased number of pharmacy staff working in acute medicine, or clinical psychologist working with patients on our older people wards. Early results for example from the revised stroke wards for example has shown that by increasing therapy input by over 10% has reduced average length of stay by around a third, thus sustaining not having to open further capacity.

- We currently have 6 nurse consultants across 5 specialities; the ambition is to double this number in 2 years across hospital and community services.

Rotational posts across patient pathways and the band 5 to 6 progression programme.

There are several key strategic drivers that have influenced the creation of a new model of ward based staffing that goes beyond the traditional registered: non-registered nursing team:

- Creation of the Nursing Associate role. The Trust is a current pilot site for this national programme and has at this moment 9 staff members in training.

- A number of staff with foundation degrees (approximately 40) who have not been able to secure promotion or utilise these skills fully through a limited number of band 4 posts available.

- 70 overseas nurses recruited to join the existing registered nurse workforce. These nurses have not been able to secure NMC registration until they have passed level 7 International English Language Test Scheme. They are currently employed into band 5 posts, and are being paid as band 4 healthcare assistants. These trained nurses are unable to work to the level that they were trained and are concerned that they will lose their competency without an appropriate pathway until they gain their NMC registration.

- The creation of a more multi-disciplinary ward based workforce to include other

professional groups. These have been designed by the local clinical areas to try and solve specific patient requirements. For example the use of clinical psychologists to work with complex discharge and cognitive impairment in medicine for older people, or the use of dispensing pharmacy assistants to support in the Emergency Department and Acute Medical Unit.

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

- Beds are closed where necessary in order to safely staff all areas.

- The Trust uses temporary staffing to cover registered and non-registered vacancies.

8 clinical areas have vacancy rates of over 20% (registered nurses). These areas are monitored on a shift to shift basis to ensure safe staffing levels.

5.1.8. Safeguarding

Safeguarding continues to be a high national priority and scrutiny of safeguarding within health organisations is increasing. The Trust takes seriously its safeguarding responsibilities and has in place a robust governance structure to monitor all aspects of safeguarding activity in order to ensure that its statutory duties to safeguard adults and children are upheld.

Working in partnership with all other local agencies continues to be a high priority and the Trust's commitment to this has been noted. This is demonstrated through our regular attendance at the Local Safeguarding Children and Adult Board meetings and sub group meetings. In addition the provision of staff resource to the children's and adult multi agency safeguarding hubs (MASH) and to SWAN unit further demonstrates that commitment.

In respect of children's safeguarding the recent Ofsted Inspection report which identified Buckinghamshire Local Authority Children's Services as inadequate has had some repercussions for BHT as a partner organisation. Many changes have been made and continue to be made in children's social care and new relationships are being forged. The Department for Education (DfE) has appointed a Children's Commissioner, John Coughlan who is Chief Executive of Hampshire County Council, whose task will be to assess the council's capacity and capability to improve its Children's Services in a reasonable timeframe. The commissioner's work in Buckinghamshire is due to be completed by the end of June 2018 after which he will make a recommendation as to next steps which will be considered by the DfE.

The Trust has been very influential in the development of both local safeguarding boards through participating in away days and learning events, and there is evidence of greater effectiveness and maturity of these boards which is demonstrated via improved cooperation and partnership working. The key priorities of the Safeguarding Adult and Children's Boards, as set out in their respective business plans, will form the basis of the Trust safeguarding work plan for the year 2018/2019.

Internally the Trust Safeguarding Team continues to develop in a way that enables robust and effective safeguarding processes to be developed and sustained. Recent recruitments to the Team include a new Band 6 Safeguarding Adult Practitioner post and a Band 6 Safeguarding Practitioner for Quality and Development. The new Safeguarding Adult Practitioner comes from a police and education background and

has enriched the Team by providing a diverse set of skills and a different approach to safeguarding work.

Other developments include the creation of Divisional Safeguarding Leads (DSLs) from within the Safeguarding Team. Each DSL will work across an allocated Trust Division to form strong links with senior clinicians in order to provide support and guidance aimed at reinforcing safeguarding practice and raise the profile of safeguarding throughout the organisation. The DSL role is becoming steadily more embedded within the organisation and it is anticipated that in the coming year will be firmly established. It is anticipated that greater visibility and connection with practice areas by Safeguarding Team members will allow better staff engagement and improve their confidence in safeguarding work.

Within the past year the Trust Looked After Children's (LAC) Team has been absorbed into the Safeguarding Team. This has enabled greater support for this small team from the wider Safeguarding Team and has created a firm foundation for improved cooperation across the safeguarding partnership, aimed at improving the life chances of LAC. The Trust is now in a position whereby it can confidently provide an effective and timely health service to all children for which it is commissioned to do so.

Although this area of safeguarding work is not without its challenges, there are also exciting opportunities to innovate and to develop a first class LAC service. Whilst the local authority has the main corporate parenting responsibility for LAC, it is recognised that the responsibility must be shared widely across the health and social care partnership. BHT accepts its responsibility as a corporate parent and is giving priority, along with key partners, to ensuring that all LAC receive high quality care and support, especially those children and young people placed at a distance from the county. More than 50% of Buckinghamshire children are accommodated outside the county.

During the past year the focus on ensuring good levels of training compliance has continued and the efforts of all concerned (the Trust Executive, Safeguarding Team, Education, Learning and Development and Divisional Leads) have been effective. Compliance for level 3 safeguarding children has been sustained at 95% or thereabouts and Prevent training has reached 97% compliance. All other areas of safeguarding training are showing improvement and are reaching a 90% compliance rate. The aim for the coming year is to continue to ensure that compliance is improved and sustained across all areas of safeguarding training and that the quality of training is continuously reviewed and improved; the newly appointed Safeguarding Practitioner for Quality and Development has a key role in this area.

Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) continue to be a high priority for the organisation; whilst training compliance in these areas re remains good (88 to 90%) the number of DoLS applications has not risen as desired. The Named Nurse for Safeguarding Adults and the Safeguarding Practitioner for Quality and Development, supported by the Lead Nurse for Older Peoples Services are working assertively to promote staff awareness and support them in practice by being more visible in the key clinical areas and delivering team and group training on request.

The Learning Disability Liaison service continues to support staff in practice in their work with tis particularly vulnerable client group. Their engagement with the wider health partnership in work on death reviews (LeDeR) for people of all ages with learning disabilities continues. In May 2018 the first national Learning Disability Mortality Review report was published. The findings in this report show a worse life expectancy for people with a learning disability than had previously been identified.

BHT is not responsible for community learning disability (LD) services for adults within Buckinghamshire but does provide services to children in the community. The LD liaison team in BHT is redoubling its efforts to address any inequalities and to drive up the quality of care offered within BHT acute services. The team has effective links with the children's community LD service and is engaged in transition work for young people with LD.

5.1.9. Complaints service

Buckinghamshire healthcare Trust operates a single point of access PALS service. This approach enables the PALS and complaints teams to work together to appropriately manage enquiries and concerns that are raised by the public. The Trust has five categories for concerns that it receives. Categories 1 to 3 relate to minor issues that with the agreement of the complainant can be dealt with immediately at a local level with the PALS team. Category 4 and 5 are both formal complaints, however, category 5 relates to complaints that are multi organisational/divisional and/or complex and are allocated 40 or 60 days to be resolved on agreement with the complainant. Our complaints ethos is built on the Ombudsman's "Principles for Remedy" that state that complaints resolution should be based on:

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

In 2017/18 Buckinghamshire Healthcare Trust received 535 formal complaints compared to 487 formal complaints received in 2016/17. This represents a 9% increase in complaints received when compared to the previous year.

The graph below shows the number of formal complaints received each month throughout the reporting period. The Trust has set an internal target of 85% of all Grade 4 complaints to be responded to within 25 working days. Grade 4 complaints are those that cannot be immediately resolved through the PALS service, and do not cross multiple divisions or other healthcare providers. The graph below shows our performance during 2017/18. We achieved an average of 85% of our Grade 4 complaints being responded to in the specified 25 day time frame.

Total no. Formal Complaints & 25 day % Resolution Achieved

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total Formal Received	34	44	46	35	52	44	50	41	43	51	35	60
25 day % Achieved	88%	89%	86%	93%	90%	93%	92%	80%	88%	78%	70%	77%
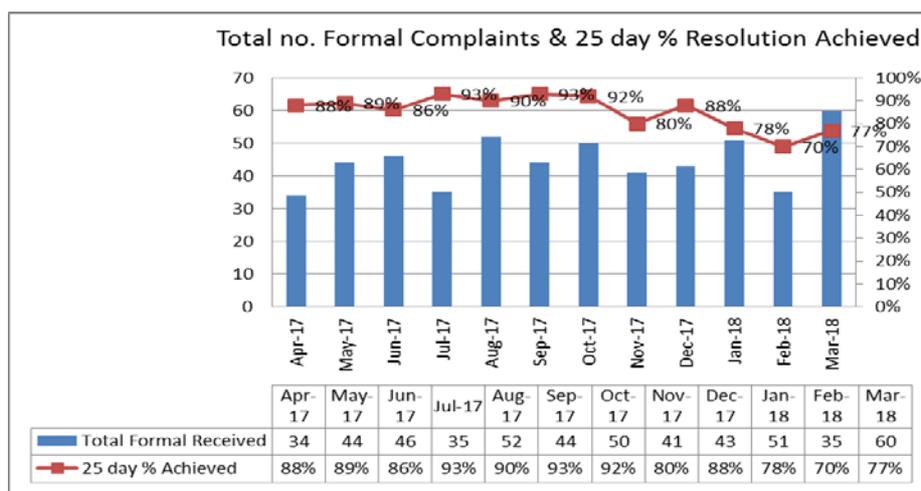
The number of annual complaints has fallen over recent years from 685 in 2014/15 to 487 in the same period in 2016/17. However this year we saw complaints rise to a total of 535. The second and third quarter remains the busiest part of the complaints year and the fourth quarter is the least busy however in March 2018 we saw our largest number of complaints in a single month for two years.

The Trust currently has 5 clinical divisions and a number of corporate services. The corporate services are categorised together in the analysis. Each clinical division has specialities within it.

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

Formal Complaints 2017/18 by Division

- Surgery and Critical Care
- Integrated Medicine
- Women & Children
- Specialist Services
- Integrated Elderly & Community Care
- Non-Clinical

35% Surgery and Critical Care
35% Integrated Medicine
12% Women & Children
9% Specialist Services
8% Integrated Elderly & Community Care
1% Non-Clinical
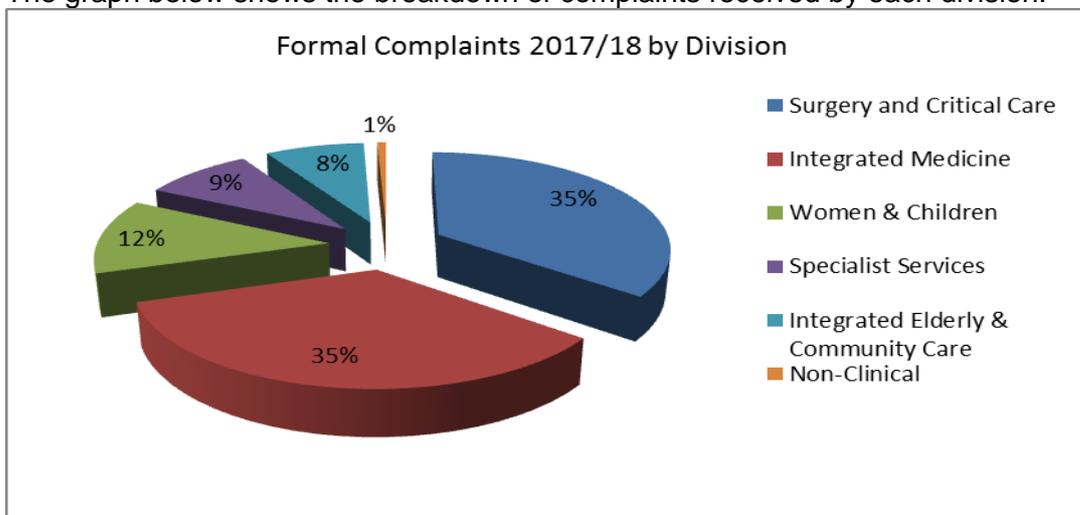
The graph below illustrates the reasons that people raised complaints against the Trust in 2017/18. Treatment and procedure, delays and cancellations and behaviour and attitude of staff were the main causes for complaints in 2017/18. Diagnosis, which includes failure to diagnose, was the fourth highest reason for complaints.

The main subjects of the complaints were:

Subject	Count
Treatment/Procedure	80
Delays/Cancellations	64
Behaviour & Attitude of Staff	63
Diagnosis	60
Discharge/Transfer/Referral	46
Waiting times	38
Communication with patient...	34
Consultant or Doctor care	30
End of life care	16
Midwifery care	15
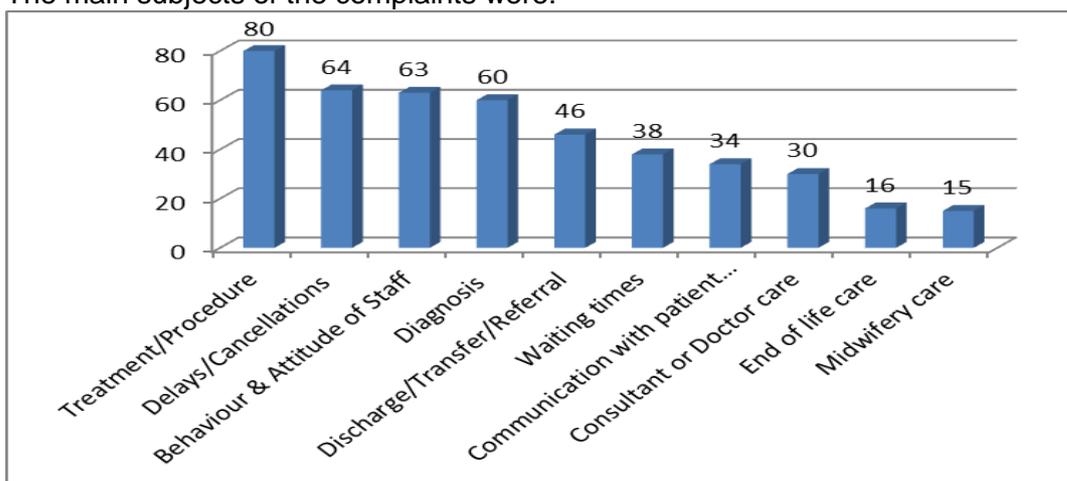
Learning from Complaints

The top 3 reasons for complaints in 2017/18 were:

1. Treatment and procedure
2. Delays and cancellations
3. Behaviour and attitude of staff

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

Behaviour and Attitude of staff - concerns highlighted about this matter have been rising since January 2016. The issue has also been recorded by the PALS service in their role as single point of access, and has also featured in the free text feedback received relating to the friends and family test. The cause for this is being reviewed and the data is being analysed to see if there is any correlation between times of the year of month that we are seeing complaints about staff behaviour rise.

Actions taken so far include:

Delays and Cancellations - Delays and cancellations have remained a recurring theme with the Trust exploring IT solutions to help mitigate the causes of enquiries in this area. Furthermore, feedback relating to access is a core theme through the complaints service. There are plans for modernisation of our Outpatient Department related access processes. Progress is being made in the modernisation program proposals in relation to Electronic Referrals (ERS).

The PALS service conducts quarterly training sessions which include techniques related to managing difficult conversations. The importance of staff attitude is further reinforced in the nursing preceptorship training. First impressions and communication is part of the patient experience presentation to the Foundation Year 1 (FY1) doctors and Foundation Year 2 (FY2) Doctors training and as part of new corporate staff induction. The importance of attitude and the perception of the patient is also covered in the HCA training conducted by the patient experience manager.

In 2017/18 there were 8 complaints referred to the Parliamentary and Health Service Ombudsman. Of the 8 cases referred, 2 were not upheld, 1 was partly upheld and 5 are currently being investigated.

	Not Upheld	Current Investigation	Partly Upheld	Total
Ombudsman Investigated 2017/18	2	5	1	8

Friends and Family Test (FFT)

The 2017/18 quality improvement plan target for friends and family for the Trust was set at a > 95% approval rating and a > 30% response rate for inpatient, a 35% response rate for maternity and a 20% response rate for A&E services during the reporting period.

The graph below shows Buckinghamshire Healthcare NHS Trust's FFT performance during the reported period. In 2017/18 we achieved an average approval rating of 92% and an average 18% response rate.

Response Rate 2017/18 Against 2018 Target
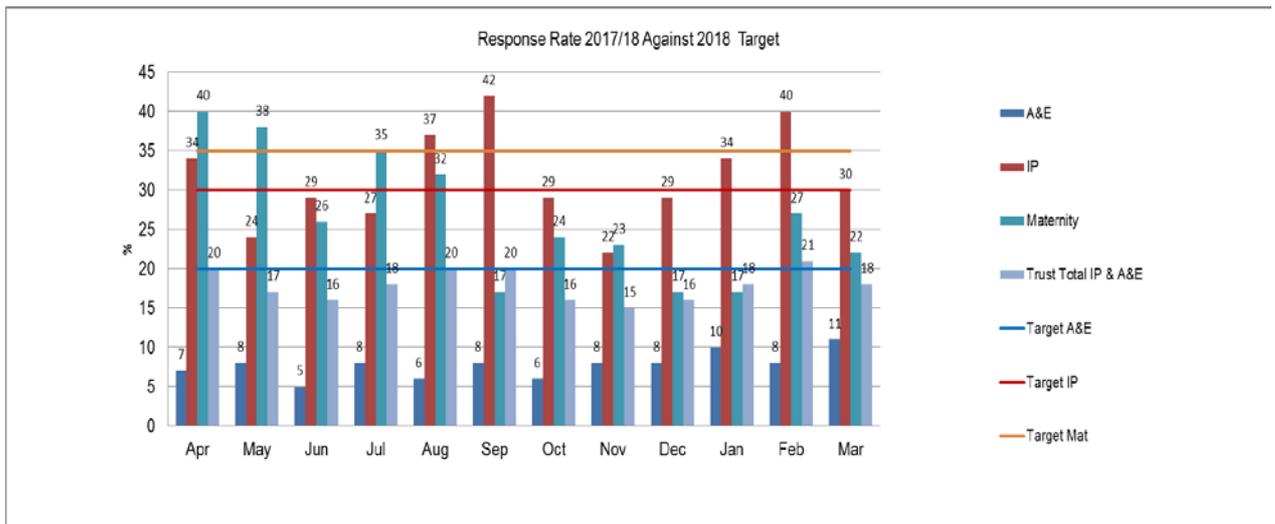
A pilot is being set up to introduce an IT platform for patient feedback. The areas being focused on will be A&E, Maternity and the community services. The results of the pilot will be known in the autumn of 2018 and a decision will be made as to the roll out plans thereafter. The Trust received compliments about our services throughout 2017/18. When combined with the accolades received as free text as a part of the friends and family responses we have received over 30,000 compliments during 2017/18.

During 2018/19 the Trust will further focus on the continuing implementation of the Friend and Family test text survey across our services and on ensuring that a high proportion of our patients respond to give us an accurate reflection of the experience in our services.

We have continued to use our patient experience feedback microsite (www.buckshealthcare.nhs.uk/feedback) to promote what our patients have told us about their care and what actions we have taken as a result.

The Quality Improvement Programme 2018/19

Linking with our Quality Corporate Objective, "*We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals*", we have agreed on three core delivery areas to maintain a culture of continuous improvement in delivering high quality patient care. These areas are outlined below.

1. Implement a Culture of Safety – includes establishing and embedding the SAFER bundle and a single transfer of care process

2. Listen to Our Patient Voice – A focus on improving three main areas, improving flow to reduce waiting time in Accident and Emergency, Outpatient cancellations and turnaround time for To Take Out medicines (TTOs)

3. Develop a Learning Organisation – A focus on reducing Hospital Standardised Mortality Ration, Sepsis and cardiac arrests

Each of the core delivery areas have a Corporate Lead and Operational Lead who are responsible for managing and monitoring delivery against a set of key performance indicators. The overarching stewardship for the Quality Improvement Programme is managed through the Quality and Patient Safety Group, which reports into the Executive Management Committee and Trust Board. The Executive Chief Nurse, Carolyn Morrice, is accountable for the governance and delivery of the programme.

Core Delivery Area Detail Plans

1. Implement a Culture of Safety

This core area of delivery has nine components, these are:

Quality Component	Key Deliverables
1. Implementation of a Clinical Accreditation Scheme (2018 – 2020)	Establish and implement systems and processes for identifying and rewarding the maintaining of good quality standards in the delivery and management of patient care By end of year 15 areas accredited Completion of nursing documentation (90% by 30.03.19)
2. Implementation of the SAFER Bundle (With the exception of Women, Children and Sexual Health Division who have their own national guidelines to follow)	Implementation of the SAFER Bundle (With the exception of Women, Children and Sexual Health Division who have their own nationally recognised system) 100% of patients will have an estimated date of discharge within 24 hours of admission 75% of transport booked by 4pm for patients having a transfer of care the next day • 50% of eligible patients will have a transfer of care from an inpatient ward before midday hours of admission • 75% of transport booked by 4pm for patients being discharged the next day

Quality Component	Key Deliverables
	• 50% of eligible patients will be discharged from inpatient ward before midday
3. Establish and Embed a single Transfer of Care process	• 60% reduction in avoidable delayed transfer of care 60% reduction in transfer of care without full documentation completion to community services
4. Implementation of an e-prescribing system (2018 – 2020)	Year 1 1. e-prescribing system established and piloted in one ward Year 2 1. e-prescribing system rolled out across the Acute site and reduction in prescribing errors by 50% based on Q1 2018/19 data
5. Implementation of an e-patient monitoring system (2018 – 2020)	Year 1 1. e-monitoring system established and piloted in ten wards 2. Compliance with NEWS 2 recording and escalation 100% Year 2 1. e-monitoring system rolled out across the Acute site and occurrence of Sepsis reduced in A&E by 50% base on 2017/18 data
6. Implementation of a Trust-wide Ultra Violet Cleaning System	UV Cleaning system implemented Trust-wide Implement recommendations from initial review report into all areas across the Trust - include achievement against KPIs at 95%
7. Reducing gram negative results for patients with Urinary Catheters	1. Reduce gram negative blood stream (GNBSI) infections by agreed percentage (at least 50%) as set out in Q3 review and analysis of data 2. Achieve delivery of 80% of KPIs 3. Provide a final report that identifies improvements made, changes in practice, policy and processes and any further changes required to maintain and continually improve urinary catheter gram negative bloodstream infections in 2019/20
8. Prudent use of antibiotics and delivering:	1. Prudent use of antibiotics and delivering: 2. 72 hour review of antibiotics for 30 patients, as for Q1, with 90% compliance achieved.

Quality Component	Key Deliverables
	3. Rationale for decision documented in the clinical notes.
	4. 1-2% reduction in total abx consumption / 1000 admissions vs baseline
	5. 2-3% reduction on carbapenem consumption per 1000 admissions vs baseline

2. Listen To Our Patient Voice

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

Quality Component	Key Deliverables
Improving the patient experience in response to what patients have told us from surveys, complaints and Friends and Family	Year 1 1. Recruit and train volunteer patient representatives to become members of Patient Forums across the Trust 2. Reduce 12hour and more waiting times in A&E by 40% 3. Improve the turnaround time for TTO medicines (this will form part of the Singles Transfer of Care project) 4. Reduce the number of cancellations in the outpatient department by 40%

3. Develop a Learning Organisation

Or key focus is to ensure the organisation learns when patients deteriorate or die within our care. To achieve this goal we aim to establish the provision of a Learning Organisation Framework from Serious Incidents, Deaths and Avoidable Harm. We appointed a 'Freedom to Speak Up' Guardian to allow staff a way to raise concerns in addition to the line management route, which we acknowledge some staff may not feel comfortable doing, and has been implemented as part of a national programme following the Francis Inquiry into 'Mid Staffs'.

Quality Component	Key Deliverables
Develop a Learning Organisation	Implement a training and development programme that provides staff at all levels the understanding of quality improvement and the tools to reduce the occurrence of avoidable harm

5.2.   Progress against national standards 2017/18

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

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

- Incomplete Referral To Treatment pathways (yet to start treatment) waiting no more than 18 weeks from referral:
  - achieved 87.9% against the National Target of 92%.

- A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department:
  - achieved 87.3% against the National Target of 95%.

- Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer:
  - achieved 82.3% against the National Target of 85%

- Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers:
  - achieved 84.1% against the National Target of 90%

- MRSA bacteraemia:-
  - 2 recorded cases against a zero National Standard

- Clostridium difficile infection rate:-
  - 43 recorded cases against a National Standard of 32

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

BHT submitted records during 2017/18 to the Secondary Uses service for inclusion in the **Hospital Episode Statistics** which are included in the latest published data.

The percentage of records in the published data relating to *admitted patient care* **which included the patient's:**	The percentage of records in the published data relating to *out-patient care* **which included the patient's:**	The percentage of records in the published data relating to *accident and emergency care* **which included the patient's:**
Valid NHS Number was 99.6% (National Average 99.4%)	Valid NHS Number was 100% (National Average 99.5 %)	Valid NHS Number was 99.6% (National Average 97.1 %)
General Medical Practice code 99.9% (National Average 99.9%)	General Medical Practice code 100% (National Average 99.8%)	General Medical Practice code 100% (National Average 99.3%)

Operational performance of the organisation is managed through the 'Performance Management Framework'. Each clinical division has reported operational delivery of all quality and business standards through a quarterly performance review (chaired by the Chief Operating Officer, attended by all executives) which in turn reports risk through to the Executive Management Committee. This performance framework is replicated down through the organisation from Divisional level through to individual Service Delivery Units.

5.3. Health and Safety 2017/18

5.3.1. Introduction/Overview

During 2017/18 changes were made at Board level for health and safety, responsibility moving from the Director for Human Resources and Organisational Development to the Director for Finance. The Trust has reviewed and invested in the health and safety management system to ensure it meets the needs of the organisation.

5.3.2. Significant Risks

The main health and safety risks faced by the Trust are musculoskeletal injuries, slips, trips and falls, verbal abuse/physical assault and stress. Musculoskeletal injuries and stress being the biggest causes of staff time lost/ incapacity.

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

5.3.3. Contact with Enforcing Authorities

As a result of a routine inspection by a Health and Safety Executive Specialist Inspector in June 2017 the Trust was served with an Improvement Notice in relation to the management of hazard group 3 biological agents in the Microbiology Department at Stoke Mandeville Hospital. The HSE Inspector was satisfied with the action taken to address all the issues identified which were mainly in relation to monitoring and review and the Improvement Notice was lifted in September 2017.

5.3.4. Annual Statistics

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

Number of Accidents/incidents to Staff 2017-2018
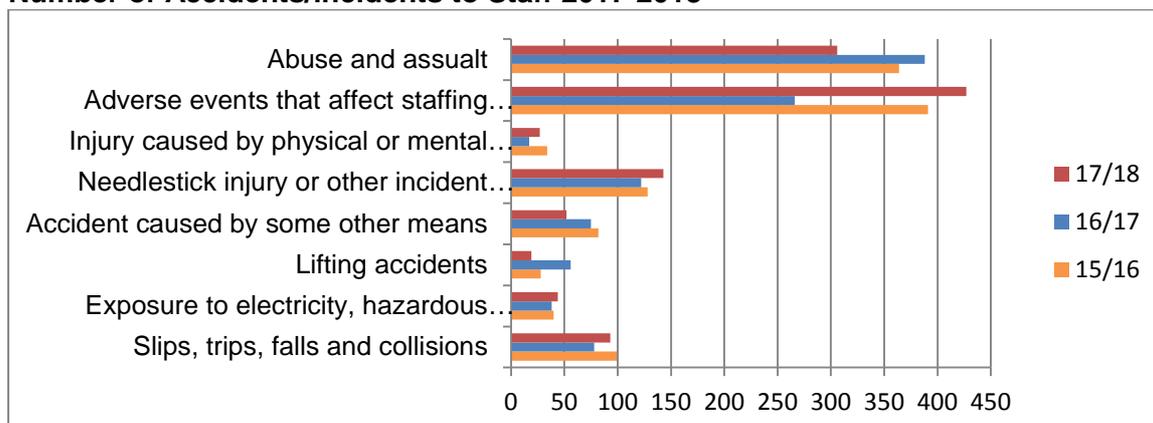
Across most categories there was no significant change in the number of incidents reported from the previous year except for adverse events affecting staffing levels which have seen a significant increase and abuse and assaults which has seen a decrease. (Analysis of "lifting accidents" and "physical or mental strain" showed that similar incidents were reported in both these categories).

There were 13 incidents reported to Health and Safety Executive (HSE) under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in 2017/18, (1 of which was, on investigation, deemed not to meet the reporting criteria). This is a decrease on previous years which is in part attributable to a stricter application of the reporting criteria. The Health and Safety Committee are given details of reported incidents all of which are investigated by the relevant Division and actions identified to prevent a reoccurrence.

Number of Accidents/Incidents Reported to HSE 2017/18
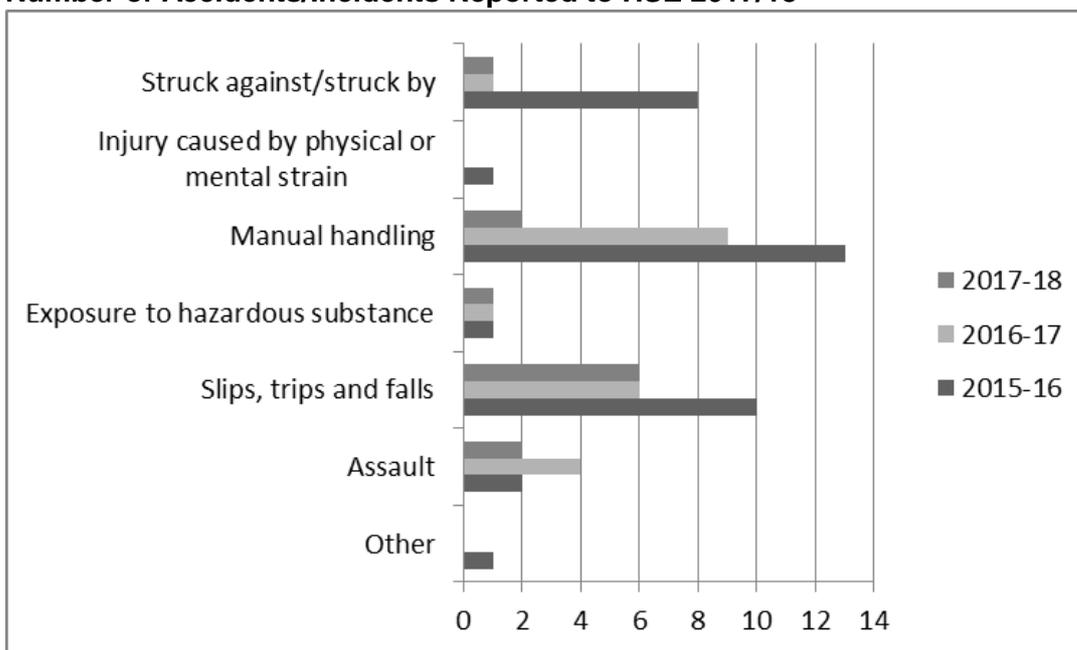
5.3.5. Health and Safety Consultation with Employees

The Health and Safety Committee met 4 times in 2017/18. The Health and Safety Committee Chair transferred from the Director of HR and OD to the Director of Finance in October 2017.

5.3.6. Health and Safety Plan 2017/18

Health and safety activity during 2017/18 included:

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

Health and safety advice and support was provided by a Chartered Member of the Institution of Occupational Safety and Health, Health and Safety Facilitator. Other specialist support and training is provided for high risk issues/activities by Occupational Health, Manual Handling Practitioners, Security and Fire Advisers.

5.3.7. Changes to the provision of Health and safety services

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

The introduction of the new post of Health and Safety Manager and the integration of the existing Health and Safety Facilitator into the risk services team within Property services will now provide synergies and resilience enabling us to develop an integrated team who will be able to offer professional advice and support to a wider range of services to support our managers and staff across the Trust.

5.3.8. Targets/Plan 2018/19

During 2018/19 we intend to act on the results of our review of the health and safety management system to ensure it meets the organisation's needs, resulting in a Corporate Health and Safety Plan for 2018/19. Furthermore the plan will aim to address areas for improvement with focus on the management and mitigation of highlighted main areas of risk.

Other key activities for the year include:
- Provision of risk assessment training sessions for staff and on-going support to the risk assessment process.
- Conducting the annual workplace health and safety managers' self-assessment audit at the end of the year after a full review of the process and question set.
- Review of Trust health and Safety Policy to reflect organisational changes

5.3.9. External awards and recognition

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

---

3 Spinal Injuries Association (SIA) Rebuilding Lives Awards for the NSIC:
- Rachel Harrison was awarded the rising star award
- The clinical psychology department at the NSIC were announced as the winner of the outstanding team award.
- Former patient Danny Turnbull was posthumously recognised with the inspirational achievement award.

Won Dignity and Respect Award, healthcare category
- Jonathan Algar, Health Care Assistant in our Adult Community Healthcare Team based in Aylesbury

---

4 awards at the Thames Valley and South Midlands Thames Valley Health Research Awards:
- The award for Exceptional Performance in Recruitment to a Commercial Study was won by the Stroke Research Team at Wycombe Hospital.
- Emma Reel was awarded Outstanding Research Practitioner
- Julie Tebbutt received the award for Research Champion
- Star Research Nurse was given to Judith Abrams.

Other notable achievements:
Buckinghamshire Healthcare NHS Trust named one of the CHKS Top Hospitals 2017
CHIS celebrates 25 years
Stroke service maintains 'A' grade after expansion

Shortlisted:
In-reach palliative care service shortlisted in 2017 Macmillan Excellence Awards
In-Reach Palliative Care Service shortlisted 2017 Nursing Times Award
Trauma and orthopaedic team shortlisted for HSJ Value award

Individuals recognised:
- Teresa Blease awarded Queen's Nurse Award
- Trust chair Hattie Llewelyn-Davies has won at the 2018 Non-executive Director Awards 2018 Non-executive Director Awards in the Not-for-Profit/Public Service Organisation category.

6. PEOPLE

6.1. Recognising great professionalism and care

Monthly CARE awards

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

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

Recipients of CARE awards are invited to a special ceremony that's a part of each public board meeting to collect their award from the Chief Executive.

Annual CARE awards

Our annual staff awards recognise and celebrate the achievements and commitment of individuals and teams working for Buckinghamshire Healthcare NHS Trust. Award winners are staff, volunteers and contractors who demonstrate safe, compassionate care and who embody our values and
behaviours; **C**ollaborate, **A**spire, **R**espect, **E**nable.

Excellence reporting

For many years now the Trust has utilised incident reporting as a way to learn from the errors that we manage during our working lives. However, it's important that we learn from positive experiences too, the times of outstanding care and service. We need to know about these examples as much as we need to know about the adverse incidents that occur.
Staff are invited to submit their experiences of excellence at work to become part of the organisation's shared learning. Examples could be anything from positive outcomes for patients following effective escalation of deteriorating conditions to a particularly helpful member of staff going out of their way to ensure that someone's care pathway runs smoothly. Excellence reports identify specific examples the Trust can learn from and replicate elsewhere across the organisation.

Thank you cards

Our Trust thank you cards can be used by all managers to make it a little easier to acknowledge good work as it's being delivered. They are not as formal as nominating someone for a CARE award, or submitting an excellence report, and are used for acknowledging effort 'in the moment', as part of our day to day activities.
The premise for the "thank you" cards is simple – managers, going about their day to day activities, if they spot someone "going the extra mile" or clearly exemplifying our CARE values, someone who just gets on and does their job quietly and effectively, or indeed if a staff member does something "out of the ordinary" then use the supply of "thank you" cards to acknowledge this there and then on the same day.
Managers are encouraged to write a personal message on the card about what they witnessed and then give the card personally to the member of staff concerned.

6.2. Overview

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

The Trust's results from the 2017 NHS national staff survey reported that 91% of staff felt that their role made a difference to patients/service users and 95% knew the Trust's CARE values. The overall engagement score (which collates information from 9 component questions) remained at 3.78 (out of 5), no change from the previous year and in line with the national average. Other key questions reported that staff recommending us as a place to work dipped slightly from 57% in 2016 to 56% in 2017 and as a place for care and treatment it remained unchanged at 67%.

We have continued to invest in the development of our staff through clinical and non-clinical education and training as well as the health and well-being of our staff. Qualitative and quantitative feedback from these interventions as well as the results from the NHS national staff survey have demonstrated the positive impact that this investment has had on staff.

Approximately 260 clinical and non-clinical leaders have gone through one of our leadership development programmes in the last year or received one to one coaching. Our BHT Way quarterly leadership sessions continue to be well attended, and provide a forum for two-way conversations about the direction of the Trust.

6.2.1. Recruitment and retention

The Trust is one of the largest employers in the county with a staff headcount of 6,200 people. We are committed to recruiting and retaining the highest calibre of staff in all areas. At the end of the financial year, the numbers of full-time equivalent (fte) staff employed had increased by 83fte from 5,154fte in April 2017 to 5,237fte in March 2018. A number of staff groups saw an increase numbers over the year; Allied Health Professionals (48fte), Support Staff (45fte), and Admin & Clerical (41fte). This reflects a strong focus on recruitment – just over 1,100 staff (excluding junior doctors on rotation) joined the organisation in 2017/18. There has been a specific focus on the recruitment and retention of registered nursing staff; nevertheless the recruitment team has provided tailored support to teams across the organisation using a combination of methods to shape the workforce structure and fill vacancies.

Nursing staff
Maintaining levels of high quality, registered nursing staff was a particular priority during the year. As at 31 March 2018, our nurse vacancy rate stood at 18.2% and there were 1650.5fte registered nurses in post. The vacancy figure reflects both recruitment and retention challenges, which are seen across much of the country.

The recruitment market for UK qualified nurses remained highly competitive, as demand from NHS organisations out-stripped supply; the number of nurses employed in the NHS (on headcount & FTE) is falling for the first time in three years and by population growth the number of nurses per 100,000 population in England declined from 604 in 2009 to 576 in 2016 (Kings Fund).

Language requirements for overseas nurses introduced in 2016 continue to impact on the volume of EU nurses registering with the NMC and this trend is reflected within the Trust.

As part of our on-going work to review skill mixes we have introduced 65 Band 4 nursing roles; these have been filled by staff who have the appropriate Foundation Degree but are also an opportunity for EU trained nurses who are yet to pass the English test. We also continue to monitor the impact of Brexit on both recruitment and retention of EU nurses.

Through partner universities in Portugal we are providing newly trained Portuguese nurses the chance to undertake an Erasmus placement within the Specialist Services

division. The first cohort consisted of 12 placements between October and December 2017 of which 6 remained with BHT in permanent employment. A second Erasmus placement scheme is underway between February and May 2018; a third programme for 22 placements will commence later this year.

Looking to the future supply, the impact of the government changes to the funding for nursing undergraduate degree programmes (from a bursary to a loan system) has had an impact on student numbers recruited for adult nursing degrees in 2017 / 18 at our partner university; University of Bedfordshire. This will impact on the recruitment of newly qualified nurses in July / August 2020; therefore we have increased the number of "grow your own" strategies, these include:

- The first nurse degree apprenticeship programme from March 2018. Five Trust-employed HCAs who hold foundation degrees started on a fast-track 18 or 24 month programme (depending on individual experience) leading to qualification as registered nurses at the end of the programme.
- Exploring new apprenticeships for nursing assistant trainees for September 2018.

We will therefore continue to use a variety of recruitment strategies to supply the Trust with high quality nursing staff, including continued recruitment from within and outside the UK, reviewing the skill mix of staff, training and deploying new roles, and developing the skills of all staff.

During the year, we have faced challenges in retention of nursing staff, where the annual rolling turnover figure stood at 17.2% in March 2018; an increase from 15.6% in April 2017. The average rate for the year was 16.6%.

These challenges are seen across much of the country; over the past year we have continued with a number of interventions and strategies to improve retention.

A Trust retention manager started work in February 2018; this role has been funded from an external source and provides a focal point for the delivery of interventions and co-ordinates initiatives to improve retention, include our now nationally known campaign "itchy feet". We have followed the NHS Improvement seven steps to improving staff retention in our action plan, which includes refining our strategy, using data and insights, engage and empower staff development and career pathways, with flexible working opportunities that are tailored to different career stages and work /life balance needs. In 2017/18 there were 190 fte internal nurse moves during the year – one measure of the success of these programmes.

We are also working in collaboration with neighbouring organisations across our STP footprint (Buckinghamshire, Oxfordshire and Berkshire west). This is being led through the STP retention lead role which was recruited to in March and which is hosted on behalf of the STP by the Trust.

To build on this work as we move into 2018/19, the Trust's Chief Nurse and the Director of Organisation Development & Workforce Transformation have established a transformation workforce board. Communication and engagement with nursing staff is key and the HR team has organised a programme of nursing workforce "summits" that provide a platform to engage and share workforce plans with nursing colleagues from all bandings and specialities across the organisation..

6.2.2. Equality, Diversity and Inclusion
The Trust values difference, and recognises the value that people from different backgrounds, with different skills and experiences bring to the workforce across our organisation. Having a diverse workforce means improved opportunities for cultural

awareness, sensitivity and understanding which are of benefit to patients in the delivery of care.

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

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

We publish details of the demographic profile of our workforce annually as part of our Public Sector Equality Duty monitoring; through this analysis we can compare and monitor our workforce with the demographics of our local community in Buckinghamshire. This helps us to identify any under or over representation and ensure that we are meeting our obligations as set out in law and best practice.

In 2017/18, we published information relating to the Gender Pay Gap, as is now required. We will also ensure that we are prepared for the introduction of the Workforce Disability Equality Standard, which will be mandated via the NHS Standard Contract in England from April 2018.

6.3. Temporary Staffing

Managing usage and spend on agency staffing has been a priority for the organisation. In May 2017, following a procurement process, NHS Professionals were awarded the contract to manage the Trust bank for non-medical staff.

We have had considerable success in meeting changes driven by nationally imposed rules and caps from NHS Improvement and have led the way regionally in our management of agencies. In particular we have:
- Reduced total spend on agency staffing by more than £1.7million from 2016/17 to a level of £10.1million, below the ceiling of £12.1m spend set by NHS Improvement;
- Continued to meet the price cap and wage cap rules in all but the most specialist and hard to fill areas;
- Not used any agency healthcare assistant staff since November 2016.

Looking forward to 2018/19, we will continue to drive efficiencies, both within our own Trust and also across our STP and have plans in place to meet this year's agency spend target set by NHSI of £10.5m.

6.4. Employee benefits highlights

The Trust continues to provide a range of employee benefits. These include salary sacrifice schemes for staff including childcare vouchers and for bike purchases as part of a cycle to work scheme. The staff benefits pages on the intranet provide a wide range of local and national businesses offering discounted goods and services for staff – for everything from purchasing a new car or mobile phone, to days out with the children, restaurants and beauty services.

A healthy lifestyle is crucial to our sense of wellbeing and the Health and Wellbeing service has continued to support our staff lead healthier, more balanced lives, including support and advice on physical activity, alcohol management, weight management, with

onward referral to other services within Buckinghamshire, which are often free, or discounted. Staff can access these services from the Healthier Lifestyles Hub at Stoke Mandeville or via the outreach services across all other acute and community hospitals.

6.5. Education, learning and development

The Department of Health Mandate to Health Education England commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed. The Education, Learning and Development team (which incorporates the management of the medical education team) works in close collaboration with the Health Education England - Thames Valley who provide the majority of funding for our educational activities, despite the introduction of Apprenticeship levy.

The Trust's approach to the development of our people in 2017/18 was focused around four themes:
- Inter-professional Leadership and Management
- Post qualification Education including Medical Education
- Pre-qualification Education
- Vocational Learning – staff in Agenda for change bands 1-4
- Development of pathways for development through apprenticeships

In 2017/18, c5000 colleagues participated in educational activities managed by the Education, Learning and Development Team.

Our approach continues to be one of inter-professional learning. A key part of this is simulation activity, which has grown significantly over the past 2 years. We have a dedicated Clinical Skills Suite at Wycombe Hospital and a high fidelity simulation suite at Stoke Mandeville Hospital. We have invested in new high and low fidelity mannequins for our simulation suite in 2017/18.

6.5.1. Trust Library

Library Quality Assurance
During 2017/2018, we expanded our resources and services to support the delivery of the Trust's strategic priorities. The quality of the service we provide was reflected in an increase in our score for the Library Quality Assurance Framework which placed us among the top 3 rated library services in the NHS South region.

Service improvement
We increased the range of e-resources available including e-books via Proquest for nurses and healthcare assistants as well as the Medhand mobile app for Foundation Year Doctors. To enable easy access to all our e-resources we launched an online Discovery portal and a library catalogue look-up tablet. Six additional PCs were installed to meet rising demand in using the library as a space for study, work and e-learning. Our clinical librarian service expanded to include attendance at AOU ward rounds and the new clinical procedures committee.

Initiatives
The library facilitated access to reminiscence resources for dementia patients at Stoke Mandeville and Amersham hospitals through a partnership with the public library service. We also set up a virtual reading club for staff preparing to undertake their IELTs exams. On behalf of medical education, the library led on a project to set up access to an anatomy app for lead educators, trainees and medical students. To raise awareness of the library services and resources, a road show was delivered across all

main Trust sites in February 2018. The library has also started to develop knowledge management support for the Trust including setting up teams on Yammer to facilitate communication on projects. The Library Services Manager co-led on a national project to develop literature searching e-learning modules on behalf of Health Education England. The modules were launched on the e-Learning for Healthcare Platform in November 2017.

6.5.2. Leadership and Management
Leadership training
Cohort 10 of the Leadership Pathway started in November 2017. Delegates from cohorts 5-10 also attended a graduation ceremony in November, and presented the outcomes of their team engagement projects, which were delivered in their local areas.

A new line management workshop has been developed in-house and started as a pilot in December. The course is designed to up-skill all line managers in transformational leadership skills as well as raising their awareness of BHT managerial policies and procedures (e.g. sickness absence, disciplinary, finance). Once the pilot is completed, the course will be revised & delivered every 6 weeks from March onwards.

Starting in January 2018, our in-house ward managers' development programme commenced with its initial cohort of 10 ward managers going through a 6 month development programme, We are looking to have a second cohort in June 2018.

Significant work has been undertaken within the last quarter to scope leadership and management development apprenticeships for the Trust. Procurement paperwork is complete and we expect to begin delivering apprenticeships in May 2018. In addition, a bid for funding has been submitted for inclusive leadership development across the STP.

Team engagement and cultural development
The leadership & OD team continue to support teams with cultural development through providing in-house consultancy, leadership development workshops, and organisational development interventions (e.g. values sessions, team coaching). We have supported one SDU team away day (Trauma & Orthopedics) and delivered four keynote presentations on leadership and organisational development at Trust development days, for teams including Children's and Young People, Dietetics, SAS doctors.

Staff engagement and talent management plans
In December 2017, we successfully obtained external funding (from HEE TV) to invest in a new engagement programme 'Go Engage'; a staff engagement programme developed by Occupational Psychologists and engagement experts at Wrightington, Wigan and Leigh (WWL - one of the top performing Trusts in the country). The Go Engage model was presented at The BHT Way in June 2017, and has led to significant and sustainable improvements in staff engagement within WWL and other NHS organisations, WWL were able to improve their overall staff engagement score from 3.72 to 3.97 over a period of 2 years, and sustain their ranking in the top 20% of trusts for 3 years since.

The Go Engage model helps organisations to gain a deeper understanding of employee engagement through predictive and inferential analytics, and targeted interventions at the most impactful areas, Trusts are able to direct their limited resources to the most impactful areas
Using this model we will launch two work streams, one at an organisational level utilising a top-down approach, and a second bottom-up work stream focussed at a

team/local level, led by the OD Team. The plans have been socialised with Divisional Directors and Executives over the last quarter, and the team tools are being piloted in teams across all divisions.

New appraisal system
In 2017/18, as part of improving the quality of our non-medical appraisals, we introduced an on-line appraisal system. The results from the NHS National Staff Survey were that 86% of staff reported that they had had an appraisal in 2017-18 (a reduction of 3% from the previous year; in line with the national average) and that the quality of appraisals score was 3.11 (from a maximum score of 5, up from 3.06 the previous year and in line with the national average). In 2018-19 we are looking to maximise its value through the delivery of a variety of bite-sized training sessions aimed at helping managers to improve the quality of appraisals which we started rolling out in March.

Internal coaching
In 2017/18 eighteen people completed EMCC Foundation in coaching and 9 people are completing the EMCC Practitioner program. 1-1 coaching is gaining momentum and is open to all within the Trust. We are using our coaches to support development (e.g. coaching Leadership Pathway delegates to implement their learning). We continue to play an active role in the Bucks Coaching Network to support delivery of coaching within BHT and across partnering organisations in the Integrated Care System (ICS).

6.5.3. Lessons Learnt Feedback Sessions
We continue to monitor attendance and feedback from Trust-wide inter-professional educational events, such as Academic Half Days and Lessons Learnt, including learning from serious incidents and near misses as well as good practice. This learning is part of the Trust's quality improvement plan for 2017, which has an action to improve attendance at these events, with a target of attendance of 150 staff each quarter. The 2017/18 Lessons Learnt sessions had over 577 staff attend across the 3 hospital sites.

In 2017/18 there has been a drive to make Lessons Learnt topics more appropriate for community staff and the focus has been upon encouraging delivery within community teams for community teams.
Lessons Learnt and Corporate Academic Half Day sessions are recorded and are available on the trust intranet and the timing of the delivery of both has been aligned.

6.5.4. Medical Education
Medical education continues to be an area of focus to ensure we carry on the excellent work of last year by investing in staff, equipment and the learning environment.
Highlights for 2017/18 include:
- Enhancing the capacity of the team at the education centre to ensure a high level of service to all educators & trainees in medical & surgical specialties
- In July/August BHT welcomed just over 220 new doctors in training including 56 FY1s. Through the inductions we were able to cover Trust critical items such as sepsis, clinical coding and VTE as well as the face-to-face statutory training subjects of Hand Hygiene, Prevent Level 3 and Fire safety.
- The Trust will host medical under-graduates from the University of Buckingham from April 2019. Initially we will take 16 students in 4 blocks (MSK/peri-operative / cardio/respiratory / gastro intestinal. The intake of students will increase in 2020 and there will be 40 students in 10 blocks. A new undergraduate DME and 3 of the 4 block leads have now been appointed to take forwards the work in preparation for the new medical school.
- We continue to support our locally employed Doctors by ensuring we had a dedicated SAS doctor's educational day in February.
- The installation of new AV equipment is in the education centres in Stoke Mandeville and Wycombe Hospital will be completed in December. The

equipment has been purchased via a charitable donation from Stoke Mandeville Hospital Education Limited.

6.5.5. Preceptorship & clinical skills training

We are now in the tenth year of the multi professional Preceptorship programme in Buckinghamshire Healthcare Trust. All ward and department mangers continue to embrace the preceptorship programme and therefore the uptake of the programme is well subscribed. Preceptee nurses are recruited from Bedfordshire University, other higher educational institutes and from overseas. We have had 254 preceptees on the Preceptorship programme during 2017/18.

Preceptees are supported in practice as part of the nurse retention plan; the ambition is to extend support into individuals second year, and we are working to recruit into the posts to support this. Links with Trust Practice Development Nurses at the quarterly Practice Education Nurse Forum enable networking to facilitate support and sharing of educational information.

6.5.6. Staff in Agenda for Change Bands 1-4

Nursing Associate Trainees (NATs)
Nine Nursing Associate Trainees are continuing to progress well, and are now in uniform (white tunic with yellow piping with the Thames Valley NAT logo). Across the Thames Valley, feedback is that NATs have settled into the course academically with still only 2 students have withdrawn in the Thames Valley region. We are in the process of recruiting to a Nurse Associate Trainee apprenticeship to commence in September 2018 and are aiming to recruit 40 healthcare assistants from within the trust onto this programme.

Assistant Practitioners
17 Healthcare Assistant Practitioners commenced their apprenticeships in February 2018 at the University of Bedfordshire; this is a new pathway for Assistant Practitioners

28 Assistant Practitioners will complete their programmes at Buckinghamshire New University and Oxford Brookes in July 2018. The Assistant Practitioner programme is required for HCAs recruitment to Band 4 Assistant Practitioner roles and is the prerequisite qualification for HCAs choosing to progress onto the BSc Nurse Degree apprenticeship.

Care Certificate
All clinical bands 1-4 staff (with the exception of registered nurses with an overseas qualification who are awaiting their Nursing & Midwifery Council PIN) need to undertake the National Care Certificate. This is a legal requirement following the Francis Report and ELD focus is upon supporting this across the organisation.

51 Healthcare Assistants commenced the senior healthcare support worker apprenticeship during 2017/18. This qualification now incorporates the National Care Certificate.

Following the success of last year's Vocational Workforce Conference for clinical staff the event will be running annually with the next conference arranged on 5th June 2018.

6.5.7. Statutory Training

At the end of the financial year, statutory training levels were at 88%, against an overall Trust target of 90%. Our performance peaked in 90% in February on the back of a focused initiative from a low of 79% in September.

During the last quarter of 2017/18, the education team reviewed the provision of statutory and mandatory training across the organisation, engaging with a range of colleagues across the organisation. The outcome of the review will inform work in 2018/19 in improving both the content and the compliance levels of statutory and mandatory training.

6.6. National staff survey 2017

The 15th NHS national annual staff survey was conducted between October and December 2017. All staff within the Trust were invited to participate in the paper survey; 2846 surveys were returned representing a 49% response rate. This was a small reduction in the previous year's completion rate compared with 53% in 2016 and 52% in 2015, but compares favourably with the national average response rate for combined acute and community trusts in England of 43%.

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

Corporate	Specialist Services	Integrated Medicine	Integrated Elderly & Community Care	Women &Children & Sexual Health	Surgery & Critical Care
66%	49%	37%	52%	48%	50%

Nurses, midwives, health visitors and healthcare assistants collectively accounted for 42% of the respondents followed by admin and clerical staff at 17%.

Highlights

There are 32 key findings which are summary scores for groups of questions which, when taken together, give more information about each area of interest and cover headings such as appraisal and support for development, working patterns, managers, errors and incidents, patient care and experience, and an overall staff engagement score. Scores may either be percentage scores or a scale score measured from 1 to 5.

Staff engagement

The Trust's overall staff engagement score was 3.78 on a scale of 1-5. Of note, the Division of Integrated Elderly & Community Care reported an overall staff engagement score of 3.88 and the Division of Women and Children's and Sexual Health services reported a score of 3.83. Within staff groups, nursing showed the highest engagement with a score of 3.87.

The national average is 3.78. The highest scoring trust achieved an overall staff engagement score of 3.99 (this is a drop from 2016).

	2017	2016	2015	2014
Trust's staff engagement score	3.78	3.76	3.76	3.60
National average	3.78	3.80	3.79	3.74

6.7.   Consultation, negotiation and communications

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

6.8.   Communications and provision of information to employees

During 2017/18, the Chief Executive continued to promote and embed the "BHT Way", which underpins the relationship with our staff. A quarterly forum headed up by the Chief Executive and Executive colleagues is in place for 500 leaders across the Trust. This forum is used to develop and shape strategy. Other regular activities include the monthly team-briefing from the CEO or Director to ensure messages are cascaded verbally throughout the organisation, a weekly staff e-bulletin, and a chief executive blog. These activities are supported through the Trust intranet, which has been significantly enhanced over the past year, with up-to-date news and features, a staff blog, and a comment function on stories to encourage a two-way dialogue on Trust matters.

6.9.   Freedom to speak up - Raising concerns and Whistleblowing

Raising concerns was again a priority for the organisation in 2017/18 with the introduction of our new Freedom to Speak Up Guardian (FTSUG) who commenced in May. Since then we have seen a significant increase in the number of people speaking up and raising concerns which is very positive. As of March 31st more than 70 people had approached the FTSUG. We commend our staff who are speaking up as they are making a valuable contribution to our patient safety, quality and improvement agendas as well as helping us to improve the staff and patient experience through resulting changes.

The FTSUG has made just under 1000 face to face contacts in their first year with hard copy and virtual outreach extending much further. After only 5 months in post our national staff survey showed that 46% of staff who responded said, yes they knew about the role and 41% said they knew where to find contact details.

A Trust wide lessons learnt session was delivered by the FTSUG in December sharing the wider learning with a follow up scheduled for July. A satisfaction survey for those accessing the service has been implemented which is showing 100% of those responding have said they have found the FTSUG helpful and given their experience they would speak up again and recommend a colleague.

The FTSUG and their role is embedded within our corporate induction and presentations and workshops are arranged on request to teams and departments across the trust.

For more information our inaugural FTSUG annual report can be found on our website under Trust Board publications.

6.10.   Occupational health, Staff Wellbeing and Healthier Lifestyles Services

We have had an active year in the Occupational Health and Staff Wellbeing and Healthier Lifestyles teams. Our staff survey results show a slight drop this year, as we were unable to sustain the 5% increase in staff reporting the organisation takes positive action on wellbeing. This is a reflection of the very tough year that the staff in the NHS

has faced and the national trends have shown an increase in the experience of NHS staff having musculoskeletal problems and work related stress.

We remain in the top 20% of benchmarked Trusts on the overall Health and Wellbeing key finding of 'organisation and management interest in and action on health and wellbeing'. We are still very proud of work that has been done, and the proactive stance BHT takes on staff wellbeing, which is well supported by the Executive team, as part of a holistic whole system approach.

Staff Survey results in relation to Well Being CQUIN

Staff Survey Results	2015	2016	2017
Q.9a - Does your organisation take positive action on health and well-being?			
% responding 'Yes, definitely'	33.49%	37.94%	36.00%
number of respondents	2828	2960	2792
Q.9b - In the last 12 months have you experienced MSK problems as a result of work activities?			
% responding 'no'	74.62%	75.67%	76.29%
number of respondents	2853	2968	2813
Q.9c - During the last 12 months have you felt unwell as a result of work related stress?			
% responding 'no'	65.41%	68.11%	66.64%
number of respondents	2859	2970	2806

We have also presented at local and national Health Education England events and gained two prizes in recognition for our partnership working with Health Education Thames Valley and Public Health England around improving and promoting Staff Health and Wellbeing.

6.10.1. Psychological Health Interventions

Fast-track Counselling Service
We delivered 1005 appointments and feedback from staff using the counselling service resulted in a 100% satisfaction rate in relation to meeting their requirements, listening effectively, focusing on important issues, fostering a safe environment, and would recommend service to colleagues. This service helps prevent staff going off work and supports staff who are unwell to return to work.

Alongside the counselling service we also run other interventions to complement the psychological wellbeing support, as appropriate for different levels of need and working in collaboration with our Resilience Programme. The wellbeing service supported 105 people with one to one resilience training and created 38 wellness recovery action plans for staff managing long term conditions in the workplace.

Team Resilience sessions

A total of 51 training sessions to over 500 staff have been delivered this year. Our Understanding Stress, Building Resilience (USBR) was developed and is delivered in house by the wellbeing team and provides insight into how stress impacts us and hints

and tips on ways to build personal resilience. It also provides a consistent language, including HSE stress management standards, which fosters better discussion, improves confidence in talking about issues and problems and understanding.

At a corporate level, the wellbeing team is asked to support the successful implementation of change. We attend the opening of formal consultations and are available, both in follow up group meetings and/or one-to-one drop in sessions, to support affected staff at regular intervals throughout the consultation process. We support staff to make the best of their own contribution and help them handle personal stress as effectively as possible.

Introducing Mindfulness

In addition to resilience training, 19 Mindfulness taster sessions have been delivered to 220 staff over the past year. Mindfulness 'drop in' sessions were also offered to staff during an annual Health and Wellbeing Day. An intranet webpage about Mindfulness is available to staff which includes links to an audio practice and signposts them on where to find a registered teacher. This is an area we will be further developing is 2018, including supporting a member of the wellbeing team to train as a mindfulness teacher.

Training with psychological Self-care/ Stress management component for managers

Band 6 & 7 - Coaching to Promote Positive Behaviours
 A 2 day course, of which day one run by Education and learning dept. introduces the coaching way of managing staff and day 2 run by the Staff wellbeing service and covers mental health training, how to look after your psychological wellbeing and that of your staff and promotes specific management competencies that support good working relationships and reduce the risk of stress.
We ran 9 sessions in 2017/18 .This programme is in its second full year. We have now had 407 staff attend in total.
We will be refreshing the content for 2018/19 to fit with the needs of the staff following feedback and our staff survey results

Retention focus
Independent and confidential exit interviews are being offered to staff by the wellbeing team, with the intention of increasing understanding of the themes which contribute to our attrition rates, which can often include perceptions of behaviours, or psychological contracting issues. The new Trust retention lead has been in post from March and is based within the wellbeing team to ensure close collaboration on the development of further staff wellbeing and retention initiatives. Staff Health and Wellbeing have commenced regular Wellbeing ward walkabouts, and are developing a Wellbeing seminar programme of talks on topics that affect staff members working lives.

Mediation services
The staff mediation service is being established – following the training of 12 volunteer mediators within the Trust, to work alongside the 2 accredited and experienced mediators in staff wellbeing service. Referrals come from Line Managers, HR and self-referrals. We have received 12 referrals to date and our plan for the next year is to promote the service more widely, as to be really effective we need to be involved early in a deteriorating work relationship between two staff members.

6.10.2. Physical Health

Referrals to fast-track Physio Service

We have access to fast track Physiotherapy service in place for staff that is triaged through our Occupational Health and Wellbeing Team and provided by our in house physiotherapy team. 191 staff have been referred during 2017/18.

We also provide information and reduced cost activities and interventions to support physical health through building relationships with local gyms.

12 Week Weight Loss Challenge

This is a popular offering with staff challenged to lose 5% of their weight over a twelve week period. This year 78 staff signed up to the challenge and were supported to lose weight using the NHS Choices healthy eating plan. This has been a popular initiative and we are increasing this provision in 2018/19.

Making Every Contact Count (MECC)

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

Staff NHS Health Checks

We arranged for NHS Health check service to visit several of our hospital sites over the year and they saw 120 of our over 50's staff for a full health check and advice session.

6.10.3. Sickness Absence

Collaboration between HR and Occupational Health and wellbeing, using a case management approach, has contributed to BHT consistently reporting sickness below both the national and local trends.
We are proactive in making referrals/ signposting to appropriate wellbeing interventions.

2017/18	Apr 17	May 17	Jun-17	Jul -17	Aug-17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Overall Trust Monthly Sickness	3.3%	3.1%	2.6%	3.4%	3.6%	3.9%	4.1%	3.9%	3.8%	4.3%	3.8%	3.7%

Monthly sickness comparison Nov 2016-Nov 2017 (National & TV data only available until June 2017

Legend: BHT, National, Thames Valley

Y-axis: Percentage sickness (0 to 5)

X-axis: Month/Year (Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17)
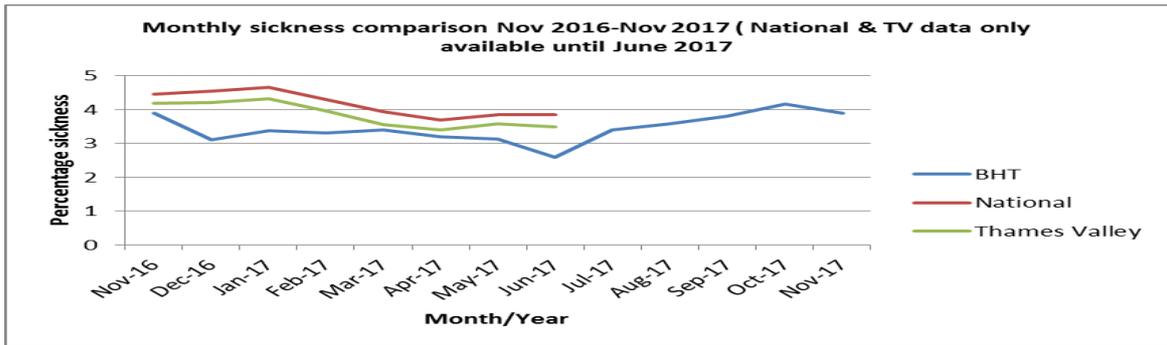
7.   How we have been engaging and involving our patients and carers in 17/18

Buckinghamshire Healthcare NHS Trust is committed to involving the public of Buckinghamshire and our patients in developing our services and influencing the strategic direction of the organisation. Over the last year we have directly engaged and involved 753 people an increase of 37% from the previous year. The following are of examples of the involvement and engagement that has taken place this year.

Community hubs

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. This followed an extensive public and patient engagement exercise in 2016 to find out what people wanted from a community hub. The findings informed the development of the pilot hubs.

Between September 2017 and March 2018 the Trust conducted further public and stakeholder engagement. The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county

- To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance

- To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development

The involvement and engagement team gathered the views of 517 patients and members of the public, using a variety of methods, including open days at each hub, focus groups with current hub patients, and meetings with a range of service user groups, such as the Alzheimer's Society and Bucks Vision and public engagement sessions across Buckinghamshire:

Patients and the public told us:

- They supported the community hub model of holistic care, closer to home

- They wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas

- They felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential

- Levels of awareness of the hubs were low amongst both patients and GPs

- Transport was highlighted as an issue, with the lack of community transport to the hubs potentially a barrier to access for some patients

The findings have informed the continuing development of the hubs programme. This has included changes to our patient transport contract, and close working with GPs to increase referrals to the hubs.

Podiatry

The podiatry service wished to involve its patients in reviewing current provision to explore the opportunity for efficiency and improved patient care. The aim of the patient engagement was to find out podiatry patient's views on service quality and delivery, including location of clinics.

537 questionnaires were sent out to podiatry patients who attend clinics in Amersham, Burnham, Iver and Stoke Poges, in January 2018 with freepost envelopes. 221 (41%) completed questionnaires were returned. This is a very high response rate for a postal survey.

- 95%, of respondents felt the podiatry service provides a good or excellent service

- 77% of respondents travelled to their appointment by car.

- 67% of respondents travel between 0-5 miles to their podiatry appointment. 26% travel between 9-10 miles to their podiatry appointment

- 74% of respondents said that a clinic within 15 miles of their home was very important to them

- 63% of respondents said that having access to car parking was the second most important criteria to them

A patient event was held in in Stoke Poges with podiatry patients to share the findings from the survey. The findings from the patient engagement will be used to inform future provision of the podiatry service.

Discharge planning

Buckinghamshire Healthcare NHS Trust has identified discharge planning as requiring improvement. It is a priority area within the Trust's Patient and Carer Experience strategy. In March 2018 the Trust held two workshops with patients with the aim of:

- Hearing patients experiences of being discharged from the Trust's hospitals

- Identifying key areas of concern for patients

- Involving patients in formulating ideas for improving the discharge planning process

Two workshops were held with patients:

- An 'emotional mapping' workshop. An emotional map plots how people feel when they use a service and helps identify where it needs to improve from the patient's point of view.

- A facilitated discussion between key staff involved in discharge planning and the Trust's Patient Experience Group

The workshops highlighted the need to begin discharge planning at admission, the importance of good communication between patients and staff, how waiting for transport and medication adds to delays in discharge and the stark difference between the experience of those admitted on an emergency basis and those admitted on a planned basis in relation to discharge from hospital.

PLACE

PLACE is a national programme of patient led assessments of the care environment for NHS organisations that provide inpatient care. It is an annual process, trained assessors made up of patients, carers and the public undertake a joint assessment with staff against a structured framework .The aim of the programme is to place the patient view at the centre of an assurance and quality improvement. In 2017, 37 trained patient assessors took part in assessments of our hospitals. Their findings informed plans across the Trust to improve the care environment for patients.

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

Oxford Academic Health Science Network

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

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

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

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

Oxford AHSN Programme	Project
Clinical Innovation Adoption	WireSafe
Clinical Innovation Adoption	Fracture Liaison
Clinical Innovation Adoption	FallSafe
Clinical Innovation Adoption	Buckinghamshire Healthcare NHS Stay in the Bay Improvement Project
Clinical Innovation Adoption	Intraoperative Fluid Management
Clinical Innovation Adoption	Early Inflammatory Arthritis Project
Clinical Innovation Adoption	Biosimilars
Clinical Innovation Adoption	Excellence in AF (Atrial Fibrillation)
Clinical Innovation Adoption	Pharmacist-led Anticoagulation Initiation
Clinical Innovation Adoption	Catheter Acquired Urinary Tract Infection (CAUTI) e-learning Project
Strategic and Industry Partnerships	Point of Care Testing in a Paediatric Emergency Department setting
Strategic and Industry Partnerships	Evaluation of Flu Point of Care Testing in an Emergency Department setting:
Strategic and Industry Partnerships	Preeclampsia. Implementation of a new diagnostic test to better diagnose pregnant women presenting with suspected pre-eclampsia
Strategic and Industry Partnerships	Faecal calprotectin. Implementation of a Faecal calprotectin diagnostic test in primary care to better diagnose inflammatory bowel disease.
Strategic and Industry Partnerships	A Point of Care Diagnostics Solution for Urgent and Ambulatory Care in the Community
Strategic and Industry Partnerships	Endoscopy workstream (BOB STP Project)
Strategic and Industry Partnerships	Buckinghamshire Life Sciences Innovation Centre
Patient Safety Collaborative	Emergency Department Collaborative
Patient Safety Collaborative	Maternity Clinical Network Steering Group

9. Research

9.1. Research and Innovation

In 2017/2018 Buckinghamshire Healthcare were ranked as 19th highest recruiting trust nationally based on numbers of patients who recruited to research studies (there are 440 trusts included in the data). We also ranked well for increasing the number of national portfolio studies that were open within the trust.

Our activity continues to grow in new areas and existing areas growing their portfolio of research studies.

The year has also seen the development of innovation within the trust with the arrival of a new Innovation Manager who is setting up Innovation and Intellectual Property awareness sessions within the trust and supporting the Buckinghamshire Life Sciences Innovation Centre. She is also supporting staff with innovation projects and collaborating with the Service Improvement Team for opportunities.

The Innovation Centre has been a big project for the department this year working with the partners (Bucks New University, Buckinghamshire County Council and the CCG's), the plan for hubs at Stoke Mandeville Hospital site for the trust and Wycombe Campus for Buckinghamshire New University are scheduled to be open in 2018/19. The Innovation Centre will support small and medium sized enterprises by offering space to rent, business support, academic support and access to patients and clinicians who want to be involved in supporting the development of products. The aim is to encourage more life science industry to Buckinghamshire and enable new innovations to improve patient healthcare to be available quicker.

10. Charitable and voluntary services partners

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

- the Trust's Charitable Fund

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

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

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

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

11. Equality and Diversity

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

Throughout 2017/18, we have continued our work to embed equality and diversity as core to everything we do, central to the successful delivery of quality for patients and staff. Key activities from 2017/18 are:

- Introduction of a new Equality, Diversity and Inclusion Steering Group to set the strategic direction for ED&I and to drive this forward within the Trust

- We have taken part in the Consultation exercise for the Disability Workforce Equality Standard to be implemented later in 2018

- We have actively participated in the ED&I Networks facilitated by the Thames Valley and Wessex Leadership Academy, including their Compassionate Inclusive Leadership Programme, with a view to embed that learning within this Trust and benefit from these links to facilitate further collaboration in the future

- We have worked in collaboration with Thames Valley and Wessex Leadership Academy and the Royal Berkshire NHS Foundation Trust to deliver an Inclusivity Leadership Programme to a number of senior managers and Clinical Leaders

- We have issued our revised Dignity and Respect at Work Policy

In March 2018 we published our first Gender Pay Gap (GPG) report).

	Difference between men and women	
	Mean	**Median**
Hourly fixed pay	29.6%	12.1%
Bonus Pay Gap	31.2%	0.1%

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 2017). 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 2017 (i.e. 1 April 16 – 31 March 17).

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

The full report can be found on the Trust's public Internet site:
http://www.buckshealthcare.nhs.uk/About/gender-pay-gap.htm

We have also continued to prioritise our compliance with our legal duties and responsibilities.

The Public Sector Equality Duty (PSED)
This duty is placed on all NHS Trusts and provides a legal framework to protect against discrimination, harassment and victimisation, promoting equality of opportunity and nurturing good relations between people who share a 'protected characteristic' and those who don't. In accordance with the duty, we publish our equality information

annually on our public website. We continue to develop our publication which spans thirteen different sections.

With regard to the Accessible Information Standard (AIS), progress continues to be been made through the Trust steering group, which is led by the Director of Human Resources who is also the Executive lead for Equality & Diversity. AIS awareness training for all staff is part of our statutory training, pay-day training and is referenced at corporate inductions. We have recorded near 50 different cascade routes for AIS information across the Trust. The Trust is progressing with the implementation of new systems such as SMS texting; Hybrid mail will follow in a staged implementation after texting.

Progress against the Trust equality objectives and EDS2
Highlights for 2017-18 include:

1. To demonstrate an increased use of British Sign Language (BSL interpreters across the Trust by raising awareness with staff.

In October 2017 the Trust changed its interpretation provider from Hertfordshire Interpretation and Translation Service to Thebigword interpreting and translation services. The provision of British Sign Language (BSL) was a key factor in the decision that was made to switch provider. we know that or service users have told us that they need a more responsive BSL service that can provide us with 24hr cover with BSL in our emergency and walk in areas. Thebigword have developed a live streaming service that will enable those who present at the Trust who need immediate BSL to have access to a live 24hr service that will be reliable. This will replace the current system where we have to try to make a live face to face booking with a BSL interpreter. Due to a national shortage of trained BSL translators this has historically been a challenge, but this development will contribute to a more robust service to our patients that is available when it is required.

"Thebigword" has been providing interpreting and translation services since October 2017; 2017/18 data is not yet available but we anticipate that it will show an increased use of BSL interpreters demonstrated via statement of use for all translation and interpretation services.

2. To undertake a targeted engagement exercise to promote awareness of PALS and complaints with a view to seeing improved diversity in complainants.

We have been raising awareness of our PALS and Complaints service during 2017/18 with a view to seeing improved diversity in those who complain. We have continued conducting the PALS and Complaints survey and we can see the response rate from people in the protected characteristic groups is better. However, analysis of the results is still being collated and will be published as part of our PSED.

3. To be able to evidence how we have taken the additional needs of those with sensory impairment e.g. hearing / sight into the redesign of our urgent care environment.

Inclusive leadership
To help improve our inclusivity within the trust we were successfully awarded funding from TVWLA to run a joint inclusive leadership programme with Royal Berks and the Integrated Care System. This is being co-delivered by The Performance Coach as a train the trainer package enabling it then to be delivered wider across the trust.
The delivery we have planned for 2017/18 is:

- 5 x 1 day sessions at Henley business school in Feb and Mar 18.
- 1 x 1 day sessions in AH in Oct 18 (previous delegates of the Leadership Programme have been invited to this).
- A section of the Leadership Pathway and the Coaching to Promote Positive behaviours (B6/&7) programme will now incorporate Inclusivity.

Throughout the year we will be looking at key areas and any opportunities to deliver this to more people and departments.

Workforce Race Equality Standard (WRES)
A comprehensive Trust action plan is in place (and published on the Trust website), following up from the issues identified from the WRES reporting for 2016/17. Key elements of the plan are:
- A focus on recruitment , with values based recruitment rolled out during the latter half of the year
- A focus on Disciplinary Action to ensure that the process is applied fairly in all cases, and is not applied disproportionately to BAME Staff

Full outcomes for 2017/18 will be reported to the Board and published on the Trust website later in the year. However, the metrics reported as part of the Trust's national NHS Staff Survey have shown some improvements, notably the percentage of BME staff believing that the Trust provides equal opportunities for career progression (80.70% in 2017, compared to 70.03% in 2016). In addition our score with regard to percentage of BME staff experiencing harassment, bullying or abuse from staff in the last twelve months - the figure for 2017 was just under 27% compared to just under 32% in 2016. . Whilst both these results are encouraging, there are still differences in the findings for BME and white staff, which we will continue to work to address.

Looking forward to 2018/19, there are two new requirements. Following the introduction of the Workforce Race Equality Scheme the NHS Equality and Diversity Council (EDC) announced in October 2016 that a Workforce Disability Equality Standard (WDES) will be mandated via the NHS Standard Contract in England from April 2018 – the metrics for this standard are currently being consulted on. The Sexual Orientation Standard with a focus on including equality monitoring for patients is a new standard and whilst not yet mandatory is recommended as part of demonstrating compliance with the Equality Act (2010) and the EDS2.

12. Our estate and sustainability

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

The sustainability report is shown in Appendix 4.

13. Emergency planning, resilience and response (EPRR)

Emergency Preparedness, Resilience and Response affects all services and departments within the Trust. The EP team help support and facilitate incident response requirements, training and exercises to ensure that the Trust can respond effectively and efficiently for the best outcomes for patients to any size or type of incident.

The Team oversees and helps facilitates the Trust's statutory obligations under the Civil Contingences Act 2004 as a Category One Responder. The Team worked with NHS England on the annual EPRR Core Standards audit process, ensuring the Trust maintained its overall substantially compliant rating.

There were a number of changes to various planning and response requirements from the lessons learnt following numerous high profile tragic events in the UK and around the world. These mainly affected the ways in which the Trust is expected to respond during a major / mass casualty incident.

The team has continued to maintain and develop partnership working with NHSE, BCCG, primary care and community providers as well as other Category 1 and Category 2 responders and the blue light emergency services
During the course of the year the Trust effectively mounted a response to many differ types of incident. The most significant incidents managed in the year were, Cyber-attack (May 2017), National Terrorism Threat level moved to Critical (15 Sep 2017), Suspect package in the Emergency Department (17 Nov 2018), Severe winter weather (Dec 2017 and Jan 2018) and a water flood in the Emergency Department (18 Jan 2018).

The annual training and exercising programme was successfully completed including training for Hazardous materials incidents (including chemical incident response suits), major incident declarations and response management, Gold and Silver Commanders, loggists, Business Continuity planning and much more. The Emergency Planning Officer not only prepared and facilitated exercise for services across the Trust but provided support to exercise provided by the TVLRF, TVLHRP, NHS England and Milton Keynes University Hospital NHS Foundation Trust.
 It is with thanks to all staff involved in all areas and teams in the Trust that this year has been such a successful one for EPRR preparations and planning.

14. Information governance

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

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

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

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

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

The Trust has self-assessed its performance on information governance requirements using Version 14.1 of the NHS Digital Information Governance Toolkit. The Trust's end of year overall submission for 2017/18 achieved a score of 88% resulting in a 'satisfactory' rating. During 2017/18, internal Auditors RSM undertook a review of compliance to version 14.1 (1st April 2017-31st March 2018) of the IG Toolkit to assess whether there is a suitably designed and applied framework in place. Any identified areas of weakness were immediately addressed and updated before the submission at the end of March 2018.

The new Data Security and Protection Toolkit (DSP Toolkit) was released in early April 2018, and replaced the current version of the IG Toolkit as the standard for cyber and data security for healthcare organisations. The DSP Toolkit has been developed in response to the National Data Guardian review (Review of Data Security, Consent and Opt-Outs) published in July 2016 and the government response published in July 2017. The Trust will progress with completion of the DSP Toolkit, thereby measuring compliance against the law and central guidance.

There is a comprehensive and organisation-wide Information Governance Policy and Information Governance Strategy in place which is supported by a suite of other policies, procedures and guidance for staff covering a range of data handling activities, data security, data sharing and disclosure. Staff are required to sign up to adherence of key IG policies.

The Trust widely promotes and delivers Information Governance training to all staff in line with the national requirement. All new starters are provided training at induction to the Trust, and thereafter required to complete the mandatory Data Security Awareness

training annually, either via the in-house on-line e-learning module, on-line via the NHS Digital IG training tool or facilitated training sessions.

The Trust has a single incident reporting process for all incidents or potential incidents which encompasses those relating to information security, confidentiality/data breaches/losses. All information security related incidents are reviewed and graded as per the NHS Digital guidance check list. Any serious incidents scoring Level 2 or above are reported to the Senior Information Risk Owner and Caldicott Guardian and also to the relevant regulatory authority.   The incident is also investigated by the Information Governance Team in conjunction with the Patient Safety Team, and learning from these is fed back to the applicable service division wherever possible.
During 2017/2018 there were five Level 2 data breaches. These breaches were reported to the Information Commissioner which were reviewed, assessed and none were upheld and no further action taken as they felt that appropriate and timely remedial actions were promptly taken by the Trust, which helped to contain the situation and no serious harm or adverse effects ensued.

Regular Trust wide audits and spot checks are also undertaken by the Information Governance Team to assess compliance with best practice and policy. These outcomes are fed back to the Caldicott & Information Governance Committee. In addition quarterly reports on information requests like subject access requests for medical records and staff records, police requests are also reviewed by the Committee. In preparation for the imminent implementation of the new EU General Data Protection Regulation 2016/679(GDPR), coupled with the UK Data Protection Act 2018 the IG team has implemented a programme for raising awareness of the new legislation and a comprehensive gap analysis and action plan is in place.

In order to provide assurance on GDPR readiness, an internal audit review was commissioned and conducted by RSM at the beginning of January 2018. All recommendations were acted upon and introduced to the Trust work plan.

Committed to Freedom of Information

The Trust received in total 638 Freedom of Information requests in the period 1st April 2017 to 31st March 2018, 16 less than in the same period the previous financial year, a 2.5% decrease.

16 were referred on to other organisations as information requested was not held by the trust, and a further 7 were partially answered with advice to refer elsewhere. 3 were withdrawn by the requestor and six were closed because no response from the requestor was received after four months following a request for clarification. Full exemptions were applied to 44 where no information was provided to the requestor and there were 239 other requests where only part of the information was made available due to partial exemption. 88% were responded to within 20 working days. This was an improvement from 78% in 2016/17.

15. Counter Fraud

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

16. Our Trust Board

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

It outlines the vision of the organisation and champions and safeguards its values, keeping the safety of patients at the centre of its work and ensuring obligations to all key stakeholders are met. By ensuring the effective and efficient use of resources it safeguards public funds.

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

Our Board roles are shown in the diagram below:
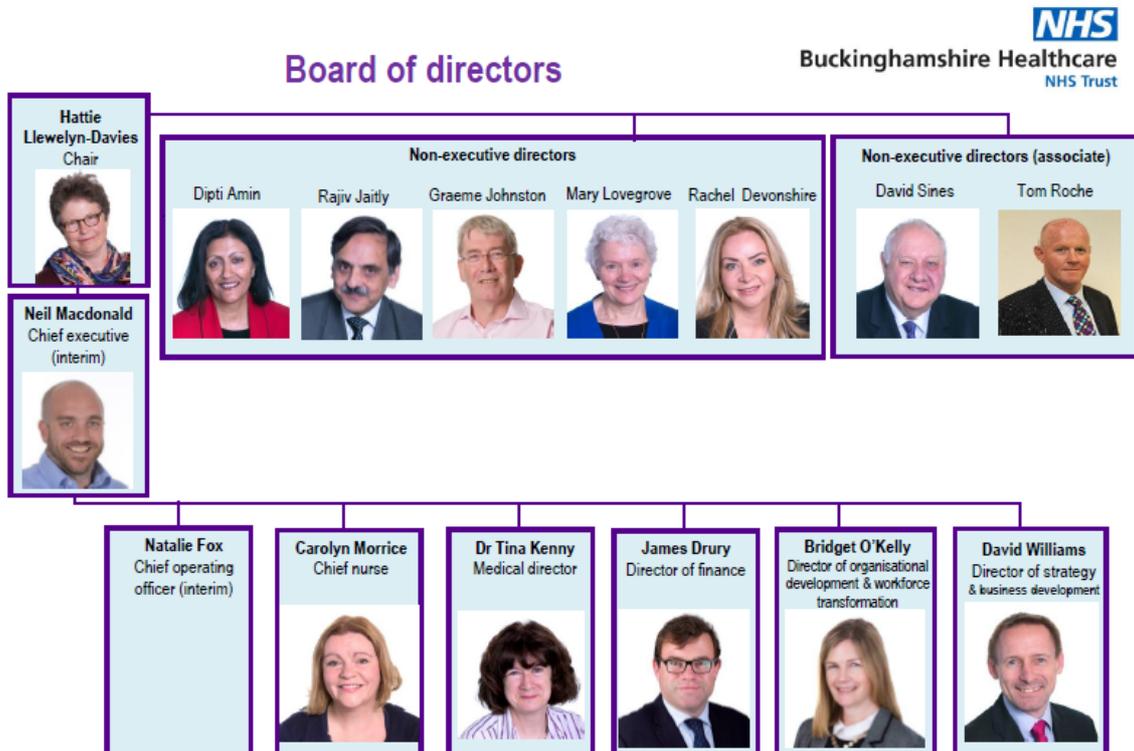
The Chair, Ms Hattie Llewelyn-Davies' performance was summarised by Non-Executive Directors in the following way:

- The Board was working together effectively and continuing to develop

- The Chair had demonstrated strategic leadership, and she had supported and challenged a first-time Chief Executive in leading the organisation on its significant improvement journey. It was to be commended that the Chief Executive had developed under her leadership to the extent that he had been successfully appointed to the CEO role of a high profile, high performing organisation
- The Chair had an excellent attendance record, rarely needing to rely on a deputy. She was well-known and respected in the organisation
- The Chair was skilful in managing meetings, bringing matters to a conclusion, allowing all points of view to be considered and highlighting issues that needed resolution
- The Chair had demonstrated her considerable knowledge of the NHS and wider system.

Hattie was also the winner of the prestigious 2018 Non-executive Director Awards in the Not-for-Profit/Public Service Organisation category.

The Accountable Officer for the majority of 2017/18 was Mr Neil Dardis, who subsequently moved in March 2018 to become Chief Executive Officer of Frimley Healthcare NHS Foundation Trust. In the view of the Chair and the Board, Mr Dardis exceeded expectations in relation to his performance. Mr Dardis made substantial progress in improving the organisation during his time as CEO. There have been significant improvements in our three strategic priorities of quality, people and money. Mr Dardis led significant elements of our Strategic Transformation Partnership and has built local relationships culminating in a successful bid to become a wave 1 Integrated Care System. Although Mr Dardis would report that we are some way from meeting our ambitions and expectations, external recognition of progress has been provided as the Trust has been placed in segment 2 of the Single Oversight Framework.

Mr Dardis has been succeeded in the Accountable Officer role by Mr Neil Macdonald who was previously the Trust's Chief Operating Officer. He is currently the interim Chief Executive Officer.

Further detail about Committee performance and the Board's self-review can be found in the Annual Governance Statement appended to the report.

16.1. Directors and the register of interests

The register is maintained by the Director for Governance and reported annually to the Board.

Name	Position	Interests Declared
Dipti Amin	Non-Executive Director Chair Organ and Tissue Donation Committee	Consultant to ESMS Global Non-Executive Director on the Board of Cambridge Innovation Capital
Rachel Devonshire	Non-Executive Director Chair Commercial Development Committee	Registered director of Bucks Healthcare Projects Ltd
James Drury	Director of Finance	Registered director of Bucks Healthcare Projects Ltd
Natalie Fox	Interim Chief Operating Officer	None
Rajiv Jaitly	Non-Executive Director Chair Finance and Business Performance Committee Chair Charitable Funds Committee	GFG Ltd, Advisory Board Member; Jaitly LLP, Managing Partner; London & Quadrant Housing Trust , non-executive Board member; Heirloom Investment Fund SPC - non-executive director; Shares held directly in a number of healthcare and other companies which are not material holdings such as in GSK, Astra Zeneca, Reneuron and Legal & General. Board Director of Board Apprentice Global Ltd Board Director and Council Member – Trinity College London
Graeme Johnston	Non-Executive Director Chair Audit Committee	Advisory board member Patient Focussed Medicine Development a global industry not for profit in Pharmaceutical sector Member scientific advisory board UCB pharma, a drug company which sells several drugs to the NHS. Lay chair of University of Buckingham Medical School Fitness to Practise Committee. UofB may engage in training with BHT. Attendee at Aylesbury vale CCG (north locality) patient engagement group
Tina Kenny	Medical Director	Visiting Professor, Buckinghamshire New University
Hattie Llewelyn-Davies	Chair	Owner/Director of consultancy business that does not undertake work with the NHS but may advise organisations that do. Daughter a student with Bucks New University. From 1st September 2017: Chair of Colne Housing (Society Ltd): £7k per annum Non-Executive Board member 'Your MK': £20k per annum
Mary Lovegrove	Non-Executive Director Chair Quality Committee	Director of Allied Health Solutions Member of the Governing Board of the British Acupuncture Council

Name	Position	Interests Declared
		Emeritus Professor - London South Bank University Visiting Professor – Singapore Institute of Technology Visiting Professor- Buckinghamshire New University Trustee of the Joint Council for Cosmetic Practitioners and Chair of the Practitioner Register Committee
Neil Macdonald	Interim Chief Executive Officer	Wife managing partner of Marlow Medical Group & chair of FedBucks (Buckinghamshire primary care federation) Registered director of Bucks Healthcare Projects Ltd. (Resigned May 2018)
Carolyn Morrice	Chief Nurse	None
Bridget O'Kelly	Director of Organisational Development and Workforce Transformation	None
Tom Roche	Associate Non-Executive Director	Non-Executive Chair – Clarks of Amersham Executive Coach
David Sines	Associate Non-Executive Director Chair Strategic Workforce Committee	Self-employed consultancy with Health Education England and with Department of Health and various non- Buckinghamshire CCGs related to workforce planning and educational development. Trustee of the Burdett Nursing Charitable Trust and Patron of the Learning Disability Charity Choice Support in London Non-Executive Director with Central London Community Health Trust Emeritus Professor - Buckinghamshire New University Chair and Trustee of the national Joint Council for Cosmetic Practitioners
David Williams	Director of Strategy and Business Development	Brother is a personal injury lawyer and may act for clients from the spinal injury unit and elsewhere across the Trust.

REMUNERATION REPORT

16.2.   Remuneration report Directors' remuneration

The Secretary of State for Health determines the remuneration of the Chair and non-executive directors nationally. Remuneration for executive directors is determined by the Trust's remuneration committee.

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

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

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

Name	Date of appointment	Date of leaving	Date of expiry	Extended date of tenure
Ms Hattie Llewelyn-Davies (Chair)	March 2014		March 2016	March 2020
Professor Mary Lovegrove	May 2014		April 2016	April 2020
Mr Graeme Johnston	March 2013		March 2017	March 2019
Mr Rajiv Jaitly	June 2015		June 2017	June 2019
Ms Dipti Amin	June 2015		June 2017	June 2019
Mrs Rachel Devonshire	July 2017		July 2019	

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

In 2017/18 there have been no significant awards or compensation payments made to past directors, and no amounts are payable to third parties in respect of any director.

Membership of the nomination and remuneration committee during 2017/18 comprised the voting Non-Executive Directors and was extended to the non-voting Associate Non-Executive Directors:

Ms Hattie Llewelyn-Davies (Chair) Professor Mary Lovegrove Mr Graeme Johnston Mr Rajiv Jaitly Dr Dipti Amin Mrs Rachel Devonshire	Professor David Sines (non-voting) Mr Tom Roche (non-voting)

Full details of directors' remuneration and pension benefits are given below:
[Auditable Element [1]]

Name and title	Date(s) of Service		2017-18						2016 - 17			
			(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(e)	(f)
			Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
	Appointment	Termination	£000	£	£000	£000	£000	£000	£000	£	£000	£000
Chairman Mrs Hattie Llewelyn-Davies	March 2014		35-40					35-40	40-45			40-45
Non-Executive Director Mr Graeme Johnston	March 2013		5-10					5-10	5 - 10			5 - 10
Non-Executive Director Professor Mary Lovegrove	May 2014		5-10					5-10	5 - 10			5 - 10
Non-Executive Director Mr Rajiv Jaitly	June 2015		5-10					5-10	5 - 10			5 - 10
Non-Executive Director Dipti Amin	June 2015		5-10					5-10	5 - 10			5 - 10
Non-Executive Director Rachel Devonshire	June 2015		5-10					5-10	5 - 10			5 - 10
Associate Non-Executive Director Professor David Sines	March 2012		5-10					5-10	5 - 10			5 - 10
Associate Non-Executive Director Mr Tom Rouche	October 2017		0-5					0-5				
Chief Executive Mr Neil Dardis	April 2015	March 2018	165-170				62.5-65	230-235	165 - 170		90.0 - 92.5	275 - 280
Director of Finance Mr James Drury	September 2016		135-140				Querying	260-265	70 - 75		n/a*	70 - 75
Chief Nurse and Director of Patient Care Standards Mrs Carolyn Morrice	April 2015		105-110				62.5-65	170-175	100 - 105		30.0 - 32.5	130 - 135
Medical Director Dr Tina Kenny	April 2015		165-170				30-32.5	195-200	165 - 170		5.0 - 7.5	170 - 175
Director of Strategy Mr David Williams	April 2015		110-115				17.5-20	130-135	110 - 115		25.0 - 27.5	135 - 140
Chief Operating Officer Mr Neil Macdonald	April 2015		115-120				35-37.5	155-160	115 - 120		37.5 - 40.0	150 - 155
Acting CEO Mr Neil Macdonald	March 2018		0-5				0-2.5	5-10				
Director of HR and Organisational Development Ian Anderson	April 2015	August 2017	45-50					45-50	115 - 120		n/a*	115 - 120
Director of HR and Organisational Development Bridget O'Kelly	August 2017		60-65				N/A	60-65				

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

Name and Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2018	Lump sum at age 60 related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value*	Employer's Contribution to stakeholder pension**
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100 £
Chief Executive Mr N Dardis	2.5-5.0	2.5-5.0	45-50	110-115	643	576	37	-
Chief Operating Officer Mr N MacDonald	2.5-5.0	0-2.5	20-25	50-55	279	236	23	-
Medical Director Dr C Kenny	2.5-5.0	5-7.5	50-55	150-155	1,182	1,084	63	-
Director of Nursing Ms C Morrice	2.5-5.0	10-12.5	35-40	105-110	685	578	86	-
Director of Strategy Mr D Williams	2.0-2.5	0-2.5	35-40	90-95	634	538	38	-
Director of HR and Organisational Developments Ian Anderson	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
***Director of HR and Organisational Developments Bridget O'Kelly**	n/a*	n/a*	35-40	N/A	435	n/a*	n/a*	-
Director of Finance James Drury	2.5-5.0	0-2.5	20-25	50-55	365	264	78	-

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

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

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

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

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

Sickness Absence Data

The sickness absence data for the Trust is shown below;

Staff Sickness Absence	Total Number	Total Prior Year Number
Total Days Lost	42711	39938
Total Staff Years	5194	5067
Average working days Lost	8	8
Number of persons retired early on ill health grounds	2	6
Total additional pension liabilities accrued in year (£000s)	137	331

Staff Numbers
[Auditable element [2]]

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

Average Staff Numbers	Total	Permanently Employed	Other	Prior Year Total	Prior Year Permanently Employed	Prior Year Other
	Number	Number	Number	Number	Number	Number
Medical and dental	716	703	13	678	659	19
Ambulance staff	-	-	-	-		
Administration and estates	1,080	1,043	37	1,049	1,033	16
Healthcare assistants and other support staff	846	765	81	837	837	
Nursing, midwifery and health visiting staff	1,974	1,767	206	2,019	1,917	102
Nursing, midwifery and health visiting learners	35	35	-	14	14	
Scientific, therapeutic and technical staff	700	665	35	612	559	53
Healthcare science staff	255	223	32	286	285	1
Social care staff	-	-	-	-		
Agency and contract staff	-			-		
Bank staff	-			-		
Other	7	7	0	8	7	1
TOTAL	**5,612**	**5,206**	**406**	**5,503**	**5,311**	**192**
Number of employees (WTE) engaged on capital projects	28	28	0	24	21	3

Banding of Senior Managers

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

Managers/Senior Managers		
	31st March 2018	31st March 2017
Agenda for Change Banding	Headcount	Headcount
Band 7	51	50
Band 8	88	63
Band 9	8	14
Non Agenda for Change Contracts	6	7
Total	**153**	**134**

Pay multiples
[Auditable element[3]]

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

The banded remuneration of the highest paid director in Buckinghamshire Healthcare NHS Trust in the financial year 2017/18 was £165,000 to £170,000 (2015/16 £165,000 to £170,000). This was 5.4 times (2016/17 5.8 times) the median remuneration of the workforce, which was £31,159 (2016/17 £28,871).

The increase in median pay has resulted from the 1% pay award and a change in the average number of Agenda for Change staff in the Band 1-5 group by 50 WTE from 3127 in 2016-17 to 3077 in 2017-18.

[2] Auditable element: Analysis of staff numbers
[3] Auditable element: Fair pay (pay multiples) disclosures

In 2016/17 13 employees received remuneration in excess of the highest-paid director. Remuneration ranged from £170,000 to £193,000. These are generally related to Waiting List Initiative work undertaken in year.

Total remuneration includes salary, non-consolidated performance-related pay (none awarded in 2017/18 or 2016/17) benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions. None of the employees who received remuneration in excess of the highest paid director received redundancy payments in 2017/18 (2016/17 nil).

There were 1% pay increases for all staff in 2017/18. In addition, the Trust employed less temporary staff than in the previous year who earned over the median salary.

The table below details Exit packages including Redundancy paid to Trust employees: [Auditable element[4]

Table 1: Exit packages

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

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
2016-17	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	3	12	14	37	17	29
£10,000 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
Totals	3	12	14	37	17	29

Table 2: Analysis of Other Departures

Other Exit Packages - disclosures (Excluding Compulsory Redundan	Number of exit package agreements	Total Value of Agreements	Prior YearNumber of exit package agreements	Prior Year Total Value of Agreements
	Number	£000s	Number	£000s
Contractual payments in lieu of notice*	20	84	14	37
Exit payments following Employment Tribunals or court orders	1	8	0	0
Total	**21**	**92**	**14**	**37**

'Off Payroll' employees

The 'Review of Tax Arrangements of Public Sector Appointees' was published by the HM Treasury in 2012, which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that allow it to assure itself of the tax arrangements of those people employed by the Trust, but not through payroll, for a period of more than six months at a cost of more than £220 per day.

The Trust is required to provide disclosures on how many of those arrangements it had in place at 31st March 2018, and new engagements during the period 1st April 2017 to 31st March 2018.

Table 1	Number

---

[4] Auditable element: Exit packages

	Number
Number of existing engagements as of 31 March 2017	3
Of which, the number that have existed:	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	6
Number of new engagements which include contractual clauses giving the Buckinghamshire Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	6
Number for whom assurance has been requested	6
Of which:	
assurance has been received	6
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

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

In addition the Trust is required to provide the disclosure in the table below regarding the number of board members or managers with financial responsibility employed on such a basis.

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	0

The information above has been subject to audit.

Audit committee

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

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

Auditors

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

The audit fee for 2017/18 was agreed at £75,250 plus VAT for the audit of the financial statements and review of the Quality Accounts.

Directors' declaration in respect of audit

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

17. Our financial performance

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

17.1. Improving financial management to deliver better value for money

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

The majority of the services we provide are commissioned by other NHS organisations and Local Authorities, accounting for approximately 93% of total income. Within the prices that we are paid for most of this activity, (known as the tariff), there is the in-built assumption that we will make efficiency savings of 2%. This, when combined with other factors such as inflationary pressures, meant that the Trust had to plan to deliver savings in 2017/18 of £17.6m, to deliver a £6.5m surplus.

This surplus plan was agreed with NHS Improvement (NHSI) as part of the national financial reset exercise undertaken in June 2016. Included in this process was access to Sustainability and Transformation Funding (STF), £8.5m was available to BHT, subject to delivery of key operational targets and financial plans. The planned deficit excluding STF was therefore £2.0m.

There were a number of pressures on the Trust finances in year which meant that the Trust did not deliver to its plan, and discussions with NHSI were on-going after Q2 with regard to the forecast position. NHSI reporting rules state that forecast position can only be moved at quarter end, and at Month 9 the Trust formally revised its forecast, with additional potential deterioration highlighted as a risk. Additional pressures impacted the Trust over winter and further forecast deterioration was identified during Month 10 and disclosed as a risk and NHSI informed. A number of these risk items materialised in the year end position leading to the £5.4m reported deficit position, £11.9m variance to plan.

The £11.9m under delivery of the in-year plan was driven through non-receipt of STF £6.0m, CIP's not achieved of £4.5m, and operational expenditure pressures of £1.4m. The financial position of the Trust, when STF is excluded is £7.9m deficit. In 2016-17 the position was £8.7m deficit showing a £0.8m improvement.

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

In addition, the external auditors are required to provide an opinion on whether they are satisfied that, in all significant respects, the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2018.

17.2. The efficiency programme

As outlined above, there was a 'deflator' of 2% built into the tariff that the Trust is paid for its activity for 2017/18, which together with the underlying deficit and other cost pressures meant that the Trust was required to deliver savings of £17.6m in year.

Efficiency savings of £13.1m, (74%) were achieved, £4.5m under the levels required.

Levels of savings going forward remain challenging and the plan for 2018/19 includes £20.0m expected efficiency.

17.3. Performance in year

The Trust has to deliver a surplus of approximately 1.5% of turnover in order to enable servicing of historical debt, see financing section below. As stated above the Trust did not deliver to this level, however performance is good when considering the significant in-year pressures, including:

- Failure throughout the health and social care economy to reduce demand for services to a level that the whole economy can afford. Additional activity, over and above that planned, leads to inefficiencies in service provision as pressure is placed on beds, with staffing levels having to be readjusted, additional beds opened and patients being placed in wards not specific to that speciality.

- The requirement to meet targets such as the 18 week Referral Time to Treatment, 2 week cancer referrals and A&E waiting times, and to assist in the provision of additional winter resilience, has led to the Trust needing to pay incentive payments in order to increase capacity through evening and weekend working.

The Trust delivered its Agency Spend Cap, a maximum spend limit set by NHSI. The limit was £12.066m, and the Trust spent £10.1m. This is a £1.8m reduction in agency spend compared with 2016-17 agency spend levels.

The Trust is reporting a deficit before technical adjustments of £3.0m. The technical adjustments relate to central changes in accounting policies that impact on the reported financial performance of the Trust. These include:

- Deducting the impact of impairments to the value of land and buildings, £1.7m;

- Receipt of £0.7m donated assets income in excess of depreciation on donated assets.

The combination of these factors, when taken in addition to the retained deficit, generates the deficit of £5.4m against which the Trust is performance managed.

The Trust is required to meet, or undershoot, certain targets known as 'External Financing Limit' and 'Capital Resource Limit'. In 2017/18 the Trust achieved these targets within acceptable levels.

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

'Going concern' basis

In preparing the financial statements, the Trust needs to assess whether the presumption that it is a 'going concern' is correct. Guidance contained within the Manual for Accounts suggests that, if there is ongoing financial provision for the services provided by the Trust, then, in the absence of information to the contrary, the 'going concern' basis should be adopted. However, the external auditors referred the Trust to the Secretary of State for Health in March 2016 under Section 30 of the Local Audit & Accountability Act 2014. They had assessed that the Trust was likely to breach its statutory duty under the National Health Service Act 2006 to breakeven over a three-year period. As a result of this, and the Trust's ongoing cash issues, they requested confirmation from the then Trust Development Authority (Now NHS Improvement, NHSI) that the 'going concern' basis was relevant for adoption. The Trust Development Authority, in their letter of 31st March 2016, stated that they fully supported the Trust's view that the organisation's accounts should be prepared on a going concern. They have also stated that it is reasonable for the directors of Buckinghamshire Healthcare NHS Trust to assume that the Department of Health will make sufficient cash financing available to

the organisation, either through an Interim Revolving Working Capital Support Facility or an Interim Revenue Support Loan. The letter stated that in future years no such written confirmation would be given.

In forming a view therefore the Trust Board has assumed "going concern" basis as a result of considering:

- Operating plans, 2018/19 submitted and accepted by NHSI
- Financial Performance 2017/18
- Continued support from local CCG's and NHSI

Expense recognition
There were five staff redundancies in 2017/18.

Non-current assets
The Trust is required to report the 'fair value' of its non-current assets. In assessing the fair value, it takes into account the advice of experts, where appropriate. A full re-valuation was undertaken with effect 1st April 2015, and as such an interim one was undertaken this year. A desk top valuation was undertaken, by the Trusts advisors Cushman and Wakefield, a firm of specialist valuers. The impact of this valuation has been included in the accounts.

The lifecycle costs of the PFI have been capitalised, in line with accounting standards, and the impact upon asset values included in the accounts.

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

Donations
We were extremely fortunate again in 2017/18 to benefit from support from Scannappeal, the Trust charities and the League of Friends; to assist with the purchase of medical and other equipment. There have also been donations of smaller items of equipment and charitable support for activities such as training and research, for which we are extremely grateful.

Pension liabilities
Past and present employees of the Trust are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme and is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust of participating in the scheme is equal to the contributions payable to the scheme for the accounting period. Further details can be found in note 9 of the Trust's 2017/18 financial statements.

Financing arrangements
The Trust has five Department of Health approved loans in place. The first is a Revenue Support Loan, taken out in March 2013. This loan had a principle of £8m when drawn down in March 2013 and is repayable over seven years in twice yearly instalments of £0.571m (September and March).

A further two revenue support loans were accessed in 2017-18, the first in January 2018 for £4.1m and the second in March 2018 for £4m. These were required to support the Trust's working capital due to the non-delivery of the financial control total. Both loans are repayable in 2021 and attract and interest rate of 1.5%.

The Trust had a Capital Investment Loan of £9m approved in 2014/15 to support significant investments in capital projects, which is to be utilised as required. £3.1m of the total loan value of £9.0m was drawn down in March 2015 to match capital expenditure incurred to that point,

with a further £3.4m drawn down in February and March 2016. The remaining £2.5m is due to be drawn down in 2018/19. The interest rate is 1.45%.

The Trust has an Interim Revolving Working Capital Facility approved by the Department of Health for £37.6m. This allows the Trust to draw down and repay short-term financing support, required to maintain a cash balance between set parameters, up to this limit. Interest is payable at 3.5% of the outstanding balance. The Trust had utilised £32.9m of this facility at the end of March 2018. During the year £2.1m was drawn down against the facility and £4.2m repaid.

During the financial period, the Trust incurred £1.5m (2016/17 £1.4m) in interest on its borrowing facilities (excluding PFI).

Under IFRS, the Trust is required to account for the Private Finance Initiative (PFI) schemes and any equipment held under finance leases by accounting for both the value of the asset and the future liability to pay. This future liability is shown on the Statement of Financial Position as 'borrowings'. The amount paid to our PFI partners is accounted for as either service charges for the services provided, or finance charges on the 'borrowing' for the buildings in the Income Statement. In 2017/18 the Trust accounted for £7.8m (2016/17 £11.6m) in finance charges in relation to the PFIs. The Trust undertook a full review of the PFI models in-year, which resulted in an adjustment between interest and service charges.

Cash flow
The Trust had a year-end cash balance of £2m. It is required to manage its cash in order to meet, or 'undershoot', its External Financing Limit (EFL). The Trust underspent against its EFL by £79k in 2017/18.

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

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

Interest earned on bank balances during the year amounted to £39,000 (2016/17 £33,000).

Better payment practice code
The Better Payment Practice Code (BPPC) measures the level of valid NHS and non-NHS trade creditors paid within 30 days of the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance in 2017/18 is shown in Note 38 of the Financial Statements.

The Trust is working to improve its performance under the Better Payments Practice Code, which requires that 95% of undisputed invoices should be paid within 30 days of receipt. During 2017/18 the Trust overall paid 81.5% of invoices on time, and 81.9% of its non-NHS invoice by value, a deterioration from 94% in 2016/17.

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

Compliance with setting charges for information

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

17.4. 2018/19 and beyond

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

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

The Trust continues to work with commissioners to finalising contracts for activity levels in 2018/19 and developing contract structures that support development of the ICS and understand the impact of any future changes in income flows.

Buckinghamshire Healthcare NHS Trust

Annual accounts for the year ended 31 March 2018

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

• there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

• value for money is achieved from the resources available to the trust;

• the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

• effective and sound financial management systems are in place; and

• annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

Signed...
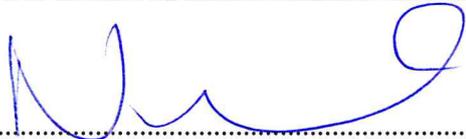
Neil Macdonald

Interim Chief Executive

Date.....25 May 2018...

Statement of directors' responsibilities in respect of the accounts

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

• apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

• make judgements and estimates which are reasonable and prudent;

• state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

By order of the Board

....

Date............................... 25 May 2018

Neil Macdonald

Interim Chief Executive

....

Date............................... 25 May 2018

James Drury

Director of Finance

Page 3
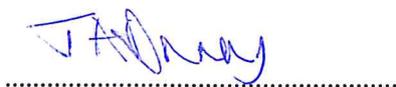
Independent auditor's report to the Directors of Buckinghamshire Healthcare NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2018. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2018 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Who we are reporting to

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge of the group and Trust obtained in the course of our work, including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- we have reported a matter in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of, the audit; or
- we have referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the Trust, or an officer of the Trust, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or was about to take, or had begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have made a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

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

As explained more fully in the Statement of Director's Responsibilities, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the group or the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the group or the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

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

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

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

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

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

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

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

Paul Grady

Paul Grady
Engagement Lead
for and on behalf of Grant Thornton UK LLP

Grant Thornton UK LLP
30 Finsbury Square
LONDON
EC2A 1AG

27 May 2018

Statement of Comprehensive Income

		Group		Trust	
		2017/18	**2016/17**	**2017/18**	**2016/17**
	Note	**£000**	**£000**	**£000**	**£000**
Operating income from patient care activities	3	382,474	360,502	382,474	360,502
Other operating income	4	29,950	33,920	30,117	31,341
Operating expenses	5, 8	(399,807)	(377,494)	(399,072)	(376,084)
Operating surplus/(deficit) from continuing operations		**12,617**	**16,928**	**13,519**	**15,759**
Finance income	11	319	302	39	33
Finance expenses	11	(9,306)	(11,675)	(9,306)	(11,674)
PDC dividends payable		(4,725)	(4,708)	(4,725)	(4,708)
Net finance costs		**(13,712)**	**(16,081)**	**(13,992)**	**(16,349)**
Other gains / (losses)	12	-	(27)	-	(27)
Surplus / (deficit) for the year from continuing operations		**(1,095)**	**820**	**(473)**	**(617)**
Surplus / (deficit) for the year		**(1,095)**	**820**	**(473)**	**(617)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	18	649	428	649	428
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains / (losses) on available-for-sale financial investments	12	(82)	976	-	-
Total comprehensive income / (expense) for the period		**(528)**	**2,224**	**176**	**(189)**
Surplus/ (deficit) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(1,095)	820	(473)	(617)
TOTAL		**(1,095)**	**820**	**(473)**	**(617)**
Total comprehensive income/ (expense) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(528)	2,224	176	(189)
TOTAL		**(528)**	**2,224**	**176**	**(189)**

Statement of Financial Position

	Note	Group 31 March 2018 £000	Group 31 March 2017 £000	Trust 31 March 2018 £000	Trust 31 March 2017 £000
Non-current assets					
Intangible assets	14	2,164	1,060	2,164	1,060
Property, plant and equipment	16	264,343	261,663	264,343	261,663
Other investments / financial assets	19	8,274	8,356	-	-
Trade and other receivables	23	4,131	4,312	4,131	4,312
Other assets	24	-	-	-	-
Total non-current assets		278,912	275,391	270,638	267,035
Current assets					
Inventories	22	6,566	6,385	6,565	6,384
Trade and other receivables	23	34,341	28,661	34,008	27,463
Other assets	24	147	146	147	146
Non-current assets for sale and assets in disposal groups	25	-	325	-	325
Cash and cash equivalents	26	3,951	5,855	2,066	3,975
Total current assets		45,005	41,372	42,786	38,293
Current liabilities					
Trade and other payables	27	(33,212)	(28,461)	(33,141)	(28,152)
Borrowings	29	(5,436)	(4,978)	(5,436)	(4,978)
Provisions	31	(419)	(443)	(419)	(443)
Other liabilities	28	(150)	(24)	(150)	(24)
Total current liabilities		(39,217)	(33,906)	(39,146)	(33,597)
Total assets less current liabilities		284,700	282,857	274,278	271,731
Non-current liabilities					
Trade and other payables	27	-	(312)	-	(312)
Borrowings	29	(101,898)	(100,633)	(101,898)	(100,633)
Provisions	31	(1,131)	(1,240)	(1,131)	(1,240)
Other liabilities	28	(291)	(314)	(291)	(314)
Total non-current liabilities		(103,320)	(102,499)	(103,320)	(102,499)
Total assets employed		181,380	180,358	170,958	169,232
Financed by					
Public dividend capital		183,501	181,951	183,501	181,951
Revaluation reserve		38,915	38,266	38,915	38,266
Income and expenditure reserve		(51,458)	(50,985)	(51,458)	(50,985)
Charitable fund reserves	21	10,422	11,126	-	-
Total taxpayers' equity		181,380	180,358	170,958	169,232

The notes on pages 8 to 64 form part of these accounts.
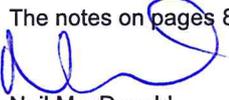
Neil MacDonald
Interim Chief Executive
Date   **25 May 2018**

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	181,951	38,266	(50,985)	11,126	180,358
At start of period for new FTs	-	-	-	-	-
Surplus/(deficit) for the year	-	-	(861)	(234)	(1,095)
Revaluations	-	649	-	-	649
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	(82)	(82)
Public dividend capital received	1,550	-	-	-	1,550
Taxpayers' and others' equity at 31 March 2018	183,501	38,915	(51,458)	10,422	181,380

Statement of Changes in Equity for the year ended 31 March 2017

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2016 - brought forward	181,951	37,838	(50,367)	8,712	178,134
Prior period adjustment	-	-	-	-	-
Taxpayers' and others' equity at 1 April 2016 - resta	181,951	37,838	(50,367)	8,712	178,134
Surplus/(deficit) for the year	-	-	(618)	1,438	820
Revaluations	-	428	-	-	428
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	976	976
Taxpayers' and others' equity at 31 March 2017	181,951	38,266	(50,985)	11,126	180,358

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

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	181,951	38,266	(50,985)	169,232
At start of period for new FTs	**-**	**-**	**-**	
Surplus/(deficit) for the year	-	-	(861)	(861)
Revaluations	-	649	-	649
Public dividend capital received	1,550	-	-	1,550
Other reserve movements - charitable funds consolidation adjustment	-	-	388	388
Taxpayers' and others' equity at 31 March 2018	**183,501**	**38,915**	**(51,458)**	**170,958**

Statement of Changes in Equity for the year ended 31 March 2017

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2016 - brought forward	181,951	37,838	(50,367)	169,422
Taxpayers' and others' equity at 1 April 2016 - restated	**181,951**	**37,838**	**(50,367)**	**169,422**
Surplus/(deficit) for the year	-	-	(618)	**(618)**
Revaluations	-	428	-	**428**
Taxpayers' and others' equity at 31 March 2017	**181,951**	**38,266**	**(50,985)**	**169,232**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds for which the Trust acts as Corporate trustee are consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21

Statement of Cash Flows

	Note	Group 2017/18 £000	Group 2016/17 £000	Trust 2017/18 £000	Trust 2016/17 £000
Cash flows from operating activities					
Operating surplus / (deficit)		12,617	16,928	13,519	15,759
Non-cash income and expense:					
Depreciation and amortisation	5	11,650	11,366	11,650	11,366
Net impairments	7	(1,740)	(1,722)	(1,740)	(1,722)
Income recognised in respect of capital donations	4	(1,424)	(966)	(1,952)	(966)
Amortisation of PFI deferred credit		(24)	-	(24)	
(Increase)/decrease in receivables and other assets	23	(6,417)	(1,091)	(6,559)	(1,091)
(Increase)/decrease in inventories	22	(181)	(481)	(181)	(481)
Increase/(decrease) in payables and other liabilities	27	5,769	(3,703)	5,911	(3,703)
Increase/(decrease) in provisions	31	(137)	(45)	(137)	(45)
Movements in charitable fund working capital		627	(411)		
Other movements in operating cash flows - charity consolidation		(528)	-	-	
Net cash flows from / (used in) operating activities		**20,212**	**19,875**	**20,487**	**19,117**
Cash flows from investing activities					
Interest received	11	39	33	39	33
(Purchase)/sale of financial assets / investments		-	-	-	-
Purchase of intangible assets		(1,251)	(642)	(1,251)	(642)
Sales of intangible assets		-	-	-	-
Purchase of PPE and investment property		(10,013)	(9,136)	(10,013)	(9,136)
Net cash flows from charitable fund investing activities		280	272	-	
Net cash flows from / (used in) investing activities		**(10,945)**	**(9,473)**	**(11,225)**	**(9,745)**
Cash flows from financing activities					
Public dividend capital received		1,550	-	1,550	
Movement on loans from DHSC		4,180	5,941	4,180	5,941
Capital element of finance lease rental payments		(964)	(931)	(964)	(931)
Capital element of PFI, LIFT and other service concession payments		(2,325)	(2,045)	(2,325)	(2,045)
Interest paid on finance lease liabilities		(89)	(44)	(89)	(44)
Interest paid on PFI, LIFT and other service concession obligations		(7,813)	(10,238)	(7,813)	(10,238)
Other interest paid		(1,384)	(1,393)	(1,384)	(1,393)
PDC dividend (paid) / refunded		(4,326)	(4,218)	(4,326)	(4,218)
Net cash flows from / (used in) financing activities		**(11,171)**	**(12,928)**	**(11,171)**	**(12,928)**
Increase / (decrease) in cash and cash equivalents		**(1,904)**	**(2,526)**	**(1,909)**	**(3,556)**
Cash and cash equivalents at 1 April - b/f		**5,855**	**8,381**	**3,975**	**7,531**
Cash and cash equivalents at 31 March	26.1	**3,951**	**5,855**	**2,066**	**3,975**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health has directed that the financial statements of NHS Trust shall meet the accounting requirements of the Department of Health Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention

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

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis. This is assessed on an annual basis by the audit committee who recommend the basis of accounting to the Trust Board for approval.

Note 1.2 Critical judgements in applying accounting policies

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

Note 1.2.1 Sources of estimation uncertainty

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

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

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

— The Trust will need to estimate the amount of its liability. In the case of legal claims, for example, it will use the advice of its experts but the actual amount of the liability will not be known until the outcome of the litigation.

— The Trust will need to estimate the probability of a liability existing. The outcome of the litigation may be uncertain but the Trust will use the advice of its experts on whether it is probable that it will be found liable.

— In the case of pensions and other benefits to be paid in the future, an estimate will be made for the length of time that the payment will be required to be made, using actuarial mortality tables. Discount rates will be used to estimate the present value of the future payments.

- The Trust will need to estimate the level of recovery of its receivables and make allowances for the expected level of impairment of those receivables. Actual experience may differ from these estimates.

Notes to the Accounts

Note 1.3 Consolidation

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those charitable funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

The Trust Board is Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund (registered number 1053113). The valuation of the investment portfolio of the charity is considered material within the Trust's Accounts. Therefore the charity is considered to be under common control, with a requirement for consolidation. The main financial statements therefore have consolidated comparators. This balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are restricted to the objects of the charity (charitable Purpose).

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

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

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

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

    Entitlement - when a particular resource is receivable or the Charity becomes legally entitled,

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

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

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

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

c. Investment fixed assets are shown at market value.

    •Quoted stocks and shares are included in the Statement of Financial Position at mid-market price, excluding dividends.
    •Other investment fixed assets are included at the Trustee's best estimate of market value.

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

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

The audit of the 2016-17 charity accounts took place some time after the consolidation of the charity into the Trust accounts. This resulted in some adjustments and subsequently there are minor differences in the consolidated comparative figures. The net impact of this is £16k and is the variation between estimated amounts at consolidation date and actual values at the time of the final charity audit.

Note 1.4 Income

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The NHS trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, *except for bonuses earned but not yet taken which, like leave earned but not yet taken is not accrued for at the year end, on the grounds of immateriality.

Retirement benefit costs
Past and present employees are covered by the provisions of the NHS Pension Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the NHS body of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

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

Notes to the Accounts (continued)

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Note 1.7.2 Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

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

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

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

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

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

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

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

Notes to the Accounts (continued)

Subsequent expenditure

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Notes to the Accounts (continued)

Note 1.7.3 De-recognition

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

• **the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales**
• **the sale must be highly probable ie:**

  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Note 1.7.4 Donated and grant funded assets

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

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Notes to the Accounts (continued)

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

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

a)   Payment for the fair value of services received;

b)   Payment for the PFI asset, including finance costs; and

c)   Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

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

PFI Asset

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

PFI liability

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

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

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

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

Lifecycle replacement

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

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

Notes to the Accounts (continued)

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

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

Other assets contributed by the NHS trust to the operator

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

Note 1.7.6 Useful Economic lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	87
Dwellings	42	70
Plant & machinery	5	21
Transport equipment	5	5
Information technology	3	17
Furniture & fittings	7	23

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

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

Expenditure on research is not capitalised. Any income received for research purposes is also not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the trust intends to complete the asset and sell or use it
• the trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
• the trust can measure reliably the expenses attributable to the asset during development.

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

Notes to the Accounts (continued)

Internally generated intangible assets

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the trust intends to complete the asset and sell or use it
• the trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
• the trust can measure reliably the expenses attributable to the asset during development.
• Any royalties received through intellectual property rights is recognised as income

Software

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

Note 1.8.2 Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

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

	Min life	Max life
	Years	Years
Information technology	2	7
Software licences	5	10

Notes to the Accounts (continued)

Note 1.9 Inventories

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

Note 1.10 Investment properties

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

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

Note 1.11 Cash and cash equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the NHS trust's cash management.

Note 1.12 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO_2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO_2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO_2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO_2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.13 Financial instruments and financial liabilities

Financial assets
Financial assets are recognised when the NHS trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss
Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the NHS trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Notes to the Accounts (continued)

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Loans, Public Dividend Capital and any other interests with government departments are reported at historic cost, less any impairments. Where the receivable is expected to be paid within the next year no doscounting of future cashflows takes place.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the NHS trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset and that have an impact on the estimated future cash flows of the asset.

Financial liabilities

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.14.1 The trust as lessee

Finance leases

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

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

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

Operating leases

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

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

Leases of land and buildings

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

Notes to the Accounts (continued)

Note 1.14.2 The trust as lessor

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

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

Note 1.15 Provisions

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

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 31 but is not recognised in the trust's accounts.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.1% (2016-17: positive 0.24%) in real terms. All other provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A short term rate of negative 2.42% (2016-17: negative 2.7%) for expected cash flows up to and including 5 years

• A medium term rate of negative 1.85% (2016-17: negative 1.95%) for expected cash flows over 5 years up to and including 10 years

• A long term rate of negative 1.56% (2016-17: negative 0.80%) for expected cash flows over 10 years.

All percentages are in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the NHS trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

Notes to the Accounts (continued)

Note 1.16 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Note 1.17 Public dividend capital

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

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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

Note 1.18 Value added tax

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

Note 1.19 Foreign exchange

The NHS trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

Note 1.22 Gifts

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

Notes to the Accounts (continued)

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

● IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

● IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

● IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

Note 2 Operating Segments

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

The Trust's main commissioners were NHS England and Clinical Commissioning Groups (CCGs) which are considered to be under common control. The Trust's income from NHS England and CCGs for patient care activities during the period was £382,474k (2016/17 £360,502k).

The balance to total income is other operating income of £29,950k (2016/17 £33,820k).

No other single customer accounted for more than 10% of the Trust's income.

Note 3 Operating income from patient care activities (Group)

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Acute services		
Elective income	51,869	50,938
Non elective income	86,555	76,847
First outpatient income	22,125	18,645
Follow up outpatient income	18,235	17,502
A & E income	11,212	10,550
High cost drugs income from commissioners (excluding pass-through costs)	33,451	28,599
Other NHS clinical income	104,253	106,283
Community services		
Community services income from CCGs and NHS England	34,987	34,952
Income from other sources (e.g. local authorities)	15,916	12,674
All services		
Private patient income	2,348	2,326
Other clinical income	1,523	1,187
Total income from activities	**382,474**	**360,502**

Note 3.2 Income from patient care activities (by source)

	2017/18 £000	2016/17 £000
Income from patient care activities received from:		
NHS England	69,699	72,064
Clinical commissioning groups	290,122	268,375
Other NHS providers	2,866	2,273
NHS other	-	-
Local authorities	15,916	12,674
Non-NHS: private patients	2,348	2,326
Non-NHS: overseas patients (chargeable to patient)	312	399
NHS injury scheme	1,082	2,313
Non NHS: other	129	78
Total income from activities	**382,474**	**360,502**
Of which:		
Related to continuing operations	382,474	360,502

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

	2017/18 £000	2016/17 £000
Income recognised this year	312	399
Cash payments received in-year	187	203
Amounts written off in-year	12	80

Note 4 Other operating income (Group)

	2017/18 £000	2016/17 £000
Research and development	940	927
Education and training	11,341	11,117
Receipt of capital grants and donations	1,424	966
Charitable and other contributions to expenditure	748	725
Non-patient care services to other bodies	2,417	2,527
Sustainability and transformation fund income	4,996	6,972
Charitable fund incoming resources	361	2,579
Other income	7,723	8,107
Total other operating income	**29,950**	**33,920**
Of which:		
Related to continuing operations	29,950	33,920

Note 5 Operating expenses (Group)

	2017/18 £000	2016/17 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	3,987	1,058
Staff and executive directors costs	249,616	240,327
Remuneration of non-executive directors	80	84
Supplies and services - clinical (excluding drugs costs)	30,359	29,868
Supplies and services - general	965	827
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	41,320	39,437
Inventories written down	161	-
Consultancy costs	1,993	952
Establishment	4,144	4,454
Premises	14,612	14,508
Transport (including patient travel)	2,064	2,530
Depreciation on property, plant and equipment	11,307	11,051
Amortisation on intangible assets	343	315
Net impairments	(1,740)	(1,722)
Increase/(decrease) in provision for impairment of receivables	295	1,009
Increase/(decrease) in other provisions	270	-
Change in provisions discount rate(s)	10	89
Audit fees payable to the external auditor		
audit services- statutory audit	116	108
other auditor remuneration (external auditor only)	-	32
Internal audit costs	152	199
Clinical negligence premiums	9,867	7,048
Legal fees	176	174
Insurance	209	227
Education and training	1,615	1,783
Rentals under operating leases	223	79
Redundancy	126	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	25,250	19,926
Hospitality	35	28
Other NHS charitable fund resources expended against fund objectives	872	1,407
Other	1,380	1,696
Total	**399,807**	**377,494**
Of which:		
Related to continuing operations	399,807	377,494

Explanatory Notes:

5.1 Purchase of healthcare from non-NHS and non-DHSC bodies increase is due to the contract for muscoskeletal services purchased from Care UK for £2.1m. This is charged directly back to the commissioners.

Buckinghamshire Healthcare NHS Trust
Annual Accounts 2017-18

Note 6 Other auditor remuneration (Group)

	2017/18 £000	2016/17 £000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	-	17
All assurance services not falling within items 1 to 5	-	15
Total	**-**	**32**

Note 6.1 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £5m (2016/17: £0m).

Note 7 Impairment of assets (Group)

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(1,740)	(1,722)
Total net impairments charged to operating surplus / deficit	**(1,740)**	**(1,722)**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**(1,740)**	**(1,722)**

Note 8 Employee benefits (Group)

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	181,981	173,527
Social security costs	17,874	18,787
Apprenticeship levy	924	-
Employer's contributions to NHS pensions	23,374	22,480
Pension cost - other	-	3
Termination benefits	125	-
Temporary staff (including agency)	26,987	26,740
Total gross staff costs	**251,265**	**241,537**
Of which		
Costs capitalised as part of assets	1,391	1,210

Note 8.1 Retirements due to ill-health (Group)

During 2017/18 there were 2 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £137k (£331k in 2016/17).

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

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

Note 10 Operating leases (Group)

Note 10.1 Buckinghamshire Healthcare NHS Trust as a lessee

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

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	223	79
Total	**223**	**79**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	62	79
- later than one year and not later than five years;	161	23
Total	**223**	**102**

Note 11 Finance income (Group)

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

	2017/18	2016/17
	£000	£000
Interest on bank accounts	39	33
NHS charitable fund investment income	280	269
Total	**319**	**302**

Note 11.1 Finance expenditure (Group)

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

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	1,272	1,386
Finance leases	202	44
Interest on late payment of commercial debt	15	1
Main finance costs on PFI and LIFT schemes obligations	6,312	8,873
Contingent finance costs on PFI and LIFT scheme obligations	1,501	1,365
Total interest expense	**9,302**	**11,669**
Unwinding of discount on provisions	4	6
Total finance costs	**9,306**	**11,675**

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

	2017/18	2016/17
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	15	1

Note 12 Other gains / (losses) (Group)

	2017/18	2016/17
	£000	£000
Losses on disposal of assets	-	(27)
Total gains / (losses) on disposal of assets	**-**	**(27)**
Total other gains / (losses)	**-**	**(27)**

Note 13 Intangible assets - 2017/18

Group	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	2,538	-	2,538
Additions	825	426	1,251
Reclassifications	-	245	245
Transfers to/ from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2018	3,363	671	4,034
Amortisation at 1 April 2017 - brought forward	1,478	-	1,478
Transfers by absorption	-	-	-
Provided during the year	53	290	343
Reclassifications	49	-	49
Amortisation at 31 March 2018	1,580	290	1,870
Net book value at 31 March 2018	1,783	381	2,164
Net book value at 1 April 2017	1,060	-	1,060

Note Intangible assets - 2016/17

Group	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	1,896	-	1,896
Valuation / gross cost at 1 April 2016 - restated	1,896	-	1,896
Additions	642	-	642
Valuation / gross cost at 31 March 2017	2,538	-	2,538
Amortisation at 1 April 2016 - as previously stated	1,163	-	1,163
Amortisation at 1 April 2016 - restated	1,163	-	1,163
Provided during the year	315	-	315
Amortisation at 31 March 2017	1,478	-	1,478
Net book value at 31 March 2017	1,060	-	1,060
Net book value at 1 April 2016	733	-	733

Note 14.1 Intangible assets - 2017/18

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	**2,538**	**-**	**2,538**
Additions	825	426	**1,251**
Reclassifications		245	**245**
Valuation / gross cost at 31 March 2018	**3,363**	**671**	**4,034**
Amortisation at 1 April 2017 - brought forward	**1,478**	**-**	**1,478**
Provided during the year	53	290	**343**
Reclassifications	49		**49**
Amortisation at 31 March 2018	**1,580**	**290**	**1,870**
Net book value at 31 March 2018	**1,783**	**381**	**2,164**
Net book value at 1 April 2017	**1,060**	**-**	**1,060**

Note 14.2 Intangible assets - 2016/17

Trust	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	**1,896**		**1,896**
Valuation / gross cost at 1 April 2016 - restated	**1,896**	**-**	**1,896**
Transfers by absorption			**-**
Additions	642		**642**
Valuation / gross cost at 31 March 2017	**2,538**	**-**	**2,538**
Amortisation at 1 April 2016 - as previously stated	**1,163**		**1,163**
Prior period adjustments			**-**
Amortisation at 1 April 2016 - restated	**1,163**	**-**	**1,163**
Transfers by absorption			**-**
Provided during the year	315		**315**
Amortisation at 31 March 2017	**1,478**	**-**	**1,478**
Net book value at 31 March 2017	**1,060**	**-**	**1,060**
Net book value at 1 April 2016	**733**	**-**	**733**

Note 15.1 Property, plant and equipment - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	46,187	172,999	4,659	5,438	52,658	182	47,354	4,442	-	333,919
Additions	-	2,484	-	2,890	4,730	-	1,207	158	-	11,469
Reversals of impairments	-	(2,087)	(33)	-	-	-	-	-	-	(2,120)
Revaluations	-	576	73	-	-	-	-	-	-	649
Reclassifications	-	2,416	-	(3,831)	122	-	1,048	-	-	(245)
Transfers to/ from assets held for sale	-	-	325	-	-	-	-	-	-	325
Valuation/gross cost at 31 March 2018	46,187	176,388	5,024	4,497	57,510	182	49,609	4,600	-	343,997
Accumulated depreciation at 1 April 2017 - brought forward	-	-	-	-	36,661	177	31,845	3,573	-	72,256
Provided during the year	-	3,770	90	-	3,446	2	3,771	228	-	11,307
Reversals of impairments	-	(3,770)	(90)	-	-	-	-	-	-	(3,860)
Reclassifications	-	-	-	-	-	-	(49)	-	-	(49)
Accumulated depreciation at 31 March 201	-	-	-	-	40,107	179	35,567	3,801	-	79,654
Net book value at 31 March 2018	46,187	176,388	5,024	4,497	17,403	3	14,042	799	-	264,343
Net book value at 1 April 2017	46,187	172,999	4,659	5,438	15,997	5	15,509	869	-	261,663

Note 15.2 Property, plant and equipment - 2016/17

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	46,187	171,703	4,644	781	50,395	182	46,066	4,442	-	324,400
Valuation / gross cost at 1 April 2016 - restated	46,187	171,703	4,644	781	50,395	182	46,066	4,442	-	324,400
Additions	-	3,430	-	4,192	2,321	-	1,339	-	-	11,282
Impairments	-	(15)	15	-	-	-	-	-	-	-
Reversals of impairments	-	(2,082)	-	-	-	-	-	-	-	(2,082)
Revaluations	-	428	-	-	-	-	-	-	-	428
Reclassifications	-	(465)	-	465	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(58)	-	(51)	-	-	(109)
Valuation/gross cost at 31 March 2017	46,187	172,999	4,659	5,438	52,658	182	47,354	4,442	-	333,919
Accumulated depreciation at 1 April 2016 - as previously stated	-	122	1	-	33,430	175	28,007	3,356	-	65,091
Accumulated depreciation at 1 April 2016 - restated	-	122	1	-	33,430	175	28,007	3,356	-	65,091
Provided during the year	-	3,595	86	-	3,277	2	3,874	217	-	11,051
Impairments	-	87	(87)	-	-	-	-	-	-	-
Reversals of impairments	-	(3,804)	-	-	-	-	-	-	-	(3,804)
Reclassifications	-	-	-	-	-	-	-	-	-	-
Disposals/ derecognition	-	-	-	-	(46)	-	(36)	-	-	(82)
Accumulated depreciation at 31 March 2017	-	-	-	-	36,661	177	31,845	3,573	-	72,256
Net book value at 31 March 2017	46,187	172,999	4,659	5,438	15,997	5	15,509	869	-	261,663
Net book value at 1 April 2016	46,187	171,581	4,643	781	16,965	7	18,059	1,086	-	259,309

Net book value at 31 March 2018

Owned - purchased	46,187	93,322	4,522	4,056	11,212	-	13,668	745	-	**173,712**
Finance leased	-	3,907	-	-	1,379	-	-	-	-	**5,286**
On-SoFP PFI contracts and other service concession arrangements	-	68,992	-	-	-	-	-	-	-	**68,992**
Owned - donated	-	10,167	502	441	4,812	3	374	54	-	**16,353**
NBV total at 31 March 2018	**46,187**	**176,388**	**5,024**	**4,497**	**17,403**	**3**	**14,042**	**799**	**-**	**264,343**

Note 15.4 Property, plant and equipment financing - 2016/17

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Net book value at 31 March 2017										
Owned - purchased	46,187	92,890	4,163	5,145	11,035	-	15,042	798	-	**175,260**
Finance leased	-	3,789	-	-	986	-	-	-	-	**4,775**
On-SoFP PFI contracts and other service concession arrangements	-	66,865	-	-	-	-	-	-	-	**66,865**
Owned - donated	-	9,455	496	293	3,976	5	467	71	-	**14,763**
NBV total at 31 March 2017	**46,187**	**172,999**	**4,659**	**5,438**	**15,997**	**5**	**15,509**	**869**	**-**	**261,663**

Note 16.1 Property, plant and equipment - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	46,187	172,999	4,659	5,438	52,658	182	47,354	4,442	333,919
Additions	-	2,484	-	2,890	4,730	-	1,207	158	**11,469**
Reversals of impairments	-	(2,087)	(33)	-	-	-	-	-	**(2,120)**
Revaluations	-	576	73	-	-	-	-	-	**649**
Reclassifications	-	2,416	-	(3,831)	122	-	1,048	-	**(245)**
Transfers to/ from assets held for sale	-	-	325	-	-	-	-	-	**325**
Valuation/gross cost at 31 March 2018	46,187	176,388	5,024	4,497	57,510	182	49,609	4,600	343,997
Accumulated depreciation at 1 April 2017 - brought forward	-	-	-	-	36,661	177	31,845	3,573	72,256
Provided during the year		3,770	90		3,446	2	3,771	228	**11,307**
Reversals of impairments	-	(3,770)	(90)	-	-	-	-	-	**(3,860)**
Reclassifications	-	-	-	-	-	-	(49)	-	**(49)**
Accumulated depreciation at 31 March 2018	-	-	-	-	40,107	179	35,567	3,801	79,654
Net book value at 31 March 2018	46,187	176,388	5,024	4,497	17,403	3	14,042	799	264,343
Net book value at 1 April 2017	46,187	172,999	4,659	5,438	15,997	5	15,509	869	261,663

Note 16.2 Property, plant and equipment - 2016/17

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	**46,187**	**171,703**	**4,644**	**781**	**50,395**	**182**	**46,066**	**4,442**	**324,400**
Valuation / gross cost at 1 April 2016 - restated	**46,187**	**171,703**	**4,644**	**781**	**50,395**	**182**	**46,066**	**4,442**	**324,400**
Additions	-	3,430	-	4,192	2,321	-	1,339	-	**11,282**
Impairments	-	(15)	15	-	-	-	-	-	**-**
Reversals of impairments	-	(2,082)	-	-	-	-	-	-	**(2,082)**
Revaluations	-	428	-	-	-	-	-	-	**428**
Reclassifications	-	(465)	-	465	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(58)	-	(51)	-	**(109)**
Valuation/gross cost at 31 March 2017	**46,187**	**172,999**	**4,659**	**5,438**	**52,658**	**182**	**47,354**	**4,442**	**333,919**
Accumulated depreciation at 1 April 2016 - as previously stated	**-**	**122**	**1**	**-**	**33,430**	**175**	**28,007**	**3,356**	**65,091**
Accumulated depreciation at 1 April 2016 - restated	**-**	**122**	**1**	**-**	**33,430**	**175**	**28,007**	**3,356**	**65,091**
Transfers by absorption									**-**
Provided during the year	-	3,595	86	-	3,277	2	3,874	217	**11,051**
Impairments	-	87	(87)	-	-	-	-	-	**-**
Reversals of impairments	-	(3,804)	-	-	-	-	-	-	**(3,804)**
Disposals/ derecognition	-	-	-	-	(46)	-	(36)	-	**(82)**
Accumulated depreciation at 31 March 2017	**-**	**-**	**-**	**-**	**36,661**	**177**	**31,845**	**3,573**	**72,256**
Net book value at 31 March 2017	**46,187**	**172,999**	**4,659**	**5,438**	**15,997**	**5**	**15,509**	**869**	**261,663**
Net book value at 1 April 2016	**46,187**	**171,581**	**4,643**	**781**	**16,965**	**7**	**18,059**	**1,086**	**259,309**

Note 16.3 Property, plant and equipment financing - 2017/18

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

Note 16.4 Property, plant and equipment financing - 2016/17

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017									
Owned - purchased	46,187	92,890	4,163	5,145	11,035	-	15,042	798	**175,260**
Finance leased	-	3,789	-	-	986	-	-	-	**4,775**
On-SoFP PFI contracts and other service concession arrangements	-	66,865	-	-	-	-	-	-	**66,865**
Owned - donated	-	9,455	496	293	3,976	5	467	71	**14,763**
NBV total at 31 March 2017	**46,187**	**172,999**	**4,659**	**5,438**	**15,997**	**5**	**15,509**	**869**	**261,663**

Note 17 Donations of property, plant and equipment

The Trust was fortunate in 2017-18 to received donations of Medical Equipment from Scannappeal as well as from Buckinghamshire Healthcare NHS Trust Charity. No restrictions were placed on any of the equipment.

Significant items included

3D laparoscopic Stack

Mammographic Dimensions 3D Equipment

Ultrapulse Encore CO2 Laser System

CT Scanner (part funded with the Trust)

Upper Limb Laboratory

Note 18 Revaluations of property, plant and equipment

The Trust commissioned independent valuers who are members of the Royal Institution of Chartered Surveyors, Cushman Wakefield, to conduct a desktop revaluation in 2017-18.The valuer valued Land and Building using "existing use value" as at the 31st of March 2018. Useful lives have also been assessed and will be the basis for depreciation changed to the financial statements with effect from the 1st of April 2018.

The revaluation resulted in a reversal of impairment of £1740k (note 7) and an increase to the revaluation reserve of £649K.

Plant and equipment is not revalued at financial year end. The assets are depreciated over use lives which are representative of their value in use.

Note 19 Other investments / financial assets (non-current)

	Group		Trust	
	2017/18	**2016/17**	**2017/18**	**2016/17**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	**8,356**	**7,380**	**-**	**-**
Carrying value at 1 April - restated	**8,356**	**7,380**	**-**	**-**
Movement in fair value	(82)	976	-	-
Carrying value at 31 March	**8,274**	**8,356**	**-**	**-**

Note 20 Disclosure of interests in other entities

The Trust formed a wholly owned subsidiary, Buckinghamshire Healthcare Projects Limited on the 1st of March 2017. This will be run as a private company that commenced trading on the 4th of April 2018 delivering outpatient dispensing services to the Trust's Patients. Start up costs incurred to the 31st of March 2018 are reflected in these financial statements.

Note 21 Analysis of charitable fund reserves

	31 March 2018 £000	31 March 2017 £000
Unrestricted funds:		
Unrestricted income funds	3,436	3,641
Restricted funds:		
Endowment funds	95	95
Other restricted income funds	6,891	7,390
	10,422	**11,126**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Drugs	3,347	3,394	3,347	3,394
Consumables	3,184	2,942	3,184	2,942
Energy	34	48	34	48
Charitable fund inventory	1	1	-	-
Total inventories	**6,566**	**6,385**	**6,565**	**6,384**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £71,729k (2016/17: £64,828k). Write-down of inventories recognised as expenses for the year were £161k (2016/17: £0k).

Note 23.1 Trade receivables and other receivables

	Group		Trust	
	31 March 2018	**31 March 2017**	**31 March 2018**	**31 March 2017**
	£000	**£000**	**£000**	**£000**
Current				
Trade receivables	18,360	16,320	18,502	16,320
Accrued income	11,496	3,342	11,496	3,342
Provision for impaired receivables	(985)	(704)	(985)	(704)
Deposits and advances	4	-	4	-
Prepayments (non-PFI)	3,126	5,330	3,126	5,330
PDC dividend receivable	-	194	-	194
VAT receivable	1,171	2,489	1,171	2,489
Other receivables	694	492	694	492
NHS charitable funds: trade and other receivables	475	1,198	-	-
Total current trade and other receivables	**34,341**	**28,661**	**34,008**	**27,463**
Non-current				
Accrued income	3,220	3,271	3,220	3,271
Provision for impaired receivables	(734)	(751)	(734)	(751)
Other receivables	1,645	1,792	1,645	1,792
Total non-current trade and other receivables	**4,131**	**4,312**	**4,131**	**4,312**
Of which receivables from NHS and DHSC group bodies:				
Current	23,234	14,146	23,234	14,146
Non-current	-	-		

Note 23.2 Provision for impairment of receivables

	Group		Trust	
	2017/18	**2016/17**	**2017/18**	**2016/17**
	£000	**£000**	**£000**	**£000**
At 1 April as previously stated	**1,455**	**446**	**1,455**	**446**
At 1 April - restated	**1,455**	**446**	**1,455**	**446**
Increase in provision	295	1,009	295	1,009
Amounts utilised	(31)	-	(31)	-
At 31 March	**1,719**	**1,455**	**1,719**	**1,455**

Note 23.3 Credit quality of financial assets

Group

	31 March 2018		31 March 2017	
	Trade and other receivables	**Investments & Other financial assets**	**Trade and other receivables**	**Investments & Other financial assets**
Ageing of impaired financial assets	**£000**	**£000**	**£000**	**£000**
0 - 30 days	10	-	-	-
30-60 Days	33	-	9	-
60-90 days	33	-	23	-
90- 180 days	150	-	156	-
Over 180 days	5,462	-	5,212	-
Total	**5,688**	**-**	**5,400**	**-**

Ageing of non-impaired financial assets past their due date

0 - 30 days	-	-	-	-
30-60 Days	1,157	-	-	-
60-90 days	1,238	-	1,998	-
90- 180 days	1,607	-	538	-
Over 180 days	2,386	-	1,514	-
Total	**6,388**	**-**	**4,050**	**-**

Trust

	31 March 2018		31 March 2017	
	Trade and other receivables	**Investments & Other financial assets**	**Trade and other receivables**	**Investments & Other financial assets**
Ageing of impaired financial assets	**£000**	**£000**	**£000**	**£000**
0 - 30 days	10		-	
30-60 Days	33		9	
60-90 days	33		23	
90- 180 days	150		156	
Over 180 days	5,462		5,212	
Total	**5,688**	**-**	**5,400**	**-**

Ageing of non-impaired financial assets past their due date

0 - 30 days	-		-	
30-60 Days	1,157		-	
60-90 days	1,238		1,998	
90- 180 days	1,607		538	
Over 180 days	2,386		1,514	
Total	**6,388**	**-**	**4,050**	**-**

Note 23.4 Credit quality of financial assets (continued)

In accordance with the Department of Health Group Accounting Manual the Trust does not impair any debt owed by other NHS organisations. Overseas visitors are invoiced to the CCG under the risk share arrangement and treated as deferred income. Injury cost recovery income is provided for at the nationally recommended rate of 22.94%. All Non NHS invoiced debt with a date prior to the 1st of January 2017 has been assessed as doubtful and provision made.

Note 24 Other assets

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
Current	**£000**	**£000**	**£000**	**£000**
Other assets	147	146	147	146
Total other current assets	**147**	**146**	**147**	**146**
Non-current				
Total other non-current assets	**-**	**-**	**-**	**-**

Note 25.1 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£000	**£000**	**£000**	**£000**
NBV of non-current assets for sale and assets in disposal groups at 1 April	**325**	**325**	**325**	**325**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**325**	**325**		
Assets no longer classified as held for sale, for reasons other than disposal by sale	(325)	-	(325)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**325**	**(325)**	**-**

The derecognised items relates to a flat which had been designated as held for sale. However upon review it was found that the flat was unlikely to be sold in the near future and as such has been transferred back into Property Plant and Equipment. There has been no revaluation gain or loss recognised on the asset since its original classification as "held for sale"

Note 26.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
At 1 April	**5,855**	**8,381**	**3,975**	**7,531**
Net change in year	(1,904)	(2,526)	(1,909)	(3,556)
Transfer to FT upon authorisation	-	-	-	-
At 31 March	**3,951**	**5,855**	**2,066**	**3,975**
Broken down into:				
Cash at commercial banks and in hand	2,009	76	124	77
Cash with the Government Banking Service	1,942	5,779	1,942	3,898
Total cash and cash equivalents as in SoFP	**3,951**	**5,855**	**2,066**	**3,975**
Total cash and cash equivalents as in SoCF	**3,951**	**5,855**	**2,066**	**3,975**

Note 26.2 Third party assets held by the Group

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

	Group and Trust	
	31 March 2018	31 March 2017
	£000	£000
Bank balances	2	1
Total third party assets	**2**	**1**

Note 27.1 Trade and other payables

	Group		Trust	
	31 March 2018	**31 March 2017**	**31 March 2018**	**31 March 2017**
	£000	**£000**	**£000**	**£000**
Current				
Trade payables	5,659	6,195	5,801	6,195
Capital payables	1,957	3,284	1,957	3,284
Accruals	16,087	1,377	16,087	1,377
Receipts in advance (including payments on account)	1,920	8,727	1,920	8,727
Social security costs	1,040	2,532	1,040	2,532
VAT payables	402	312	402	312
Other taxes payable	2,201	2,123	2,201	2,123
PDC dividend payable	205	-	205	-
Accrued interest on loans	19	4	19	4
Other payables	3,509	3,598	3,509	3,598
NHS charitable funds: trade and other payables	213	309	-	-
Total current trade and other payables	**33,212**	**28,461**	**33,141**	**28,152**
Non-current				
VAT payables	-	312	-	312
Total non-current trade and other payables	**-**	**312**	**-**	**312**
Of which payables from NHS and DHSC group bodies:				
Current	4,165	5,926	4165	5926

Buckinghamshire Healthcare NHS Trust

Annual Accounts 2017-18

Note 28 Other liabilities

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Current				
Deferred income	127	-	127	-
Deferred PFI credits / income	23	24	23	24
Total other current liabilities	**150**	**24**	**150**	**24**
Non-current				
Deferred PFI credits / income	291	314	291	314
Total other non-current liabilities	**291**	**314**	**291**	**314**

Note 29 Borrowings

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Current				
Loans from DHSC	1,865	1,865	1,865	1,865
Obligations under finance leases	866	788	866	788
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	2,705	2,325	2,705	2,325
Total current borrowings	**5,436**	**4,978**	**5,436**	**4,978**
Non-current				
Loans from DHSC	46,430	42,250	46,430	42,250
Obligations under finance leases	2,055	2,265	2,055	2,265
Obligations under PFI, LIFT or other service concession contracts	53,413	56,118	53,413	56,118
Total non-current borrowings	**101,898**	**100,633**	**101,898**	**100,633**

Note 30 Finance leases

**Note 30.1 Buckinghamshire Healthcare NHS Trust
as a lessee**

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Gross lease liabilities	**3,325**	**3,458**	**3,325**	**3,458**
of which liabilities are due:				
- not later than one year;	1,000	948	1,000	948
- later than one year and not later than five years;	2,325	2,510	2,325	2,510
Finance charges allocated to future periods	(404)	(405)	(404)	(405)
Net lease liabilities	**2,921**	**3,053**	**2,921**	**3,053**
of which payable:				
- not later than one year;	866	788	866	788
- later than one year and not later than five years;	2,055	1,906	2,055	1,906
- later than five years.	-	359	-	359
Total of future minimum sublease payments to be received at the reporting date	**-**	**-**	**-**	**-**

Note 31.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions - early departure costs £000	Legal claims £000	Other £000	Charitable fund provisions £000	Total £000
At 1 April 2017	**142**	**1,356**	**185**	**-**	**1,683**
Change in the discount rate	-	10	-	-	**10**
Arising during the year	15	6	175	-	**196**
Utilised during the year	(33)	(120)	(172)	-	**(325)**
Reversed unused	-	(6)	(12)	-	**(18)**
Unwinding of discount	2	2	-	-	**4**
At 31 March 2018	**126**	**1,248**	**176**	**-**	**1,550**
Expected timing of cash flows:					
- not later than one year;	33	210	176	-	**419**
- later than one year and not later than five years;	70	345	-	-	**415**
- later than five years.	23	693	-	-	**716**
Total	**126**	**1,248**	**176**	**-**	**1,550**

Note 31.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions - early departure costs £000	Legal claims £000	Other £000	Total £000
At 1 April 2017	**142**	**1,356**	**185**	**1,683**
Change in the discount rate	-	10	-	**10**
Arising during the year	15	6	175	**196**
Utilised during the year	(33)	(120)	(172)	**(325)**
Reversed unused	-	(6)	(12)	**(18)**
Unwinding of discount	2	2	-	**4**
At 31 March 2018	**126**	**1,248**	**176**	**1,550**
Expected timing of cash flows:				
- not later than one year;	33	210	176	**419**
- later than one year and not later than five years;	70	345	-	**415**
- later than five years.	23	693	-	**716**
Total	**126**	**1,248**	**176**	**1,550**

The uncertainty of timing or amounts relating

• Pensions - uncertainty in respect of the length of time payable and therefore for the obligation for future payments.

• Legal Claims - For Employer Liability claims there are uncertainties relating to the likelihood of the Trust being held liable and the amount of any award.

• For Injury benefit claims the uncertainty

• Other Provisions relate to carbon trading assessments, where there is an uncertainty of amount.

• The change in discount rate reflects the impact on the net present value (NPV) calculation of the injury benefit and early retirement provisions from 0.24% to 1%

• As the injury benefit and early retirement provision is discounted to their NPVs, due to their long term nature, the organistion incurs a charge in year which reflects the cost of reversing the discount factor applied to the opening balance. This is termed "unwinding of discount".

Note 31.3 Clinical negligence liabilities

At 31 March 2018, £90,491k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Buckinghamshire Healthcare NHS Trust (31 March 2017: £98,072k).

Note 32 Contingent assets and liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(45)	(69)	(45)	(69)
Gross value of contingent liabilities	**(45)**	**(69)**	**(45)**	**(69)**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**(45)**	**(69)**	**(45)**	**(69)**

Note 33 Contractual capital commitments

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Property, plant and equipment	4,421	3,904	4,421	3,904
Intangible assets	-	460	-	460
Total	**4,421**	**4,364**	**4,421**	**4,364**

Note 34 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has two Private Finance Initiative (PFI) contracts known as the 'South Bucks' contract for the buildings at Wycombe and Amersham Hospitals and the 'Stoke Mandeville' contract for the building at Stoke Mandeville. Both the Trusts PFI are accounted for as on SOFP PFI's. The Trust does not have any off SOFP PFI's.

The South Bucks scheme was for the provision of a new building at Wycombe Hospital, and an almost complete rebuild of Amersham Hospital. The contract was signed in December 1997 and the new buildings were fully operational in November 2000. The contract length is 63 years and the Trust has an option to break the contract at 33 years, 43 years and every 5 years after that.

The Trust provided two smaller sites to the PFI partner in exchange for a reduced unitary payment during the contract term and the value of this exchange is accounted for as deferred expenditure. As part of this contract, the facilities management services at Wycombe and Amersham will be provided by the PFI partner over the lifetime of the contract.

The Stoke Mandeville scheme was for the re-provision of 11 wards (238 beds), a new entrance and restaurant and a new burns unit on the Stoke Mandeville site. The contract was signed in May 2004 and the new buildings became fully operational in August 2006. The contract was for 32 years from the date of signing.

As part of the contract terms, the PFI partner will be responsible for the provision of facilities management during the lifetime of the contract and will receive a guaranteed amount of income from catering and provision of car parking.

In both cases the Trust retains the ownership of the land. During the period of the contract the Trust is obliged to retain buildings, although it can specify what services are provided on each site.

Under IFRIC 12 the Trust treats the assets (buildings) resulting from these contracts as its own and their value is included within the Statement of Financial Position (totalling £66,685k for both sites). It also includes a liability for the payment that is required to be made to the PFI partners (totalling £58,443k).

The Unitary Payment paid to the PFI partners is accounted for partly as costs relating to the supply of the facilities management services under General Supplies and Services and partly as finance costs relating to the lease of the buildings.

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

Note 34.1 Imputed finance lease obligations

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

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Gross PFI, LIFT or other service concession liabilities	**113,217**	**262,895**	**113,217**	**262,895**
Of which liabilities are due				
- not later than one year;	8,705	12,140	8,705	12,140
- later than one year and not later than five years;	34,118	48,014	34,118	48,014
- later than five years.	70,394	202,741	70,394	202,741
Finance charges allocated to future periods	(57,099)	(204,452)	(57,099)	(204,452)
Net PFI, LIFT or other service concession arrangement obligation	**56,118**	**58,443**	**56,118**	**58,443**
- not later than one year;	2,705	2,325	2,705	2,325
- later than one year and not later than five years;	12,128	9,504	12,128	9,504
- later than five years.	41,285	46,614	41,285	46,614

Note 34.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

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

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	711,608	732,694	711,608	732,694
Of which liabilities are due:				
- not later than one year;	39,804	35,892	39,804	35,892
- later than one year and not later than five years;	161,249	150,879	161,249	150,879
- later than five years.	510,555	545,923	510,555	545,923

Note 34.3 Analysis of amounts payable to service concession operator

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

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Unitary payment payable to service concession operator	37,015	34,378	37,015	34,378
Consisting of:				
- Interest charge	6,312	8,873	6,312	8,873
- Repayment of finance lease liability	2,278	2,976	2,278	2,976
- Service element and other charges to operating expenditure	25,250	19,926	25,250	19,926
- Capital lifecycle maintenance	1,674	1,238	1,674	1,238
- Revenue lifecycle maintenance	-	-	-	-
- Contingent rent	1,501	1,365	1,501	1,365
Total amount paid to service concession operator	**37,015**	**34,378**	**37,015**	**34,378**

Note 35 Financial instruments

Note 35.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

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

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

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament . The Trust experiences risk around the timing of payments from other NHS organisations. the impact of this is mitigated through the agreement of balances exercise. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 35.2 Carrying values of financial assets

Group	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2018		
Embedded derivatives	-	**-**
Trade and other receivables excluding non financial assets	28,352	**28,352**
Other investments / financial assets	-	**-**
Cash and cash equivalents	2,066	**2,066**
Consolidated NHS Charitable fund financial assets	10,634	**10,634**
Total at 31 March 2018	**41,052**	**41,052**

Group	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2017		
Embedded derivatives	-	**-**
Trade and other receivables excluding non financial assets	22,132	**22,132**
Other investments / financial assets	-	**-**
Cash and cash equivalents	3,975	**3,975**
Consolidated NHS Charitable fund financial assets	11,434	**11,434**
Total at 31 March 2017	**37,541**	**37,541**

Trust	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	28,352	**28,352**
Cash and cash equivalents	2,066	**2,066**
Total at 31 March 2018	**30,418**	**30,418**

Trust	Loans and receivables £000	Total book value £000
Assets as per SoFP as at 31 March 2017		
Embedded derivatives	-	**-**
Trade and other receivables excluding non financial assets	22,132	**22,132**
Other investments / financial assets	-	**-**
Cash and cash equivalents	3,975	**3,975**
Total at 31 March 2017	**26,107**	**26,107**

Note 35.3 Carrying values of financial liabilities

Group	Other financial liabilities £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	48,295	**48,295**
Obligations under finance leases	2,921	**2,921**
Obligations under PFI, LIFT and other service concession contracts	56,118	**56,118**
Trade and other payables excluding non financial liabilities	32,682	**32,682**
Total at 31 March 2018	**140,016**	**140,016**

Group	liabilities £000	value £000
Liabilities as per SoFP as at 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	44,115	**44,115**
Obligations under finance leases	3,053	**3,053**
Obligations under PFI, LIFT and other service concession contracts	58,443	**58,443**
Trade and other payables excluding non financial liabilities	28,352	**28,352**
Total at 31 March 2017	**133,963**	**133,963**

Trust	liabilities £000	value £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	48,295	**48,295**
Obligations under finance leases	2,921	**2,921**
Obligations under PFI, LIFT and other service concession contracts	56,118	**56,118**
Trade and other payables excluding non financial liabilities	32,682	**32,682**
Total at 31 March 2018	**140,016**	**140,016**

Trust	Other financial liabilities £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	44,115	**44,115**
Obligations under finance leases	3,053	**3,053**
Obligations under PFI, LIFT and other service concession contracts	58,443	**58,443**
Trade and other payables excluding non financial liabilities	28,352	**28,352**
Provisions under contract	-	**-**
Total at 31 March 2017	**133,963**	**133,963**

Note Maturity of financial liabilities

	Group		Trust	
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
In one year or less	35,544	33,331	35,544	33,331
but not more than two	5,093	4,723	5,093	4,723
but not more than five	58,976	51,515	58,976	51,515
In more than five years	40,403	44,394	40,403	44,394
Total	**140,016**	**133,963**	**140,016**	**133,963**

Note 36 Losses and special payments

	2017/18		2016/17	
Group and trust	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	1	2	14
Bad debts and claims abandoned	72	13	157	198
Stores losses and damage to property	21	161	12	345
Total losses	**94**	**175**	**171**	**557**
Special payments				
Ex-gratia payments	31	17	36	11
Extra-statutory and extra-regulatory payments	-	-	3	11
Total special payments	**31**	**17**	**39**	**22**
Total losses and special payments	**125**	**192**	**210**	**578**

Stores losses are mostly with regard to expiry of drugs. These are low volume high cost items

Note 37 Related Parties

During the year, with the expection of one director disclosed below, none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Buckinghamshire Healthcare NHS Trust

The Trust has undertaken the following transactions with entities who are related to an executive director through a close family member.

	Expenditure
	£000
Fed Bucks	400
Marlow Medical Grounp	74

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example :

Chiltern Clinical Commissioning Group

Aylesbury Vale Clinical Commissioning Group

Herts Valleys Clinical Commissioning Group

Bedfordshire Clinical Commissioning Group

NHS England South Central

NHS England Wessex

Thames Valley Local Area Team

NHS Litigation Authority

Health Education England

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HMRC in respect of taxes and national insurance contributions, Bucks County Council in respect of Public Health activity and Aylesbury Vale District Council and Wycombe District Council both in respect of rates.

One of the Trusts Directors is also a Director of Scanappeal which is an associated charity.

Note 38 Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	72,498	217,310	78,014	224,315
Total non-NHS trade invoices paid within target	38,270	178,060	71,745	214,282
Percentage of non-NHS trade invoices paid within target	52.79%	81.94%	91.96%	95.53%
NHS Payables				
Total NHS trade invoices paid in the year	2,024	23,681	2,922	12,929
Total NHS trade invoices paid within target	1,053	18,370	1,684	7,787
Percentage of NHS trade invoices paid within target	52.03%	77.57%	57.63%	60.23%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 39 External financing

The trust is given an external financing limit up to which it is permitted to spend

	2017/18 £000	2016/17 £000
Cash flow financing	4,350	6,521
Finance leases taken out in year	831	
External financing requirement	5,181	6,521
External financing limit (EFL)	5,260	8,849
Under / (over) spend against EFL	79	2,328

Note 40 Capital Resource Limit

The trust is set a capital resource limit based on its level of depreciation adjusted for capital loans, PFI and other sources of capital financing.

	2017/18 £000	2016/17 £000
Gross capital expenditure	12,720	11,897
Less: Donated and granted capital additions	(1,952)	(966)
Plus: Loss on disposal of donated/granted assets	-	-
Charge against Capital Resource Limit	10,768	10,931
Capital Resource Limit	10,881	11,078
Under / (over) spend against CRL	113	147

Note 41 Breakeven duty financial performance

	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	(2,891)
Breakeven duty financial performance surplus / (deficit)	(2,891)

Note 42 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Breakeven duty in-year financial performance		146	1,026	2,848	299	320	(7,446)	(10,867)	(1,759)	(2,891)
Breakeven duty cumulative position	(3,955)	(3,809)	(2,783)	65	364	684	(6,762)	(17,629)	(19,388)	(22,279)
Operating income		294,906	345,367	340,397	350,921	359,449	369,844	370,225	391,843	412,591
Cumulative breakeven position as a percentage of operating income		-1.29%	-0.81%	0.02%	0.10%	0.19%	-1.83%	-4.76%	-4.95%	-5.40%

ANNUAL GOVERNANCE STATEMENT

Annual Governance Statement 2017/18

Name of organisation: Buckinghamshire Healthcare NHS Trust

Organisation Code: RXQ

1. SCOPE OF RESPONSIBILITY

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

2. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Buckinghamshire Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

3. CAPACITY TO HANDLE RISK

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

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

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

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

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

Figure 1 Executive portfolios
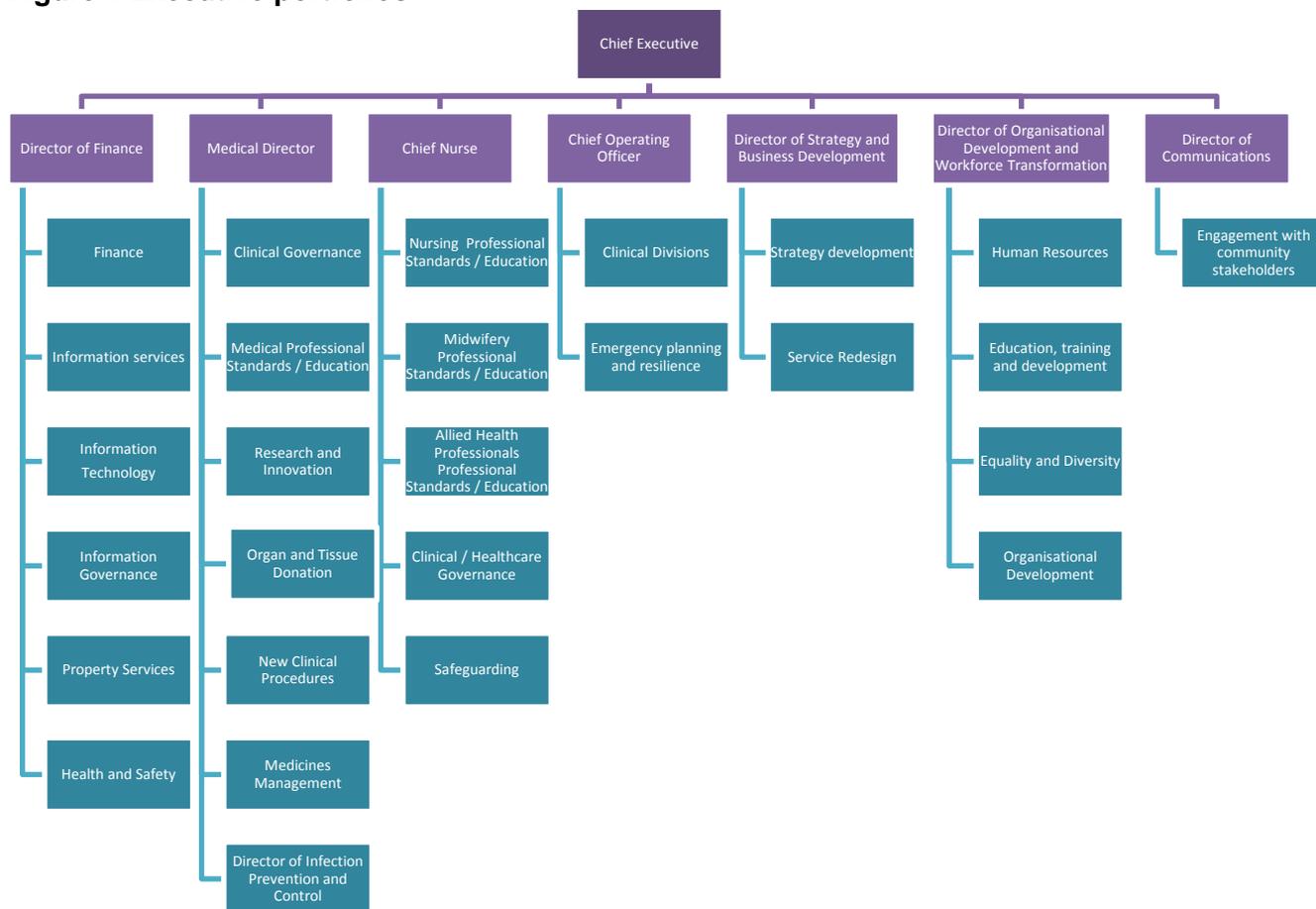
The governance of all these portfolios is supported by the Director for Governance.

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

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

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

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

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

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

4. THE RISK AND CONTROL FRAMEWORK

4.1   Risk Management Strategy

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

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

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

The Board makes a distinction between strategic risk and operational risk, using the Board Assurance Framework for the former and the Corporate Risk Register for the latter. The processes underpinning these documents are aligned and are shown in more detail in the figures below:

Figure 2: Risk Communication Process for Board Assurance Framework

Board sets Corporate Objectives and risk appetite

Executive Director lead for each objective reviews controls and assurances to determine level of risk

Strategic Risk Management

Board Review of BAF at least four times a year

Audit Committee have opportunity to review the risks on the BAF

Risk description, controls, assurances and actions recorded on the Board Assurance Framework

BAF moderated by Executive Management Committee four times a year, including comparison with Corporate Risk Register

Figure 3: Risk Communication Process for Corporate Risk Register
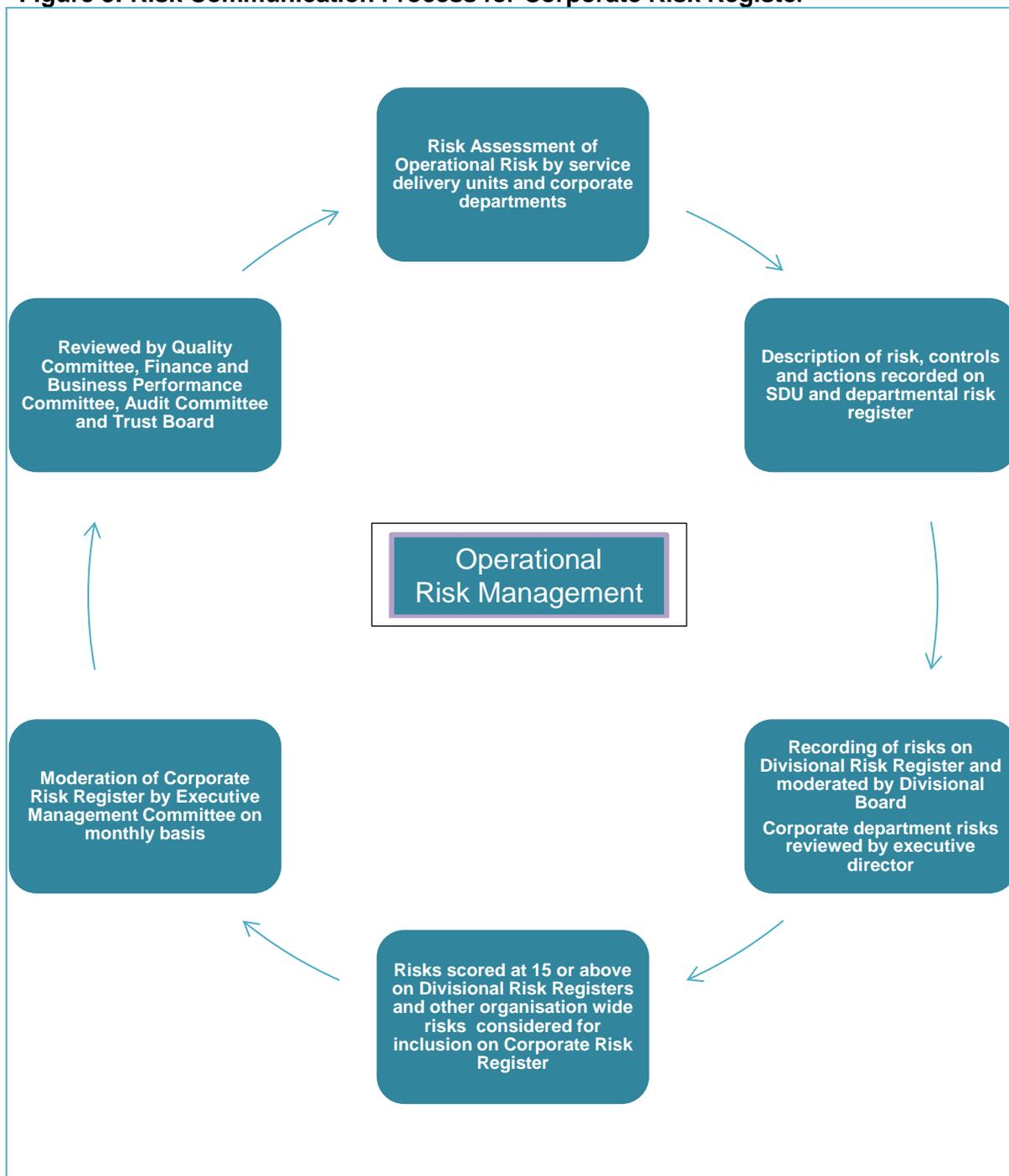
Each Executive director has responsibility for specific areas of risk in addition to their corporate board responsibilities.

At a Divisional level the risk management processes are the responsibility of the Divisional Chairs, Divisional Directors and Divisional Chief Nurses and these are reported to the Chief Operating Officer. There are clinical governance leads identified in each service delivery unit.

Risk management training and awareness is included in the mandatory corporate induction programme and additional risk training is available for staff.

Guidance is also provided by specialist advisers including:

- Director of Infection Prevention and Control, and the Infection Control Team.
- Head of Occupational Health.
- Health and Safety Adviser.
- Fire Safety Advisers.
- Radiological Protection Adviser.
- Chief Pharmacist.
- Leads for Safeguarding Adults and Children.
- Human Tissue Act Designated individuals.
- Security Advisers.
- Caldicott Guardian.
- Information Governance Advisers.
- Procurement Adviser.
- Workforce Best Practice Advisers.
- Freedom to Speak Up Guardian.
- Whistleblowing Non-Executive Director lead.
- Guardian of Safe Working hours.

The Trust's strategy for managing its risk is to:

- Adopt an integrated approach to risk management, whether the risk relates to clinical, organisation, health and safety or financial risk through the processes and structures detailed in the Trust's risk management strategy and its relating polices.
- Manage risk as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process
- Undertake risk assessment on both existing, new and proposed activities to ensure that:
    o Risk appetite is considered
    o Significant risks are identified
    o Assessments are made of their potential frequency and severity
    o Risks are avoided where possible, and minimised by implementing durable and effective controls
    o Risks are recorded on the Trust's risk register
- Put in place effective deterrents to minimise the potential for deliberate breaches such as prosecution for fraud, and disciplinary policy and processes.
- Ensure that the Board reviews the significant risks identified on the Board Assurance Framework and Corporate risk Register periodically and monitors the delivery of the Trust's objectives
- Use the risk registers to inform the trust's business planning and investment decision making process so that informed decisions are made in the full knowledge of the level of risk
- Record the results of risk assessments on the Trust's risk registers and use them to ensure that any decision to accept risk is taken as an appropriate level in the Trust
- Utilise internal and external audit, the healthcare compliance assessment and other assessments by independent regulatory bodies to provide assurance that risk is being managed appropriately
- Commission external reviews when appropriate
- Review the impact of the actions to confirm that they are successfully reducing risk

Within each clinical division there are management teams in Service Delivery Units supported by clinical governance leads whose role is to ensure that:

- Risks within the division are identified through a process of risk assessment, prioritised, where possible eliminated, and if not, minimised.
- The importance of managing risk is communicated to all staff within the division
- The Executive Management Committee is made aware of any unacceptable risks that cannot be managed within the divisions through an escalation process.
- Data from incidents, claims and complaints etc. is reviewed to identify any trends or areas for retrospective action.
- Learning is identified and that the feedback loop is completed.
- Assurance of the risk reporting and management process is provided to Board Committees.

Each division also has a clinical audit lead, medical devices lead and control of infection link nurses. They also have Health and Safety champions and leads with Information Governance responsibilities. Managers are responsible for ensuring effective risk management within their own area.

The mechanisms within Divisions providing assurance that there are effective controls in place are through:

- SDU management and clinical governance meetings to a standard template.
- Divisional Board mirroring of Service Delivery Unit processes
- Monthly performance meetings chaired by the Chief Operating Officer
- Internal and external reviews

There is cross-divisional challenge on risk processes through the Risk and Compliance Monitoring Group.

The Risk Management Strategy applies to all staff employed by Buckinghamshire Healthcare NHS Trust as well as temporary, agency and contracted staff and stresses the need to involve public stakeholders, as appropriate, in the risk management process.

The Board Assurance Framework (BAF) provides the Trust with a tool for the identification and treatment of principal risks to the achievement of the organisation's objectives. It also provides a structure for the evidence to support:

(a) the annual governance statement and
(b) the statement of compliance with national healthcare regulations.

Documented in the Board Assurance Framework are the levels of unmitigated risk, the controls put in place to minimise principal risks, and the residual risk. The Framework also seeks to give assurances that these controls are effective. Many of these controls are already well established in systems of working which reduce the likelihood of risks being realised.

Where gaps in control or assurance are identified, action plans with specific deadlines are developed and put into place. The BAF ensures that appropriate internal and external assurances are in place in relation to the management of all high-risk areas.

4.2   Quality Governance

There are multiple internal mechanisms in place to provide a sound governance framework for the delivery of high quality services. These mechanisms include an electronic incident reporting system; a process for identifying, reporting, investigating and acting on Serious Incidents, including Never Events; a comprehensive clinical audit programme; and a process for responding to complaints. There are also mechanisms for feedback from staff and patients and using data to underpin assurance and seek out risk. The appointment of a Freedom to

Speak Up Guardian has helped to foster a culture of openness and a commitment to dealing with concerns raised by staff. The processes to deliver these mechanisms are set out in policies and communicated to all levels of the organisation, initially through induction and then through a programme of annual statutory and mandatory training. Another key element of quality governance is the safeguarding process for children and adults.

Following the publication of the learning from deaths quality standard (2017) Buckinghamshire Healthcare NHS Trust (BHT) have embraced the new national requirements. On Dec 1st 2017 we launched a new role of medical examiner (ME) amongst a group of consultants to provide independent scrutiny of all deaths and ensure meaningful engagement with bereaved relatives.

In addition there are multiple sources of assurance from external sources, whether it be audit, peer review or inspection and oversight by regulators.

Assurance and risk from these mechanisms is reported through the meeting structure and reviewed at the Quality and Clinical Governance Committee and this is also reported to Audit Committee and Board.

The organisation has assured itself with regard to the information contained in the Quality Account 2017/18 through the following measures:

- Control mechanisms within the Medway application.

- A programme of clinical audit, including engagement with required national audits.

- External reviews initiated by the Trust.

- Results from National Staff Survey showing improvement in an open, learning culture.

- Review of the Quality Account whilst in draft by Board members, clinical leads, and contributors to the document to check for completeness and accuracy.

- Provision of a draft Quality Account for review by the Buckinghamshire Health and Adult Social Care Select Committee, Clinical Commissioning Group and Health Watch England.

- External audit of compliance with the Quality Account regulations and detailed review of two indicators within the report.

Serious Incident Framework and Process

The Patient Safety Team which reports to the Chief Nurse is responsible for the Trust wide Serious Incident (SI) management process. As part of the management of SIs the trust hold monthly Executive led internal Serious Incident approval panels (SE Group). To complement this, there is a quarterly Serious Incidents approval panel specifically for falls. This was set up specifically as part of a range of innovative approaches the trust is taking to actively prevent and reduce harm from falls.

The SE Group has two main functions i) to internally approve SI reports for submission to the Clinical Commissioning Group (CCG) and ii) to disseminate learning from SIs.

Assurance for the management of SIs is through regular panel meetings with the Buckinghamshire CCG to facilitate timely sign off of SI's and this forum enables discussion on the quality of reports and investigations. It also provides assurance that the Trust is tracking completion of action plans, with sustainability of improvements evidenced.

The number and types of serious incidents are tracked closely. There is a focus on high quality investigations and analysis to enable rich learning to arise from the incidents with the aim of developing preventative strategies to ensure the incidents do not reoccur in other areas.

Learning from Serious Events is also widely shared at Academic Half Days.

4.3   Assurance of compliance with Care Quality Commission regulations

Each year the Trust conducts a self-review of compliance with legislation, included Care Quality Commission regulation, and this underpins the declaration in the Annual Governance Statement. This year the process has been significantly strengthened. Each regulation and piece of legislation has been designated with an executive and a management lead and has undergone granular review leading to completion of a compliance template.

The templates have been completed and signed off by the relevant executive and there is documented evidence of how we are monitoring compliance and any concerns and actions. This has been reviewed at the Executive Management Committee, Quality Committee and the Board.

For key areas of risk such as Fire, Security and Health and Safety there are annual reports.

Where concerns have been identified these are being managed.

The annual self-review reflects the risks that have been reported to the Board and its Committees through the year. For example there are risks related to the vacancy level and dependence on the use of temporary staff; risks related to the limited availability of capital which have the potential to impact on estates, information technology and medical equipment; and risk to quality of service provision arising from pressures on the urgent care pathway. The workplans for each Committee show standing items for key risk areas.

The trust has addressed the areas of compliance identified by the Care Quality Commission in September 2016, but has not had any inspection by the CQC since that date to confirm compliance. The Chief Executive Officer, Chief Nurse and Medical Director meet with CQC inspectors on a quarterly basis and brief them on the current position at the Trust.

The process of confirming compliance has been subject to an advisory internal audit during the year.

As far as is reasonably practicable the trust is fully compliant with the registration requirements of the Care Quality Commission.

A close relationship with the Care Quality Commission has been maintained throughout the year and I have kept them informed of any risks.

4.4   Management of risks to data security

The Executive Management Committee, Finance and Business Performance Committee and the Audit Committee have closely monitored the Trust's position in relation to data security and a number of actions have been taken in the year to strengthen this position. These actions

include strengthening of the Trust firewalls; and diligent and timely application of 'patches' into the system when they are available.

An internal audit on Cyber Security was commissioned and completed in the year resulting in a 'Partial Assurance' opinion. There was recognition in the report which was completed in July 2017 that many actions were in progress but not yet completed at the time of the audit.

Other safeguards include the Information Governance toolkit; statutory training for all new starters; investigation and review of any breaches and dissemination of learning and actions.

4.5   Major risks

A range of risks were identified in 2017/18 and were reported to the Board through the Board Assurance Framework and the top risks from the Corporate Risk Register.

The top strategic risks facing the organisation through the year were as follows:

Quality

The Board has been apprised of the risk to patient experience resulting from waiting times for patients on the urgent care pathway particularly during times of high activity during the winter period. The actions put in place to improve waiting times have had some impact but there is more to do to achieve full compliance with the target.

Workforce

One of the top risks facing the organisation has been the challenge to recruit and retain the right levels of substantive clinical staff. A reliance on the use of temporary staff as well as creating a significant cost pressure also carries with it the risk of an adverse impact on the quality of patient care. Recruitment activity has been relatively successful during the year for nursing and medical staff except for specialities where there is a national shortage. However, the recruitment of new nursing staff has not kept pace with the attrition of nursing staff and therefore this has continued to be a challenging risk.

Finance

Throughout the year the Board has monitored and managed the risk around the delivery of the annual financial plan. The Board and its Finance and Business Performance Committee has worked through the year to fully understand the underlying financial risk and to put in place a strategy for the Trust to recover from its deficit position.

The risk around the cash position has also been monitored and managed through the year. This remains a challenge.

There has been significant focus on the risks arising from the limited availability of capital.

Deficiencies resulting in realised risk

In summary, the deficiencies resulting in realised risk in 2017/18 are as follows:

- Issues of financial control resulting in a year-end deficit. The Board has worked through the year to ensure transparency and understanding of the underlying financial position, to minimise the deficit, and to plan for 18/19 (more detail in section 5).
- Issues relating to patient flow on the urgent care pathway resulting in not achieving the required 4 hour target (more detail in section 8.3).
- Issues relating to compliance with the 18 week admitted pathway for elective treatment (more detail in section 8.3).
- Issues relating to compliance with the cancer standard (more detail in section 8.3).

Future Risks

Many of the risks described in 17/18 will continue to be risks in 18/19, in particular delivery of the financial plan, recruitment and retention of high calibre staff, and managing the urgent care pathway in a way that optimises patient experience. These are complex risks to resolve and controls are in place to manage the current situation and to bring down the risk through focused actions.

There are clinical risks inherent in the delivery of healthcare which continue year on year and are managed through rigorous controls to prevent the risks from materialising into events that cause harm to patients.

4.6   Board self-review

The last detailed self-assessment using the Well-led Framework was considered by the Board in September 2015. This was revisited with the Board in September 2017 taking into account the new guidance. A self-review will be submitted to the Board in July 2018 and the Trust is commissioning an external review.

In February 2018 the Board conducted a review of its performance. Themes relating to achievements in year were as follows:

- **Leadership – progress in the following areas:**
    - Cultural shift: openness
    - Transparency
    - Resilience
    - Values
    - Drive for improvement
    - Innovation
    - BHT Way

    - National profile

    - System working
    - System leadership

- **Quality – progress in the following areas:**
    - Greater confidence in clinical metrics
    - Community Hubs pilot
    - New cardiac catheter laboratory
    - High quality stroke service

- **People – progress in the following areas:**
    - Workforce redesign
    - Talent promotion
    - Greater focus on patient experience

- **Money – progress against dealing with the underlying deficit.**

The Board considered areas for further development and agreed the following three areas of focus:

- Becoming more strategic

- Focus on the Well-led Framework including Board preparation for CQC well-led review

- Building a culture that values diversity and inclusion. This includes hearing the patient voice and hearing the voice of our workforce.

The Board of Directors has seen some changes in 17/18. Changes are set out below.

Directors who have left the Board

Name	Post	Leaving date
Mr Ian Anderson	Director of Human Resources	August 2017
Mr Neil Dardis	Chief Executive Officer	March 2018

Directors who have joined the Board

Name	Post	Date
Mrs Bridget O'Kelly	Director of Workforce Transformation and Organisational Development	Commencement August 2017
Mr Tom Roche	Honorary Non-Executive Director Associate Non-Executive Director	June 2017 November 2017
Ms Natalie Fox	Interim Chief Operating Officer	March 2018

Mr Neil Macdonald has changed role from Chief Operating Officer to become the Interim Chief Executive Officer.

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

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

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

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

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

4.7   Compliance with NHS Provider licence

Although NHS trusts are exempt from needing the Monitor NHS provider licence, directions from the Secretary of State require NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

The Board self-certified against the following NHS provider licence conditions in May 2017 and will do this again in May 2018:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (**condition G6(3)**)

- The provider has complied with required governance arrangements (**Condition FT4 (8)**)

Condition G6

This condition requires NHS trusts to have processes and systems that identify risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. Providers must annually review whether these processes and systems are effective.

The Board has been assured through the following mechanisms that Condition G6 is in place:

- Preparation and publication of an Annual Governance Statement which sets out mechanisms of control and risk management for the trust

- Head of Internal Audit opinion confirms that the organisation has an adequate and effective framework for risk management, governance and internal control. Further enhancements have been identified to ensure that it remains adequate and effective

- Performance reporting on a monthly basis through Board and Committees which includes monitoring of the requirements within the NHS Constitution and compliance with financial duties

- Board Assurance Framework updated on a quarterly basis, and Corporate Risk Register updated on a monthly basis and risk escalation processes in place

- Self-assessment using the Well-led Framework. The Board has revisited this in 2017 as part of the Board Development Programme

- External reviews including Health and Safety inspection, NHS Counter Fraud Authority, and clinical reviews

- Achieving Level 2 in the Single Oversight Framework and bi-monthly monitoring by NHS Improvement

- Compliance with laws and regulation paper to the Board in March 2018

- Consideration of and adoption of going concern basis

- External audit opinion on financial accounts, value for money and quality accounts

Condition ST4

This condition requires the provider to comply with required governance arrangements. These are summarised below with reference to the sources of assurance which confirm compliance:

| Statement	Sources of Assurance
The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	- Director for Governance and Director of Finance provide expertise on standards of governance as they apply to the NHS and advise the Board and organisation accordingly - Review of elements of governance by CQC, NHS Improvement, External Audit, Internal Audit - Code of Conduct - Declaration of Interests
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Board and relevant Committees are briefed on guidance issued by NHS Improvement in relation to governance. For example the grip and control spread sheet for financial management. This can be identified through meeting minutes
The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	- Board and Committees set up in line with Monitor's Code of Governance for Foundation Trusts as far as it applies to NHS Trusts - Standing Orders, Standing Financial Instructions and Committee Terms of Reference reviewed in year by the Board - Self-reflection on effectiveness evident in minutes of Board meetings and Committees - Review of effectiveness of Audit Committee and performance in each committee - Chair's observation of each Committee and feedback to each Committee Chair - Chair and Director for Governance visiting Boards of high performing

Statement	Sources of Assurance
	• organisations to view best practice
	• Board development programme including Board self-review and process for 360 degree feedback
	• Organisational structure charts showing lines of accountability
	• Performance Management Framework
The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	• Board and committee forward plans • Board agendas and minutes • Care Quality Commission reports • Annual Governance Statement • Internal and External Audit • Local Counter Fraud Specialist Annual report • Auditor review of going concern declaration • Interaction with NHS Improvement Operational Productivity team • Risk Management Strategy and Policy • Board Assurance Framework • Corporate risk Register • Comprehensive business planning process involved Board and Committee sign off • Emergency Planning, Resilience and Response compliance reported to Finance and Business Performance Committee • Information Governance Toolkit submission • Compliance with laws and regulations paper to the Board
The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:	• Work of the Nominations and Remuneration Committee • Recruitment process for Board

Statement	Sources of Assurance
(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	members • Board development programme including Board self-review and process for 360 degree feedback • Quality Impact Assessment process • Leadership programme • Quality report to Board • Range of internal and external assurances to Quality Committee including clinical audit and other reviews • Monthly mortality reporting • Patient Experience Group • Programme of patient and public involvement reported to the Board • Feedback processes such as Friends and Family Test and complaints process • Range of patient stories to Board • Engagement with Healthwatch and the Health and Adult Social Care Select Committee
The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	• Strategic Workforce Committee forward plan and meeting minutes • Quality and Clinical Governance Committee oversight of clinical workforce • Workforce performance reports • Staff survey • CQC reports

The Trust Board comprises a Chair appointed by NHS Improvement (NHSI), five Non-Executive Directors appointed by NHSI and 5 Executive Directors including the Chief Executive Officer and the Director of Finance. The Board is supported in the delivery of its duties by two associate Non-Executive Directors (non-voting) and two non-voting Executive Directors.

The Board has formally established six Committees and three sub-committees in support of its function. The Committee structure is shown in Figure 4 below. The Board working arrangements, including composition of the Executive and Non-Executive membership, the committee structure and membership, and the Board development plan are in line with the Code of Governance expected of NHS Trusts and the guidance contained within 'The Healthy NHS Board'.

Figure 4 Board of Directors Committee Structure

Safe & compassionate care, every time

Buckinghamshire Healthcare **NHS**
NHS Trust

```
                          ┌──────────────┐
                          │ Trust Board  │
                          └──────────────┘
```

Nominations and Remuneration Committee | Audit Committee | Charitable Funds Committee | Finance and Business Performance Committee | Strategic Workforce Committee | Quality and Clinical Governance Committee

Commercial Development Committee

Organ and Tissue Donation Committee | Safeguarding Committee

Board and Board Committees

The Board Committees support the Board in meeting its duty to set strategy and monitor the delivery of the organisation's objectives. A governance framework and processes are in place across the organisation to ensure that information flows clearly to the Board providing assurance where possible and highlighting risk identified through gaps in control or gaps in assurance.

Also important to the governance process are the Executive Management Committee and its sub-committees as shown in Figure 5 below. The Executive Management Committee is the key decision making and risk committee. It is chaired by the Chief Executive Officer and attended by the Executive Team, Director for Governance and Director of Communications. The Committee has reviewed and strengthened the operational meeting structure during the year and introduced a new Risk and Compliance Monitoring Group that reports to the Executive Management Committee.

Figure 5 Executive Management Committee and sub-committees

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Governance Structure – statutory and compliance

Executive Management Committee

- Research Committee
- Resilience Committee
- Caldicott Committee
- Trust Policy Sub-Group
- Capital Management Group
  - Medical Equipment Panel
- Quality and Safety Group
  - Mortality Reduction Group
    Trauma Committee
    Critical Care Delivery Group
    New Clinical Procedures Committee
    Serious Event Group
    Patient Experience Group
    End of Life Care Group
    Frailty Group
    VTE Committee
    Sepsis Group
    Infection Control Committee
    Decontamination Committee
    Drug and Therapeutics Committee
- Divisional Operational Committee
  - Access and Performance
    Divisional Boards
    BHT Way and Faculty of Leadership
    SDU strategy
- HR and Workforce Group
- Risk and Compliance Monitoring Group
 - Health and Safety Committee

Also aligned to the Executive Management Committee are the transformational meeting structure, and the performance meeting structure as shown in Figures 6 and 7 respectively below:

**Figure 6 Transformational meeting structures**

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Governance Structure: Transformation and Delivery

Executive Management Committee

- Estates Strategy
- Urgent Care Programme Board
- Strategic Transformation Committee
- Deep Dive
- MSK
- Long Term Conditions
- Pathology
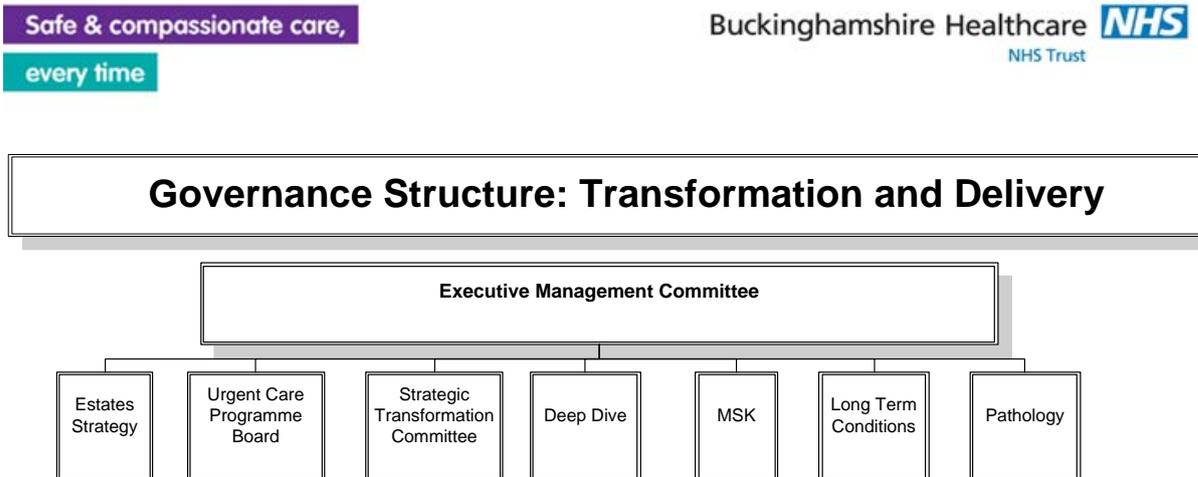
Figure 7 Performance Meeting structure

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Governance Structure : Performance Overview

Executive Management Committee

Quarterly Performance Reviews

Performance Escalation

Division of Integrated Medicine

Division of Integrated Elderly and Community

Division of Surgery and Critical Care

Division of Specialist Services

Division of Women and Children and Sexual Health

Corporate Division

Finance

Communications

Human Resources

Estates and facilities

Information Services

Healthcare Governance (patient safety, patient experience)

The clinical services are delivered through five clinical divisions each led by a Consultant Doctor Chair, Divisional Director and Divisional Chief Nurse as shown in Figure 7. Each of the Divisions has its own management and governance structure through which performance is monitored at service level, and which links to the Divisional performance meetings. The Divisional governance structure is shown in Figure 8 below.

Figure 8: Governance at Divisional Level
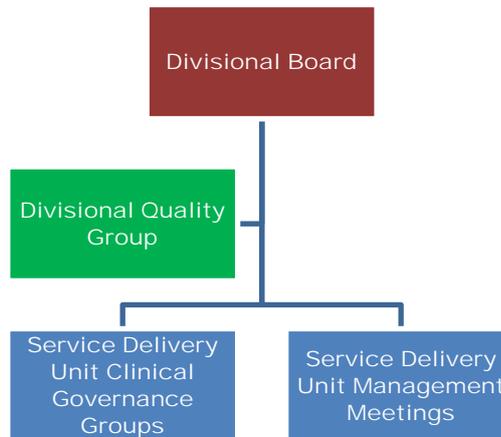
Description of Board and Committees

Trust Board

The Trust Board has responsibility for setting the overall direction, agreeing the Trust's principal objectives, assessing and managing strategic risks to the delivery of those objectives, and monitoring progress through regular performance monitoring reports.

The Board has delegated scrutiny of assurance processes relating to workforce, quality, and finance and information to four of its committees, namely the Audit Committee, Finance and Business Performance Committee, the Quality and Clinical Governance Committee and the Strategic Workforce Committee. The committees work together to deliver an integrated approach to governance. The Board Assurance Framework and the Integrated Performance Report each indicate which Committee scrutinises which element of assurance. Each of the committees has a Non-Executive chair and membership. There is a significant common membership across the four committees. Every Committee has terms of reference which have been reviewed in the year and an annual work plan.

There are two other Board Committees, the Nominations and Remuneration Committee, and the Charitable Funds Committee which are also described below.

The Board also has a designated sub-committee reporting into the Finance and Business Performance Committee: the Commercial Development Committee.

Audit Committee

The Audit Committee is responsible on behalf of the Board for reviewing the establishment and maintenance of an effective internal control and risk management process across the whole of the Trust's activities that supports the achievement of the Trust's objectives and monitors:

- The integrity of the financial statements of the Trust.
- The independent auditors' qualifications, independence and performance.
- The performance of the Trust's Internal Audit function and Local Counter Fraud provision.
- Compliance by the Trust with legal and regulatory requirements.

The Audit Committee is invested with sufficient authority to act with independence.

Mr Graeme Johnston, Non-Executive Director and Senior Independent Director chaired the Audit Committee throughout the year.

There have been some changes in membership through the year with Mrs Rachel Devonshire leaving the Committee in March 2018. Dr Dipti Amin joined the Committee in October 2017, and Mr Tom Roche joined the Committee in March 2018.

Mr Rajiv Jaitly has been a member of the Committee throughout the year. He also Chairs the Finance and Business Performance Committee.

Mr Johnston and Mr Jaitly are both qualified accountants with considerable experience.

Meeting Date	Number of members attending
24 April 2017 (Extraordinary)	2
11 May 2017	3
31 May 2017 (Extraordinary)	2
13 July 2017	3
5 October 2017	4
11 January 2018	2
8 March 2018	4

The meetings that each member was eligible to attend, together with actual attendances, are shown below. The Board attendance record is presented at each Board meeting held in public.

Member	Number of meetings eligible to attend	Number of meetings attended
Graeme Johnston	7	7
Rajiv Jaitly	7	7
Rachel Devonshire	6	3
Dr Dipti Amin	3	2
Mr Tom Roche (Associate Non-Executive Director)	1	1

The Director of Finance and Director for Governance attend each meeting and the Chief Executive Officer attends on an annual basis.

The Committee has an annual work plan with meetings timed to consider and act on specific issues within that plan. The Committee Chair reports to the Trust Board following each meeting.

The terms of reference of the Committee are reviewed annually and were last reviewed in January 2018.

The Audit Committee has received the Board Assurance Framework in full four times in the year in July and October 2017 and January and March 2018. The Committee is satisfied that it covers the full range of risks to achieving the objectives of the Trust. The Audit

Committee has received assurance from the Quality Committee, Finance and Business Performance Committee and the Strategic Workforce Committee in relation to their more detailed review of individual risks. The Committee has requested more detailed Board consideration of individual BAF scores where it has considered necessary as part of its reporting to the Board. The Committee has acknowledged in the year the progress with the development of the Board Assurance Framework and the significant assurance rating provided by Internal Audit.

Review of the highest risks on the corporate risk register has allowed the Committee to assure itself the system of operational risk management is adequately identifying risks and allowing the Board to understand the appropriate management of these risks. The Committee has also reviewed the risk register for consistency with risks identified to Trust objectives through the Board Assurance Framework.

The Audit Committee has monitored the work of the Finance and Business Performance Committee, Strategic Workforce Committee and Quality Committee through shared membership and reports from the Chairs of the Committees. The Audit Committee concludes overall that there are no areas of significant duplication or omission in the Trust's governance systems that have come to its attention and are not adequately resolved.

The Audit Committee has reviewed the draft the Annual Governance Statement for 17/18 on the 10 May 2018. The Committee members have concluded that it is consistent with the view of the Committee on the organisation's system of internal control and, subject to approval of the final version at the May meeting, accordingly recommended the Board's approval of the AGS.

The Committee has reviewed the process for the approval of policies and protocols covering financial matters to obtain assurance that the process provides for financial controls to meet all relevant regulatory, legal and code of conduct requirements.

The internal audit work plan is developed using a risk based approach. Internal auditors have a three year internal audit strategy, which has been formulated from meeting with Executive Directors, reviewing the Board Assurance Framework and Corporate Risk Register and focussing on areas of the Trust's operations which are either high risk or have not been recently reviewed as part of the regular audit cycle. This was used to populate the Plan for 2017/18. Prior to agreeing the Internal Audit plan the Committee reviewed it and contributed to its development.

The Committee invites the Counter Fraud Specialist to attend to present reports on progress with this programme of work and has received the annual report on counter fraud services. The report highlighted work undertaken to embed an anti-fraud culture through deterrence, prevention, detection and counter-fraud management.

During 2017/18 the Committee has had the opportunity to put in place meetings between internal audit and the Committee members, these meetings have taken place where considered necessary after a meeting of the Audit Committee.

The Committee approved the External Audit Plan at the start of the financial year and received regular updates on the progress of work. In addition, reports and briefings were received from the External Auditors.

During 2017/18 the Committee has had the opportunity to put in place private meetings between external audit and the Committee members where considered necessary, following Audit Committee meetings.

The Accountable Officer meets with External Audit at least twice a year. This enables him to raise issues with them as necessary, brief them on any strategic developments and hear from them if they have any concerns.

During the year, members carried out a self-assessment using the 'Audit and Risk Assurance Committee Effectiveness Checklist' published by the National Audit Office

The Committee is due to have 6 standard meetings in 2018/9 plus two extraordinary meetings to sign off the annual accounts and audit. A Workplan based on the model example in the NHS Audit Committee Handbook 2014 has been prepared for the Committee for 2018/19.

The Committee will continue to review the assurances provided by the other Committees of the Board, and will receive 'deep dives' into BAF risks.

The Committee will continue to review the timeliness and robustness of the organisation's responses to Internal Audit reports and recommendations. Where gaps and weaknesses have been identified in the internal control framework, the organisation will provide assurance as to the actions taken to address the risk.

The Committee has received assurance on the clinical audit programme through the Quality Committee in 17/18 and has asked to review the clinical audit programme for 18/19 to ensure alignment with the internal audit programme and to receive assurance on the rigour of the programme and ensuing actions.

Quality and Clinical Governance Committee

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

The Committee has focused in 17/18 particularly on progress against actions within the Quality Improvement Plan to deliver the Quality Improvement Strategy and has seen the majority of actions completed within the year. The detail on Quality Performance in 17/18 is found in the Quality Accounts.

The Quality and Clinical Governance Committee has received assurance with regard to the design and delivery of the Clinical Audit programme and has challenged the organisation to have a more focused, risk based approach to the programme and to provide greater assurance on closing the loop on identified actions. The Committee has sought assurance that recommendations from the 16/17 internal audit have been achieved.

A structured programme of clinical service review deep dives has been followed through the year providing assurance from ward to Board.

The Committee welcomes a colleague from the Clinical Commissioning Group to the meeting to provide a level of external scrutiny and challenge.

Finance and Business Performance Committee

The purpose of the Finance and Business Performance Committee is to provide the Board with assurance concerning all aspects of finance, workforce and operational performance

relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. On behalf of the Trust Board, the Finance and Business Performance Committee oversees all aspects of the financial arrangements of the Trust. It provides the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and provides the Board with information and advice on key issues. The Committee also has oversight of the Trust's performance management framework and, as required, focuses on specific issues where the Trust's performance is deteriorating or there are matters of concern.

The Committee reviews in detail every capital or revenue business case above the value of £1m.

The Committee has focused in 17/18 on consistency of delivery and transparency of information in relation to managing the risks in relation to the financial plan.

There is now an established process of divisional deep dives to provide assurance on granularity of risk management and improvements at divisional and service line level.

The Committee has sought and received assurance in relation to business continuity processes.

The Committee has overseen the development of the estates strategy and the commercial development strategy.

Strategic Workforce Committee

The purpose of the Strategic Workforce Committee is to provide the Board with assurance regarding delivery of the People Strategy and Organisational Development Plan. On behalf of the Trust Board, the Strategic Workforce Committee oversees all aspects of the workforce and organisational development arrangements of the Trust. It provides the Trust Board with assurance that the workforce and organisational development issues of the Trust are being appropriately addressed, and will provide the Board with information and advice on key issues.

The Committee receives assurance around Health and Safety processes and compliance. The Committee has asked for systematic approach to the way in which it receives this assurance and this will further develop in 18/19.

The Committee receives the integrated performance Floodlight Report and reviews exception reports relating to workforce.

During 17/18 the Committee has reviewed the Trust's workforce and education strategies, key elements of the people agenda. The Guardian of Safe Working Hours, introduced nationally in 2016 to oversee compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors, reports regularly into the Committee.

In 2017/18, we appointed the Trust Freedom to Speak up Guardian (FTSUG). As required by the National Guardian Office, the Trust FTSUG presents reports setting out activity, learning and resulting actions to the Strategic Workforce Committee, the Audit Committee, the Trust Board and meets regularly with the Chief Executive.

Nominations and Remuneration Committee

The Nominations and Remuneration Committee monitors and takes decisions on:

- The formal, rigorous and transparent procedures in place for the appointment of Executive Directors to the Board.
- Executive salaries.
- The talent management of senior leaders in the organisation.

- Restructuring and redundancy as required.

Charitable Funds Committee

The overall purpose of the Charitable Funds Committee is to assist the Board in its role as Corporate Trustee of the charity in the performance of its duties. This is through providing assurance that the Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales and meet the objectives of the donors. The Committee approves charitable funds expenditure in accordance with standing orders and standing financial instructions as well as approving investment policy and monitoring investments on a regular basis.

The Committee has appointed a non-voting Independent member, Mr Les Broude, who attended his first meeting in February 2018. A patient representative will join the Committee in May 2018.

Commercial Development Committee

The Commercial Development Committee has been established to provide assurance and strategic direction to innovative commercial thought leaders from within the organisation. The committee:

- Receives assurance that commercial opportunities are being maximised;

- Provides advice and guidance for commercialisation and innovation initiatives;

- Receives assurance that Commercial Initiatives in workstreams are in alignment with Trust Strategy and Values.

The ethos of the group is positive, fast paced and focussed and is intended to build an entrepreneurial culture within the organisation.

The Trust has invested in a wholly owned subsidiary company to deliver an Outpatient Pharmacy (Buckinghamshire Healthcare Projects Ltd) in 17/18 but did not trade in that year. Trading commenced on the 4th April 2018. The Board of this company comprises both non-executive and executive directors.

4.8   Examples of how risk management is embedded

One example of how risk management processes are embedded relates to incident reporting, including serious incidents. Members of staff are actively encouraged to report both incidents and examples of outstanding practice. Incidents can be reported electronically on any computer in the Trust and themes are reviewed at service level, divisional level, committee level and board level. There are regular learning events set up to facilitate learning across the organisation. A culture of openness has continued to develop through the year.

Another area where processes have further embedded in 17/18 has been around the declaration of interests. The policy was re-written based on NHS England guidance published in the year and a communication process accompanied the new policy which required appropriate staff to complete a declaration of interest form. This has led to a rise in the number of declarations on the register. The register is published on the Trust web-site in line with best practice.

There is an accompanying template for any paper requiring the Board to make a significant decision which sets out the risk profile of the decision. This forms the foundation of risk for the

'project' as it moves forwards through due diligence and implementation and thereafter, when it has gone live. Risk mitigation actions are regularly reviewed within project reviews and exit strategies updated and in place at every phase. Escalation to the Board through this process will occur when appropriate.

For example, the project which designated the Trust as lead provider for primary care out-of-hours and with responsibility for the Minor Injuries and Illness Unit at Wycombe Hospital, provided through a sub-contract with the GP Federation (FedBucks) was closely monitored up to and beyond its 'go-live' in April 2018. Risks were identified and mitigated at each stage.

This approach also applied to the setting up of a wholly owned subsidiary company to run an Outpatient Pharmacy at Stoke Mandeville Hospital. This also went live in April 2018.

4.9 Pension

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

4.10 Equality, diversity and human rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

4.11 Energy

The trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Trust faced another challenging year financially ending with a £5.4m deficit compared to its planned surplus of £6.5m. The Trust was then notified of an additional £2.5m of Strategic Transformation Funding that improved the position to a deficit of £2.9m.

Within this out-turn a Cost Improvement Plan (CIP) of £13.1m was achieved.

The Finance and Business Performance Committee has continued to focus through the year on monitoring the delivery of the three year action plan towards an underlying break-even position. The action plan includes the following key elements:

- The engagement of FTI to develop the transformation programme, Project Management Office and the process and plans to deliver the Financial Transformation Programme in 2017/18 and 2018/19.
- Budget setting is more formal, with an agreement of a realistic but challenging starting position. For the 2018/19 financial year divisional lead and corporate leads who hold budgets will meet, agree and sign off budgets with the Chief Executive, Chief Operating Officer and Director of Finance.
- Budget review and monitoring has been aligned to the NHSI Reporting Framework, from October 2016, establishing Control Totals, with movements allowable at set points in the financial year.
- Budgetary reporting is moving to a more balanced format that facilitates income and expenditure reporting, and allocates the costs of activity to the budget holders who are responsible for the spend.
- The divisions have a consistent formal escalation process for managing budgets that deviate from plan, and this is supported at a corporate level through the performance management framework.
- Contract Management has been strengthened especially with regard to PFI contracts.
- The Trust is prioritising future procurement initiatives and opportunities through the PPIB (Purchase Price Index and Benchmarking tool, and with other providers
- iSLR (Integrated Service Line Reporting) went live in 2017/18 and further used in development of the clinical strategy for 2018/19 and cost improvement programme. Information has been provided to Divisions on a monthly basis. It is important that the concepts of SLR become familiar, such as why contribution is more important than surplus/loss, before the Trust considers the next step of moving to service line management system.
- The Business Case governance processes have been redesigned to better enable assurance of Value for Money assessment, and evidence contribution to the Trust Financial Improvement Programme.
- The Divisions present 'deep dives' to the Board Committees to provide assurance on the management of key issues at the front line. This includes financial management.

The organisation is engaged in a significant transformation programme and volunteered to be involved in the NHSI FIP2 work stream, engaging a partner to assist delivery. The Trust continues to build upon the work being undertaken by NHS Improvement Operational Productivity including use of the Model Hospital and rationalisation in pilot programmes. The Trust participates in other benchmarking exercises, through the Benchmarking Network, and NHSI.

6. INFORMATION GOVERNANCE

The Trust recognises the importance of managing information and personal information in particular, appropriately and securely. The Senior Information Risk Owner (SIRO) is responsible for ensuring the Board has comprehensive and reliable assurance that appropriate controls are in place and that risks are managed in relation to all information used for operational and financial purposes.

The Caldicott and Information Governance Committee monitors the performance of the Trust against the requirements of the Information Governance Toolkit. The Trust has self-assessed its performance on information governance requirements using Version 14.1 of the NHS Digital Information Governance Toolkit. The Trust's end of year overall submission for 2017/18 achieved a score of 88% resulting in a 'satisfactory' rating. During 2017/18, internal Auditors RSM undertook a review of compliance to version 14.1 (1st April 2017-31st March 2018) of the IG Toolkit to assess whether there is a suitably designed and applied framework in place. Any identified areas of weakness were immediately addressed and updated before the submission at the end of March 2018.

In addition internal audit reviewed the Trust's implementation plan for GDPR (General Data Protection Regulations) and provided recommendations that are being actioned.

During 2017/2018 there were five Level 2 data breaches. These breaches were reported to the Information Commissioner which were reviewed, assessed and none were upheld and no further action taken as they felt that appropriate and timely remedial actions were promptly taken by the Trust, which helped to contain the situation and no serious harm or adverse effects ensued.

7. ANNUAL QUALITY ACCOUNT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The organisation has assured itself with regard to the information contained in the Quality Account 2017/18 through the following measures:

- Control mechanisms within the Medway application.

- A programme of clinical audit, including engagement with required national audits.

- External reviews initiated by the Trust.

- Results from National Staff Survey showing improvement in an open, learning culture.

- Multiple reviews of the Quality Account whilst in draft by Board members, clinical leads, and contributors to the document to check for accuracy.

- Provision of a draft for review by the Buckinghamshire Health and Adult Social Care Select Committee and Health Watch England.

- External audit of compliance with the Quality Account regulations and detailed review of two indicators within the report.

Consideration of the draft Quality Account by Board members prior to sign off.

Buckinghamshire Healthcare NHS Trust submitted records during 2017/18 to the Secondary Uses service for inclusion in the **Hospital Episode Statistics** which are included in the latest published data.

The percentage of records in the published data relating to *admitted patient care* which included the patient's:	The percentage of records in the published data relating to *out-patient care* which included the patient's:	The percentage of records in the published data relating to *accident and emergency care* which included the patient's:
Valid NHS Number was 99.6% (National Average99.4%) **General Medical Practice code 99.9%** **(National Average 99.9%)**	Valid NHS Number was 100% (National Average99.5 %) General Medical Practice code 100% (National Average 99.8%)	Valid NHS Number was 99.6% (National Average97.1 %) General Medical Practice code 100% (National Average 99.3%)

8. REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the finance and business performance committee, the quality and clinical governance committee, the strategic workforce committee and the charitable funds committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

8.1 External reviews

During the year there have been a number of external reviews including:

- CQC Maternity Survey
- Critical Care Unit Quality Review Visit by NHS England
- Buckinghamshire bSHaW Sexual Health Service Review October 2017 to January 2018 (by Buckinghamshire County Council
- NHS England emergency preparedness, resilience and response (EPRR) assurance process
- Joint Advisory Group on Gastro-Intestinal Endoscopy at Stoke Mandeville and Wycombe hospitals resulting in achievement of the Certification of Endoscopy Accreditation.
- Ofsted review of St Mary's Out of School Care resulting in a 'Good' rating.

- Quality Surveillance Team Neonatal peer review where the Trust was commended for good practice. No immediate risks were identified. A concern around equipment for delivering medical gases was addressed.
- Health and Safety Executive inspection of microbiology laboratories which resulted in a number of actions to strengthen controls.

This list is not exhaustive. The outcomes of these reviews were shared at the appropriate Committees with the Risk and Compliance Monitoring Group having oversight on behalf of the Executive Management Committee.

8.2   Internal Audit

The Head of Internal Audit has provided the following opinion for 17/18:

Head of internal audit opinion 2017/18

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.
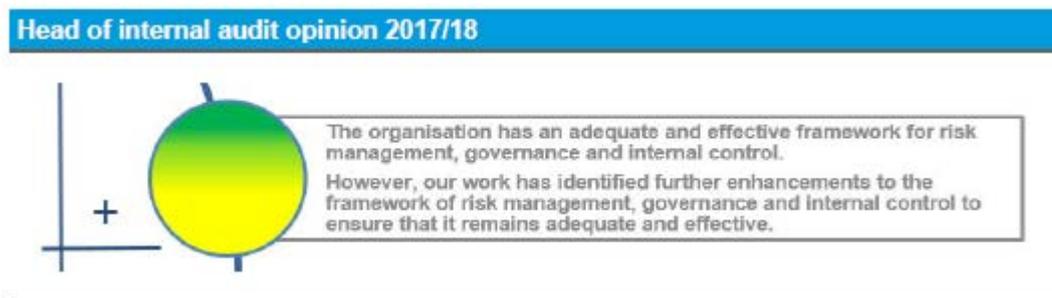
In 17/18 the Internal Audit Programme issued 19 reports of which three are advisory reports. The assurance ratings are below:

Substantial Assurance: (4)
- Raising Concerns

- Doctor Revalidation

- Assurance Framework

- Key Financial Controls

Reasonable Assurance: (9)
- Theatre Stock

- Capital Programme

- Data Quality

- Risk Management

- Temporary Staffing

- Key Financial Controls – AR and Asset Management

- Procurement

- Payroll and IR35

- PFI

Partial Assurance: (3)

- Sickness Absence

- Statutory and Mandatory Training

- Data Quality – Cashing Up of Clinics

Advisory: (3)
- CQC

- IG Toolkit

- GDPR

There have been no 'No Assurance' reports in 17/18.

All 3 partial assurance reports have been considered in detail at Audit Committee, with Executive Directors required to present actions plans to rectify risk areas identified. Review or advisory reports are not given an assurance rating but are also considered at the Audit Committee.

All recommendations were considered by the relevant executive director and management leads and actions put in place to address. High priority actions included the following:

- Health summits will be used to confirm with managers that all sickness events have been recorded on the staff's timesheet / eRoster. There will be spot checks by case managers and HR advisors of the records and ESR to ensure the accuracy of the returns.

- The management training offered by Case Managers and HR will be updated to ensure the importance of accurately recording sickness absence from their daily records to timesheets / RosterPro is robustly covered.   Furthermore, the new sickness absence policy will ensure this requirement is clearly articulated.

- The SMTG will review the Mandatory Training Matrix alongside the NLMS system. The ELD team will then update NLMS according to the recommendations made by the SMTG to ensure that the mandatory training courses are assigned to the correct employee categories.

- The Trust will investigate the reasons behind the cashing up delays by undertaking deep-dives into those with the worst back-logs. An action plan will be created which details the steps that will be taken to address the back log. Any lessons learnt will be shared amongst the clinics across the Trust. For clinics that have been cashing up on time consistently, best practice and 'tips' will be shared across the Trust.

8.3   Compliance with NHS Operating Framework

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

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

- Incomplete Referral To Treatment pathways (yet to start treatment) waiting no more than 18 weeks from referral:

  o achieved 87.9% against the National Target of 92%.

- A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department:

  o achieved 87.3% against the National Target of 95%.

- Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer:

  o achieved 82.3% against the National Target of 85%

- Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers:

  o achieved 84.1% against the National Target of 90%

- MRSA bacteraemia:-

  o 2 recorded cases against a zero National Standard

- Clostridium difficile infection rate:-

  o 43 recorded cases against a National Standard of 32

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

8.4   National Staff Survey

In 2017, we sampled all of our staff and the results represent the views of 49% of the workforce, equivalent to 2846 staff members.

We have made improvements in our rankings over the last 3 years and we are firmly ranked as average when compared with other combined trusts. Of the 32 key findings, we have 2

more key findings ranked as better than average than in 2016 and 6 more than in 2015. In comparison our worse than average scores have gone from 11 in 2015 to just 4 in 2017.

No. of key findings (32)	Better than average	Average	Worse than average
2017	**9**	**19**	**4**
2016	7	18	7
2015	3	18	11

The Trust's overall staff engagement score was 3.78 on a scale of 1-5; the national average is 3.78. The staff engagement score is a composite score of 3 key findings; KF1 – staff recommendation of the trust as a place to work and receive treatment. This key finding remains average when compared with other acute and combined trusts and there was no statistically significant change compared with our 2016 results. Neither was there any change with KF7 – staff ability to contribute towards improvements at work which is ranked above average, however for KF4 – staff motivation at work - this also remains average compared with similar Trusts but this KF was a statistically significant deterioration for us when compared with our results in 2016.

	2017	**2016**	**2015**	**2014**
Trust's staff engagement score	3.78	3.76	3.76	3.60

Clinical Audit

A wide range of clinical audits have been undertaken in 2017/18 and these are reported in detail in the Quality Account. These provide assurance that controls are in place for clinical processes, and, where risk is identified through these audits this is escalated through the risk management system.

8.5   Serious Incidents and Never Events

One area where there has been evidence of sustainable change in relation to deaths from Serious Incidents is the launch of the Medical Examiner and the BHT revised mortality process in December 2017 in response to the Learning From Deaths Quality Standard. The Medical Examiner conducts an Independent Screen of all deaths in conjunction with discussion with bereaved relatives. The feedback has been positive from families, and for Junior Doctors it supports accuracy of death certification, GP notification of death and referral to the Coroner as appropriate.

The most high volume types of serious incidents relate to:

Type	Comment
Falls	BHT continues to strengthen the working relationship with the regional Academic Health Science Network to develop a holistic approach to prevention of Falls using data to inform practice. **This includes**:

Type	Comment
	- A review of our Trust wide Fall training package - Development of the Falls safe Audit to review the multi-factorial causes of Falls including elements such as availability of call bells through to pharmacy and cognitive review - Establishing the 'Stay in the Bay' initiative to improve the observation of patients on the ward to reduce the high proportion of 'unobserved' patient incidents including computer workstations within the bays, with lockable notes trolleys - Use of specialist equipment such as ultra-low beds - An assessment of toileting following SIs relating to falls in bathroom areas, where patients attempt to become more independent - Revising the data recorded on the electronic risk management system for more robust theming of reported incidents
Pressure Ulcers	The Tissue Viability (TV) Team : - Are appointing a Tissue Viability Assistant Practitioner on a secondment to the TV team to focus purely on education, prevention and early intervention across the site where most incidents have occurred (Stoke Mandeville Hospital). - Have been involved in an NHS Improvement Collaborative addressing how to reduce avoidable pressure ulcers across 17 NHS trusts, including BHT – learning from each other - Aim to increase face to face education on pressure ulcer prevention using a 10 minute micro teaching session
Medication incidents	The Reducing Harm from Medication Errors Group has a renewed emphasis on review of trends in reported medication errors, developing robust action plans to reduce the risk and promote and disseminate learning from incidents. Lead Pharmacists are attending forums such as Service Delivery Unit and Divisional Clinical Governance meetings where learning from incidents can be shared. In addition, Patient Safety Alerts relating to medicines are implemented and on-going monitoring provides assurance that these are adhered to. During 2017/18 two Lead Pharmacists associated with a Specialty were appointed, one for Medicine for Older People and one for Infectious Diseases.

Never Events
The Trust declared 2 Never Events in Quarter 1, and 1 Never Event in Quarter 4.
There were zero Never Events declared in Quarters 2 and 3.

The declared Never Events are summarised below:

- Incorrect lens implanted into patient's eye. No long term physical harm to patient.

- Incorrect size of acetabulum (cup) liner used during a total hip replacement. No long term physical harm to patient.

- Retained swab during post-surgical management and debridement of pressure ulcers where a large quantity of swabs were used. No long term physical harm to patient.

Each has been separately investigated and actions taken to minimise the risk of recurrence.

8.6   Public Sector Equality Duty

Information for the forthcoming Public Sector Equality Duty (PSED) publication for 2017/18 is currently being collected and analysed ready for publication in May 2018. Work has focused on career progression and promotion and retention particularly in reference to BME (Black and Minority Ethnic) staff in bands 7 and above. Areas relating to these areas given additional focus over the past year and resulting in the following actions include:

- The review of key Trust processes including the appraisal process e.g. a new online appraisal process is currently being launched.

- The review of key linked policies, e.g. medical error policy, and the dignity & respect at work policy.

- A focus on recruitment , with values based recruitment rolled out during the latter half of the year

- Career support for all existing staff – but also to support in particular BME staff of band 7 and above.

The most recent staff survey results have shown some positive improvements in this area with the "percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion", showing an increase from 70% in 2015, to 81% in 2016 (ranking the Trust as "better than average").

The Trust now also ranks better than average for BME staff reporting they have personally experienced discrimination over the past 12 months from managers/team leaders or other colleagues decreasing to 12% in 2016. Whilst both these results are encouraging, there is still work to do and we will continue to address and monitor.

Work has been progressed and is ongoing against the equality objectives which are published and progress will be updated in May when publishing the PSED.

The Accessible Information Standard (AIS) – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The following are now in place in relation to AIS:

- Included in Trust Induction

- Included in mandatory training

- Guidance and toolkit on Swanlive in place and updated Jan 2018

- Alert set up on Medway to allow for flagging of a communication need

- Increase in awareness and use of BSL interpretation

The following are in process:

- Questions about AIS drafted and to be included in local surveys that the community assessment teams carry out and monthly patient engagement survey

- Purchase of Browsealoud software which will ensure our current site is accessible to people with a range of communication needs.

Moving forwards, further developments of the 'alert' system in Medway will enable appointment letters received in hard copy to be adapted to meet the needs of patients, services users, cares and parents.

Annual equality and diversity report is submitted to the Strategic Workforce Committee.

Three representatives from the Trust have recently completed the NHS Employers Diversity and Inclusion Programme and received a final award on behalf of the Trust. This is a programme designed to support development and sharing of good practice in implementing national and local equality and diversity initiatives across the Country.

9. CONCLUSION

My review of the internal control issues that I have outlined in this statement confirms that Buckinghamshire Healthcare NHS Trust has a generally sound system of governance that supports the achievement of its policies, aims and objectives and that any control issues have been or are being addressed and that there are no significant internal control issues.

Accountable Officer: Neil Macdonald

Organisation: Buckinghamshire Healthcare NHS Trust

Signed……………………
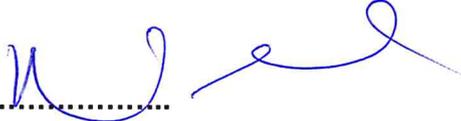
Interim Chief Executive   **Date: 24 May 2018**

Page **37** of **37**

APPENDICES

Appendix 1 - Feedback on the annual report 2017/18

It is important our annual report is easy to read and understand, and it is available in a variety of versions, including in other languages and as an audio book, on request. In producing ours we have used guidance on content from the Department of Health, as well as learning from reports produced by other NHS trusts.

We value feedback on this year's report – please complete the feedback form below and post the page to the address shown. Alternatively, you may email your comments to communications@buckshealthcare.nhs.uk.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this annual report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust's achievements					
There was enough information about the Trust's finances					
The layout of the document was clear					

Please post feedback to:

 Communications

Buckinghamshire Healthcare NHS Trust

Amersham Hospital

Whielden Street

Amersham Bucks

HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshealthcare.nhs.uk

Appendix 2 – Glossary of key terms and acronyms

Key Term	Acronym	Definition
A		
Academic Health Science Network	**AHSN**	AHSNs are system integrators and organisations which link different parts of the health ecosystem to ensure that a range of aspects to improve health outcomes are considered using proven methodology and improvement in science to lead large scale, sustainable transformational change across traditional boundaries.
Accident and Emergency	**A&E**	A hospital department concerned with the provision of immediate treatment to people who are seriously injured in an accident or who are suddenly taken seriously ill.
Accruals		An accounting concept. In addition to payments and receipts of cash, adjustment is made for outstanding payments, debts to be collected and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Acute hospital services		Medical and surgical interventions provided in hospitals.
Agenda for Change		Agenda for Change is the pay system for the majority of NHS staff.
Annual Governance Statement	**AGS**	The chief executive as the accounting officer is required to make an annual statement alongside the accounts of the Trust, which provides a high-level summary of the ways in which risks are identified and the control systems in place.
Assets		In general, assets include land, buildings, equipment, cash and other property.
B		
Better Payment Practice Code	**BPPC**	The better payment practice code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.
Board Assurance Framework	**BAF**	The assurance framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the statement on internal control.
Break-even duty		A financial target. In its simplest form it requires the Trust to match income and expenditure.
Buckinghamshire, Oxfordshire and West Berkshire	**BOB**	One of the 44 Strategic Transformation Partnerships
C		
Capital		Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment and vehicles, etc. In the NHS, expenditure on an item is classified as capital if its costs exceed £5000 and its useful life expectancy is greater than one year.

Key Term	Acronym	Definition
Care Pathway		This is the route and interactions with healthcare services that a patient will take from their initial meeting with a GP to completion of their treatment.
Care Quality Commission	**CQC**	The Care Quality Commission provides an independent assessment of the standards of healthcare services, whether provided by the NHS, the private sector or voluntary organisations. The CQC replaces the Healthcare Commission.
Charitable Funds		Our charity, registered number 1053113 includes a general amenity fund (unrestricted), a research fund (restricted) and an endowment fund.
Choose and Book		It is the government's aim to allow patients to choose the hospital they are treated in. Patients needing elective treatment are offered a choice of four or five hospitals once their GP has decided that a referral is required. These could be NHS trusts, Foundation Trusts, treatment centres, private hospitals or practitioners with a special interest operating within primary care. Choose and book is a national service that, for the first time, combines electronic booking and a choice of place, date and time for first outpatient appointments.
Clinical Commissioning Group	**CCG**	NHS organisation set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are clinically led groups that include all of the GPs in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.
Clinical Division		The Trust's organisation management structure is based on five clinical divisions, each led by a divisional clinical chair who is a medical consultant, a divisional director and a divisional chief nurse. The three divisions are:- • integrated medicine • integrated elderly and community • surgery and critical care • specialist services • women and children
Clostridium difficile	**C. diff**	Clostridium difficile is a bacterium that can cause an infection of the gut and is the major infectious cause of diarrhoea that is acquired in hospitals in the UK.
Commissioning		A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community Care		Healthcare care provided in a community setting such as at home or from a community hospital.
Community assessment and treatment service	**CATS**	The community assessment and treatment service operates from 9am to 5pm at Marlow on Mondays, Wednesdays and Fridays and Thame on Tuesdays and Thursdays. There is a geriatrician on site in the

Key Term	Acronym	Definition
		mornings and a GP in the afternoon.
	CP-IS	National Child Protection Information Sharing.
Commissioning for Quality and Innovation	CQUIN	These payment targets are aimed at driving up quality in certain areas. They have been developed to support implementation of *High Quality Care for All*.
Corporate trustee		A corporate trustee is a corporation which has been appointed to act as a trustee of a charity. In the case of the NHS, the NHS Trust Board is the corporate trustee of our charitable funds.
Cost Improvement Programme	CIP	An annual 'savings' plan
Cardiac and Stroke Receiving Unit	CRSU	Patients with suspected stroke or heart problem come to this unit at Wycombe Hospital.
Current assets		Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.
D		
Deprivation of Liberty Safeguards	DoLS	In certain cases, the restrictions placed upon an individual who lacks capacity to consent to the arrangements of their care may amount to "deprivation of liberty". This must be judged on a case-by-case basis. Where it appears a deprivation of liberty might occur, the provider of care (usually a hospital or a care home) has to apply to their local authority, who will then arrange an assessment of the individual's care and treatment to decide if the deprivation of liberty is in the best interests of the individual concerned. If it is, the local authority will grant a legal authorisation. If it is not, the care and treatment package must be changed – otherwise, an unlawful deprivation of liberty will occur. This system is known as the Deprivation of Liberty Safeguards.
Disability equality scheme	DES	The Disability Discrimination Act amended in 2005 gives the Trust 'general' and 'specific' duties to promote disability equality.
Door To Needle Time	DTNT	Length of time to administer antibiotics.
E		
Education, Learning and Development	ELD	
Elective Inpatient Activity		Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, i.e. planned. This covers waiting list, booked and planned admissions.
Electronic Referral System	ERS	Electronic referrals between clinicians
Emergency Inpatient Activity		Emergency activity is where admission is unpredictable and at short notice because of clinical

Key Term	Acronym	Definition
		need.
Emergency Preparedness, Resilience and Response	**EPRR**	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). New arrangements for local health EPRR form some of the changes the Health and Social Care Act 2012 is making to the health system in England.
Equality Delivery System	**EDS**	The EDS was designed in 2011 as a tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is about making positive differences to healthy living and working lives.
EVOLVE	**EDRM**	Electronic document and records management system which has been rolled out from Autumn 2013.
Executive directors	**ED's**	The executive directors are senior employees of the NHS Trust who sit on the Board of Directors and will include the chief executive and finance director. Executive directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.
External Financing Limit	**EFL**	A positive EFL arises as a NHS trust is required to draw on Government funding or utilise its cash resources. A negative EFL arises where the NHS trust is required to repay Public Dividend Capital or save cash.
Eye Clinic Liaison Officer	**ECLO**	
F		
	FFP3	Filtering efficiency level for protective equipment.
Foundation Trust	**FT**	NHS Foundation Trusts have been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.
Foundation Year 1 **Foundation Year 2**	**FY1 and FY2**	A grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
Friends and Family Test	**F&FT or FFT**	The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Key Term	Acronym	Definition
		It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.
Full Time Equivalent	**FTE**	The hours worked by one employee on a full-time basis. The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.
G		
Governance		Governance arrangements are the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key officers/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements.
Gross Domestic Product	**GDP**	A measure of the value of national economic activity.
H		
Health and Adult Social Care Select Committee Buckinghamshire County Council	**HASC**	HASCs have the power to scrutinise health services. This contributes to their wider role in health improvement and reducing health inequalities for their area and its inhabitants.
Health and Social Care Act 2012		The Health and Social Care Act 2012 is an Act of the Parliament of the UK. It is the most extensive reorganisation of the structure of the NHS in England. It abolished NHS primary care trusts and strategic health authorities from April 2013, with clinical commissioning groups made up of GPs now responsible for buying health services for their population.
Health Education England Thames Valley	**HEE-TV**	Health Education Thames Valley is the local education and training board covering Buckinghamshire and responsible for NHS workforce planning, education and training in the area. It is a committee of Health Education England, the organisation established as part of the Health and Social Care Act 2012 to lead on workforce issues nationally.
Healthier Lifestyles Service	**HLS**	The healthier lifestyles service is here to support staff to live life well. Trained staff provide free, confidential advice, information and help with: • Physical activity • Smoking • Alcohol • General emotional wellbeing • Healthy eating • Weight management
Healthy Child Programme	**HCP**	The 'Healthy Child Programme' is the main universal health service for improving the health and wellbeing of

Key Term	Acronym	Definition
		children, through: • health and development reviews • health promotion • parenting support • screening and immunisation programmes
Health and Safety Executive	**HSE**	National independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces.
Hospital Standardised Mortality Ratio	**HSMR**	An indicator of healthcare quality used by the NHS that measures whether the death rate at a hospital is higher or lower than you would expect.
I		
Information Technology	**IT or ICT**	Information and communications technology.
Integrated care		Integrated care – also known as *coordinated care*, *comprehensive care*, *seamless care* – is a worldwide trend in health care reforms and new organisational arrangements that focuses on more coordinated services across acute, community and primary care sectors.
Integrated care system	**ICS**	In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Integrated Urgent Care	**IUC**	System in Buckinghamshire working with partners across Thames Valley in redesigning NHS 111 and primary care out of hours services.
International Financial Reporting Standards	**IFRS**	IFRS are the standards, interpretations and the framework adopted by the International Accounting Standards Board (IASB) to promote high quality financial standards globally.
K		
Key Performance Indicators	**KPI's**	KPIs are the nationally recognised method for calculating performance in NHS acute trusts and are defined by the NHS Information Authority. In 2009/10 the KPIs covered existing commitments and national targets set out by the Department of Health (DH) and Care Quality Commission (CQC); clinical quality, outcome and clinical efficiency indicators and activity levels, workforce and health & safety indicators.
L		
Learning Disability	**LD**	Significant reduced ability to understand new or complex information, to **learn** new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood"
Library Quality Assurance Framework	**LQAF**	The NHS Library Quality Assurance Framework England provides a quality assurance tool for health library/knowledge services, establishing an

Key Term	Acronym	Definition
		infrastructure through which to deliver the outcomes defined in the Framework.
Limited Liability Partnership	LLP	A partnership in which some or all partners (depending on the jurisdiction) have limited liabilities. It therefore exhibits elements of partnerships and corporations. In an LLP, one partner is not responsible or liable for another partner's misconduct or negligence.
Local Health Economy		The NHS organisations including GP practices, and voluntary and independent sector bodies involved in the commissioning, development and provision of health services for particular population groups.
Long Term Financial Model	LTFM	Long term financial planning.
Looked After Child	LAC	A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours
M		
Making Every Contact Count	MECC	Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
Medicine for Older People	MFOP	One of our clinical services.
Mental Capacity Act	MCA	The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. Examples of people who may lack capacity include those with: • dementia • a severe learning disability • a brain injury • a mental health condition • a stroke • unconsciousness caused by an anaesthetic or sudden accident
Meticillin Resistant Staphylococcus Aureus	MRSA	This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.
Macmillan Quality Environment Mark	MQEM	The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.
Multi-Agency Safeguarding Hub	MASH	The Buckinghamshire Multi-Agency Safeguarding Hub (MASH) co-locates key partners in order to improve the initial response to safeguarding concerns in relation to children and vulnerable adults.

Key Term	Acronym	Definition
		Bringing together key partners and forging stronger links with other agencies enables information to be shared quickly and effectively and better informed decisions to be made by social care. This approach will assist in identifying risk at an earlier stage and result in appropriate early intervention in order to safeguard vulnerable children and adults.
N		
National Learning Management System	**NLMS**	The NLMS is a free-to-use e-learning system available to all NHS staff.
Neurologic Music Therapy	**NMT**	Music therapy for patients who have had a stroke.
NHS Improvement	**NHSI**	NHS Improvement. NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
NHS Litigation Authority	**NHSLA**	The NHS Litigation Authority (NHSLA) manages negligence and other claims against the NHS in England on behalf of its member organisations. Name has changed to **NHS Resolution** from April 2017.
NHS Professionals	**NHSP**	Provider of managed flexible worker services to the NHS.
NHS Trusts		NHS Trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as commissioned by PCTs.
Non-Executive Director	**NED**	Member of a company's board of directors who is not part of the executive team. A non-executive director typically does not engage in the day-to-day management of the organization, but is involved in policy making and planning exercises.
O		
Order Communications		An electronic system for the requesting and reviewing of test results. For example, pathology results.
Outpatient attendance		An outpatient attendance is when a patient visits a consultant or other medical outpatient clinic. The attendance can be a 'first' or 'follow up'.
P		
Patient Administration System	**PAS**	A computer system used to record information about the care provided to service users. The data can only be accessed by authorised users.
Patient Advice and Liaison Service	**PALS**	All NHS trusts are required to have a Patient Advice and Liaison Service. The service offers patients information, advice, quick solution of problems or access to the complaints procedure. PALS are designed to offer on the spot help and information, practical advice and support for patients and carers.
Payment by	**PbR**	Fair and transparent, rules-based system for paying

Key Term	Acronym	Definition
Results		NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.
Patient Experience Group	PEG	Patient and public involvement group at the Trust.
Patient-Led Assessments of the Care Environment	PLACE	System for assessing the quality of the patient environment
Primary care		Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.
Private Finance Initiative	PFI	The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects
Protected Characteristics		The Equality Act 2010 makes it unlawful to discriminate against people with a 'protected characteristic' (previously known as equality strands / grounds). The protected characteristics are Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Race, Religion or belief, Sex and Sexual Orientation.
Provisions		Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required. Provisions are included in the accounts to comply with the accounting principle of prudence.
Public Sector Equality Duty	PSED	The Equality and Human Rights Commission published new guidance in January 2013 on the public sector equality duty (PSED) under the Equality Act, to help public authorities encourage good relations, promote equality and eliminate discrimination in the workplace and in delivering public services.
Q		
Quality Accounts	QA	From 2009/10 onwards all NHS trusts have to publish quality accounts to give information about the quality of the services being delivered.
NHS England Quality Surveillance Team	QST	The Quality Surveillance Team (QST) lead an Integrated Quality Assurance Programme for the NHS and is part of the National Specialised Commissioning Directorates, Quality Assurance and Improvement Framework (QAIF). The QST has in place four regional teams that align and engage with specialised commissioning hubs in the four NHS England regions; North, Midlands and East, London and South. The QST regional teams are involved in the surveillance and review visits of all specialised and cancer services. The role of the QST is to improve the quality and outcomes of clinical services by delivering a sustainable and embedded quality assurance framework for all cancer

Key Term	Acronym	Definition
		services and specialised commissioned services within NHS England.
R		
Rapid response and intermediate care	**RRIC**	The service provides short-term packages of support based on clinical need (up to three times a day for up to six weeks) to those who would benefit from rehabilitation to help them get back to their level of independence.
Revenue		Expenditure other than capital. For example, staff salaries and drug budgets. Also known as current expenditure.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	**RIDDOR**	Puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
Ring-fenced		Funding specifically designated for a purpose and which can only be used for that purpose.
	RiO	An electronic patient records system for community health organisations.
Risk Register		A register of all the risks identified by the organisation, each of which is assessed to determine the likelihood of the risk occurring and the impact on the organisation if it does occur.
S		
Secondary care		Care provided in hospitals.
Service Delivery Unit	**SDU**	Clinical service related to a specific speciality. Each clinical Division comprises a number of SDU's.
Senior Information Risk Owner	**SIRO**	Senior Information Risk Owner (SIRO) required by the Information Governance Toolkit (IGT) was one of several NHS Information Governance (IG) measures identified to strengthen information assurance controls for NHS information assets.
Strategic Transformation Partnership	**STP**	Five year plans for the future of health and care services in local areas. NHS organisations have come together with local authorities and other partners to develop the plans in 44 areas of the country. STPs represent a very significant change to the planning of health and care services in England.
Surgical and Plastics Emergency Ambulatory Care	**SPEAC**	Provides our ambulatory emergency surgical patients with access to daily consultant led clinics with access to first class diagnostics in a safe and welcoming environment.
Surgical Assessment Unit	**SAU**	Unit providing access to emergency plastic and general surgery clinics for patients
Swan Unit		The Swan Unit was set up in July 2015 in response to CSE concerns within the authority. It is a multi-agency team including professionals from Thames Valley Police, Children's Social Care, Buckinghamshire Healthcare NHS Trust, R U Safe? and virtual representation from CAMHS.

Key Term	Acronym	Definition
		The Unit has 5 specific functions in relation to children at risk of sexual exploitation: 1) The assessment of risk 2) Chairing strategy meetings 3) Advice to partner professionals on CSE 4) Direct work with children vulnerable to CSE 5) Co-ordination of information and intelligence about victims and perpetrators of CSE
T		
Tariff / national tariff		The national tariff underpins the implementation of the payment by results policy by providing a national price schedule for commissioning services for patients in England. The tariff is a schedule of prices for healthcare resource groups (HRGs). These HRG's cover a range of clinical procedures, treatments and diagnoses that cover a large proportion of hospital services in England.
Tripartite agreement		This is an agreement between three parties.
Trust Board		The Trust Board comprises the chairman, executive and non-executive directors and is the body responsible for the operational management and conduct of a particular NHS Trust.
U		
	USBR	Understanding Stress, Building Resilience
V		
Visual Analogue Scale	**VAS**	A measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of values and cannot easily be directly measured. For example, the amount of pain that a patient feels ranges across a continuum from none to an extreme amount of pain.
W		
Whole System Reform		In relation to our agenda this involves looking at the whole system of NHS care in Buckinghamshire, for example the organisations and professions involved, and improving it collaboratively.
Working capital		Working capital is the current assets and liabilities (debtors, stock, cash and creditors) required to facilitate the operation of an organisation.
Workforce Race Equality Standard	**WRES**	A requirement for NHS commissioners and NHS provider organisations. ... By using the EDS2 and the WRES, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

Appendix 3 – Sustainability report

Sustainability Report

Introduction

Sustainability has become increasingly important as the impact of peoples' lifestyles and business choices are changing the world in which we live. The Trust acknowledges this responsibility to our patients, local communities and the environment by working hard to minimise our environmental footprint.

Policies

In order to embed sustainability within our business it is important to explain how sustainability features in our policies, processes and procedures.

Area	Is sustainability considered?
Travel	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

One of the ways in which an orgnisation may embed sustainability is through the use of a Sustainable Development Management Plan (SDMP). We will be putting together an SDMP during 2018/19 for consideration and approval by the board.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help acheive that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Climate change brings new challenges to adddress in our business both in direct effects to the healthcare estates, but also to patient health. Examples in recent years include, for example, the effect of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts. In developing our strategies there is consideration of the need to adapt the delivery of the organisation's activities and infrastructure to climate change and adverse weather events.

Performance

2007/08 was set as the baseline year for sustainability reporting for the NHS. Since then the Trust has undergone significant change in terms of floor space occupied and numbers of staff driven by activity growth, additional services acquired through successful tenders and / or NHS restructuring and service

Context Info		2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Floor Space (m2)		138983	138477	138983			138477	138477	138477
Number of Staff		5800	5925	5800			5925	6146	6179

As a part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2019. It is our aim to meet this target by reducing our carbon emissions 10% by 2019 using 2007 as the baseline year. Here's how we have done:

Energy

BHT has spent £4.5m on energy in 2017/18, which represents a 27% increase on energy spend from last year. Circa 20% of this increase based on average cost per KwH hour relates to price increases. Use of electricicty and oil has fallen by 3.1% and 43.8% respectively whilst gas usage has increased by 9.7% reflecting in part the 2018 winter. Carnon dioxide emissions have increased by 2.2%.

	Resource		2013/14	2014/2015	2015/16	2016/17	2017/18
Gas	Use (kWh)		61108989	56646548	50401458	48140097	52795083
	tCO₂e		12963	11884	10692	10212	11120
Oil	Use (kWh)		56262	309983	120209	77814	43701
	tCO₂e		18	99	38	25	14
Coal	Use (kWh)			0	0	0	0
	tCO₂e			0	0	0	0
Electricity	Use (kWh)		26155176	25741523	22848738	22789462	22074986
	tCO₂e		12015	12476	12793	12760	12360
	Total Energy CO₂e		24997	24459	23523	22997	23494
	Total Energy Spend	£	4,356,889.00	£ 3,878,725.00	£ 4,233,877.80	£ 3,548,625.30	£ 4,507,034.00

Carbon Emissions - Energy Use
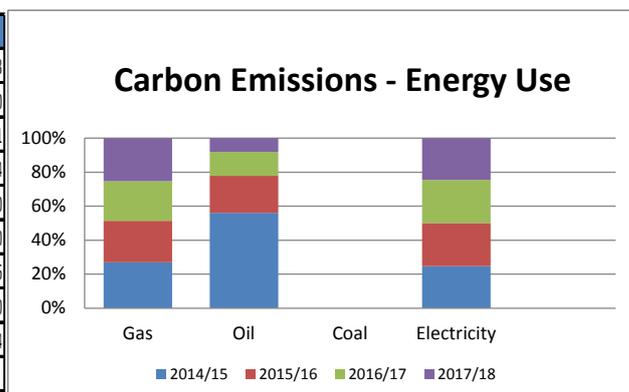
Performance

Maintenance issues resulting in downtime on the secondary heat exchanger have resulted in increased usage in 2017/18. The Trust is exploring options to address this issue.

Commentary

Improvement in energy efficiency requires investment and the Trust is therefore exploring options to finance new infrastrucure that will assist in reducing our emissions footprint and energy cost. The first step is a programme across the Trust to replace external street lighting with updated LED units. In addition we are upgrading our generators and transformers to the triad scheme. This involves running the generators when the main grid is at capacity.

Waste

Waste		2013/14	2014/15	2015/16	2016/17	2017/18
Recycling	(tonnes)	389	632	719	790	146
	tCO$_2$e	8.17	13.27	15.09	16.59	3.16
Re-use	(tonnes)	0	0	0	0	0
	tCO$_2$e	0	0	0	0	0
Compost	(tonnes)	0	0	0	0	0
	tCO$_2$e	0	0	0	0	0
WEEE	(tonnes)	5	1.5	6.6	8.5	5.9
	tCO$_2$e	0.1	0.03	0.13	0.18	0.12
High Temp recovery	(tonnes)	0	0	0	0	0
	tCO$_2$e	0	0	0	0	0
High Temp Disposal (HTD)	(tonnes)	145	252	174	966	635
	tCO$_2$e	3.04	55.44	3.65	16.6	10.9
Non-burn disposal	(tonnes)	980	649	897	438	368
	tCO$_2$e	20.58	13.64	18.83	9.2	7.728
Landfill	(tonnes)	554	165	422	253	253
	tCO$_2$e	135.41	40.33	103.14	41.26	0
Total Waste (tonnes)		2073	1700	2219	2455.5	1408
Total Waste tCO$_2$e		167.3	122.71	140.84	83.83	21.91

Carbon Emissions - Waste Use
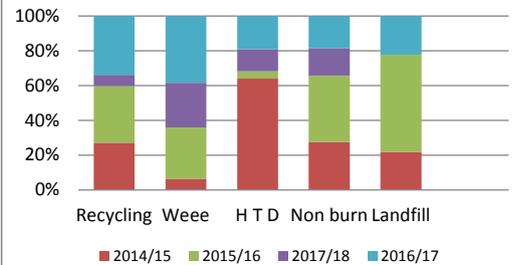
Waste Weight in Tonnes
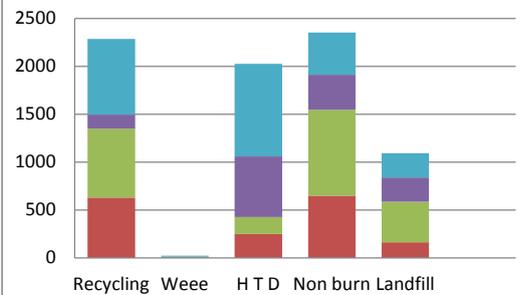
Performance

The Trust is pleased to report that it has successfully reduced the level of waste through the introduction of a new "Offensive Waste" stream known as tiger bags. This has enabled the trust to make significant reductions in our Non-Burn and land fill categories with a reduction year on year. The Trust has also introduced waste champions and continues to strive for further waste reduction initiatives.

Water

Water		2013/14	2014/15		2015/16	2016/17	2017/18
Mains	m^3	169092	157232		135221	128674	215264
	tCO$_2$e	178	143		142	135	226
Water & Sewage Spend		£ 331,794	£ 286,552		£ 282,435	£ 286,064	£ 437,151

Performance

The increase in water consumption and cost in part reflects charges relating to prior periods. The Trust has policies in place to manage water consumption including water management regimes, infection control requirement, and programmed flushing in line with Trust policy. In order to safeguard the integrity of supply and water quality the trust has installed a secondary metered water supply at Stoke Mandeville Hospital.

Commentary

Programmed water testing is reported to the Water Quality Group and Infection Control committee, which receive assurance on audit and assurance requirements. Water meter readings are collected by trust and partner staff on a monthly basis and all invoices are monitored for accuracy and consumption trends by the Energy and

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC returs as its primary data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore to assistb in providing a fuller picture, the following data is compiled using a scaled model based on work performed by the NHS Sustainable Development Unit (SDU) in 2009/10.

CO_2 Emissions (tCO_2e) Profile	
Total	13234953.02
Anaesthetic Gases	0
Commissioning	182,309
Pharmaceuticals	544,832
Paper products	384,670
Other procurement	579,797
Other manufactured	493,435
Medical Instruments	1,930,620
Manufactured fuels c	684,993
Information and com	225,158
Freight transport	69,570
Food and catering	426,124
Construction	693,999
Business services	867,541
Capital spend	7,563,129
Water and sanitation	142
Waste products and r	141
Travel	283495
Imported Heat/Steam	0
Electricity	12360
Coal	0
Oil	14
Gas	11120

Proportions of Carbon Footprint

Energy 0%
Travel 2%
Commissioning 2%
Procurement 96%

Organisation Carbon Emissions Profile