Annual report and summary financial statement 2009/10

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If you require our annual report in an alternative format, including in other languages or as an audio book, please contact the communications team on 01494 734959 or email: communications@buckshosp.nhs.uk. Alternatively you can write to: Communications Department, Buckinghamshire Hospitals NHS Trust, Amersham Hospital, Whielden Street, Amersham, Bucks HP7 0JD.

1. About us

During 2009/10, Buckinghamshire Hospitals NHS Trust was a major provider of hospital services in south central England, providing care to over half a million patients from Buckinghamshire and neighbouring counties every year.

Following the partnering of Community Health Buckinghamshire with the Trust in April 2010, we are now responsible for much of the NHS care in the county; from community health services provided in people's homes or from one of over 20 local bases, to acute hospital services at Stoke Mandeville, Wycombe and Amersham.

Our ambition is to provide comprehensive and good value for money networks of care aimed at giving patients the right treatment, in the right place, at the right time. Over 6,000 highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff make up our workforce, caring for the full spectrum of patients from newborn babies to elderly people needing help to live independently at home.

As well as being a major provider of community and general hospital care, we are renowned for our specialist services. Stoke Mandeville Hospital is home to the internationally recognised National Spinal Injuries Centre, one of only a few such centres of expertise in the UK. We are also a regional centre for burn care, plastic surgery and dermatology, and recognised nationally for our urology and skin cancer services.

Buckinghamshire Hospitals NHS Trust is an NHS provider organisation based in the South Central Strategic Health Authority area and our services are commissioned by 13 primary care trusts and specialist commissioners. Our main commissioner is NHS Buckinghamshire, and they account for more than 70 per cent of the Trust's income.

Vital statistics

In 2009/10 there were:

- 147,056 new outpatient attendances at our hospitals
- 279,503 follow-up outpatient attendances
- 4,641 outpatient procedures performed
- 44,904 elective inpatient and day case admissions
- 40,694 emergency admissions.

Where we are based

We provide inpatient facilities from eight acute and community settings in the county, and care closer to home from 20-plus venues such as health and leisure centres and GP practices. Our community health services include district nursing, services for children and families, intermediate care, occupational and physiotherapy, community dental services, speech and language therapy and palliative care.

Our acute hospitals

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Stoke Mandeville Hospital, Aylesbury HP21 8AL
- Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT

Our community inpatient facilities

- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Florence Nightingale House, Stoke Mandeville Hospital, Aylesbury HP21 8AL
- Marlow Hospital, Victoria Road, Marlow SL8 5SX
- Thame Community Hospital, East Street, Thame OX9 3JT

Our administrative headquarters are based at Amersham Hospital.

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

2. Chairman's and chief executive's welcome and review

Welcome to our annual report for 2009/10, another year of real challenge and achievement, but one that was characterised above all by the commitment of our teams to provide quality services from improving environments.

Monitoring performance and activity and keeping a firm grip on finances are both critical elements to the safe-running of our services, but compiling the annual report is also a good opportunity to stop and take stock of achievements.

We are particularly proud of the strides we made as an organisation to improve service quality and safety, endorsed by the Care Quality Commission's 'good' rating in the Autumn. This was an improvement from fair in the previous year, and something we want to build on in 2010/11. You will read about the service standards we are implementing, with over 60 per cent of staff now trained in this new approach aimed at delivering consistently good experiences for our patients.

Our five patient promises, drawn up with widespread patient and staff involvement in 2008, again provided the driving force behind efforts to establish our hospitals as the first choice of care for the local community and focused our attention on what matters most to patients. Our infection control standards speak for themselves: there are now months when there are no cases of MRSA, including only two hospital acquired cases for the year, and similarly very small numbers of C. difficile infections.

The promises also reflect the ambitions of the NHS Constitution, which for the first time brings together in one place what staff, patients and public can expect from the NHS. We are committed to seeing that the principles, values, rights and pledges it has now made law are reflected throughout our organisation.

We are also driving down waiting times, and are particularly pleased at the improvements for patients using our emergency departments. At the end of the year over 98 per cent of them were being treated, admitted or discharged within four hours, and we want to say a big thank you to everyone involved in making this happen. This was an enormous achievement, especially when you factor in the harsh winter of 2009/10.

Our estate received a number of makeovers, notably for women and babies with the opening of the new £6 million Claydon Wing at Stoke Mandeville for maternity and neonatal care. We now offer state of the art facilities from a modern and more comfortable unit, with improved privacy thanks to ensuite delivery rooms.

The endoscopy unit at Wycombe was also refurbished, and we were pleased to be chosen as a national site for the new NHS bowel cancer screening

programme at Stoke Mandeville. Hopefully the new facilities at Wycombe mean we will be able to run the programme from there too, in the not to distant future. We look forward to pushing forward further physical improvements in the hospitals in 2010/11, and to reaping the benefits for patients of the new GP-led health centre that has opened on the Wycombe site. This 'no appointment necessary' primary care facility is a new service being offered to Buckinghamshire people, and important in our combined bid with NHS Buckinghamshire to improve the use of urgent care services in the county.

It was a real disappointment to have to pause our NHS Foundation Trust application in the summer because of the non-recurring financial deficit we reported for 2008/09. With hard work and commitment from all areas of the organisation and some support from South Central Strategic Health Authority, we are delighted to report a breakeven position for 2009/10, and that our cost improvement programme was achieved in full. This will stand us in good stead for resuming the NHS Foundation Trust application, and we look forward to continuing to work closely with our growing and committed local membership to make the most of the benefits such status will bring.

In January we were awarded 'preferred provider' status for community health services in Buckinghamshire. This is part of a national drive to transform community services which includes them ceasing to be the responsibility of primary care trusts, in order for PCTs to focus more fully on their commissioning responsibilities.

On 1 April 2010 Community Health Buckinghamshire staff transferred to our employment from NHS Buckinghamshire, and we are delighted to welcome them into the fold. We are still working with the NHS Co-operation and Competition Panel who will make final recommendations in the coming months, but this does not delay our coming together as one organisation. We can now get on and streamline care pathways to simplify patients' journeys, and start to work through how best to optimise the use of the community and hospital resources to bring care closer to home.

All that remains to say is a big thank you to all our staff and volunteers for the great contribution they have made to the Trust over the past year, and that we are looking forward to delivering yet more improvements in the 12 months ahead.

Graham Ellis, Chairman **Anne Eden, Chief executive**

3. Our vision

Our vision for Buckinghamshire hospitals is to be the first choice provider of NHS care for the people of Buckinghamshire and beyond, *by always putting the needs of our patients first.*

This principle guides everything we do, and led to the development of five patient promises in 2008. These promises, drawn up in partnership with patients and their representatives through a series of award-winning *In Your Shoes* sessions, are long-term commitments to making better what matters most to our users. The promises shaped our business strategy and objectives for 2009/10 and are an ongoing commitment to provide:

- clean and safe hospitals
- a helpful and respectful attitude
- respect for time
- access to comfortable, modern facilities
- the best clinical care.

The promises also reflect the ambitions of the NHS Constitution, which for the first time brings together in one place what staff, patients and public can expect from the NHS.

We are committed to seeing that the constitution's principles, values, rights and pledges are reflected in all that we do, and to working closely with our new community health services staff to integrate their mission and values throughout the organisation.

The 2009/10 business plan

In 2009/10 we agreed a business plan aimed at sustaining a viable long-term future for the Trust as the major provider of acute care for the people of Buckinghamshire; and both protecting and increasing our patient base through new opportunities and efficient ways of working. This strategy forms part of the five-year integrated business plan we drew up in the bid to become an NHS Foundation Trust.

A major objective for 2010/11 is refreshing the strategy to reflect our integration with community health services, our drive to improve patients' pathways across the full spectrum of care and to provide services closer to home wherever possible.

4. The corporate objectives

We established nine objectives in 2009/10 to provide practical direction for our staff to help implement our strategy and they were grouped under three strategic headings.

This chapter charts progress in the three areas, and our ultimate aim to deliver the visionary patient promises we made in 2008.

Deliver the patient promises by driving up safety and quality

- improve the patient experience – aiming for a 'good' Care Quality Commission rating for quality of services
- further strengthen the management of risk and patient safety
- improve clinical outcomes for patients.

Increase efficiency and cost effectiveness

- contribute to the whole system recovery within Buckinghamshire
- improve financial management, aiming for an 'excellent' Care Quality Commission rating for use of resources
- increase utilisation of high quality estates and reduce occupancy costs.

Marketing and business development

- become an NHS Foundation Trust
- improve IM&T to support executive decision-making
- repatriate and grow our referral base.

Delivering the patient promises by driving up safety and quality

'Good' Care Quality Commission rating in the annual health check

We were delighted to receive a 'good' rating for service quality in the Care Quality Commission (CQC)'s annual health check announced in October 2009. The health check is the most comprehensive assessment of performance in the NHS, and the 'good' rating is an improvement from the previous year.

The quality of services review spans a comprehensive list of areas notably safety of patients, cleanliness and core waiting times. The Trust met all the core standards, almost met the 'existing commitments' (which cover some access objectives such as outpatient and accident & emergency waiting times) and did well against national priorities aimed at reducing health inequalities and improving the general health of the population. Our full report is accessible from the CQC's website.

In December we declared compliance against all 43 core standards for acute trusts in 2009/10. They cover hygiene, infection control, patient safety, clinical training, quality of food and dignity and respect. Our declaration is subject to scrutiny by the CQC and the full results of this year's health check, including financial management, will be published in Autumn 2010.

We also achieved CQC registration with 'no conditions' in mid-March to provide care under the new regulation system for NHS trusts. The new licensing system is an extra boost to efforts aimed at ensuring all NHS providers meet rigorous quality and safety standards.

New service standards guide our work

During 2009/10 we introduced our service standards programme to help deliver the patient promises, and in particular our second promise of helpful and respectful attitude.

The service standards focus on themes around communication, courtesy, compassion and commentary. For the first time they set out the standards of behaviour we expect all of our staff to deliver, with every interaction, every day, with every patient or colleague.

The results so far are encouraging:

- approximately 60 per cent of all Trust staff are now trained
- patient complaints are starting to fall and compliments are now measured, showing we receive eight times more compliments than complaints
- there are improvements in the staff survey results, in particular around staff feeling satisfied with the quality of work and patient care they are able to deliver.

The service standards represent a long-term cultural change programme for the Trust and we will continue to embed them throughout the coming year:

- training is set to continue and all staff will be required to undertake annual mandatory refresher training
- we have incorporated some of the key measures into balanced scorecards for each division, thereby making divisional boards accountable
- we are introducing an e-learning package for new starters and to support mandatory training
- we are working with our education, learning and development team to develop learning programmes which will embed the standards in a leadership/development programme and a programme for staff on Agenda for Change bands one to four
- we are hosting feedback sessions with patients and are conducting an online poll asking for feedback on how well the service standards have been embedded into the organisation.

- we will use the standards in our recruitment and staff appraisal processes.

Strengthening risk management to improve patient safety

During the year, two initiatives were introduced from the national Patient Safety First campaign.

Every two months the chief executive now leads executive safety walkabouts where environmental issues and clinical practice are reviewed, resulting in action plans to be implemented by the clinical divisions and monitored by the healthcare governance committee. So far visits have been made to the stroke ward, trauma ward, pathology department, paediatric department, maternity department and National Spinal Injuries Centre. The second initiative involves improving early recognition of critically ill patients, and a working group was established to address this agenda.

The Trust also became involved in a patient safety project with South Central Strategic Health Authority to support the development of a patient safety strategy for the organisation. This process was launched with a training session for Board members in the summer, and our new strategy was approved in early 2010.

Training to improve risk identification and recording by front line staff was also launched in the divisions to support the continuing implementation of effective divisional risk registers. The registers are monitored by divisional boards with higher scoring risks reviewed by the risk monitoring group, trust management committee, healthcare governance committee and audit committee.

Improving the environment

Improving and maintaining the physical settings where we deliver care is an ongoing challenge in an estate the size of ours. During the year around £9 million was spent on refurbishment programmes to upgrade the environment for patients, including the opening of a revamped maternity unit at Stoke Mandeville.

New women and baby centre: £6 million was invested in the new women and baby centre named the Claydon Wing which is now home to a number of en-suite delivery rooms, operating theatres with a recovery unit and expanded neonatal intensive care. The labour ward has sixteen beds all with ensuite bath or shower facilities, a midwife-led section with a dedicated pool room for water births and a specially adapted room for wheelchair users providing an improved link and facilities for expectant mothers and families at the National Spinal Injuries Centre. The centre provides a brighter, comfortable and more private environment than previously, and has allowed us to centralise inpatient and specialist services on one base, while also improving the midwifery-led service at Wycombe Hospital. The Wycombe service now offers a more home-from-home environment, including a birthing pool, for women expecting low risk births.

Refurbished endoscopy at Wycombe: We also refurbished the endoscopy unit at Wycombe Hospital, which now boasts a modern, spacious feel with a new reception area and three admitting rooms, giving patients more privacy. Two new decontamination rooms fully equipped with height adjustable sinks have been fitted, helping staff to carry out a range of elective, diagnostic and therapeutic procedures in an environment that reduces the risk of infection. The unit is now applying for Joint Advisory Group accreditation, in order to join Stoke Mandeville as an approved centre for the delivery of the national bowel cancer screening programme. In October, the first round of invitations to participate in the programme were sent to Buckinghamshire men and women registered with GPs aged between 60 and 69.

New GP-led health centre: The close of the year saw the opening of a new GP-led health centre at Wycombe Hospital. The centre is part of a government programme to improve access to GP services and people will be able to access the new centre wherever they live. It offers both bookable and walk-in GP services, and will also focus on providing care to hard to reach members of the community who currently experience difficulty in accessing healthcare, such as homeless people and some black and minority ethnic groups.

The GP-led health centre is run by Buckinghamshire Urgent Care, which also operates a county-wide NHS out-of-hours service, in conjunction with local GPs. The facility bridges the gap between GP surgeries and the busy emergency medical centre at the hospital, providing an additional option for people requiring quick access to medical advice and services.

Environmental assessments: Our Trust was one of 321 organisations to take part in the 2009 Patient Environment Action Team (PEAT) assessment which resulted in a mainly ‘excellent’ review for the quality of our food.

All three acute hospitals were assessed in the report published in July, which looked at a range of areas including food, cleanliness, bathroom facilities, and décor. The PEAT report rated the quality of food available at Amersham and Wycombe hospitals as ‘excellent’, and at Stoke Mandeville Hospital as ‘good.’

The environment at Stoke Mandeville and Wycombe hospitals was found to be ‘acceptable,’ while Amersham Hospital was found to be ‘good.’ Patients’ privacy and dignity were rated as ‘good’ at both Amersham and Stoke Mandeville, and ‘acceptable’ at Wycombe Hospital. The provision of single-sex accommodation is now improving following Department of Health funding to upgrade our facilities (see next section).

The Trust was also subject to an unannounced hygiene code inspection by the Care Quality Commission in October, to assess our efforts to protect patients, staff and others from healthcare associated infections. The Trust was pleased to pass the inspection, after officers visited a number of wards and departments at Wycombe Hospital.

Improved treatment for emergency patients

We were delighted to improve the experience for patients using our accident and emergency services by reducing waiting times and achieving the national emergency access target.

Meeting this target means making sure that 98 per cent of patients receive treatment, are admitted or discharged within four hours of arrival in the accident and emergency departments. We achieved this standard for over 98 per cent of patients which makes us one of the best performing trusts in the south central strategic health authority area, and is a particularly significant achievement bearing in mind the harsh and busy winter.

Making services safer with excellent infection prevention and control

Work continued during the year to deliver our promise to provide clean and safe services. The most recent full-year results from the Health Protection Agency showed that our hospitals performed in the best 21 per cent of comparable trusts for C.difficile, and in the best 37 per cent of comparable trusts for MRSA bacteraemia rates.

We also launched an initiative to make MRSA screening everyday practice and developed an infection control patient passport. All patients admitted for emergency or planned care are now screened for MRSA (except for those exempt under Department of Health guidance) and the passport is given to any patient identified as having an infection. The infection control team includes information about the patient's infection history. The patient is then encouraged to show the card whenever and wherever they to go to receive healthcare.

The passport has been endorsed by our patient experience group and aims to improve communication between healthcare organisations and professionals, the management of patients with infections and to reduce the risk of cross-infection.

New quality accounts now published

From 2009/10 onwards all NHS trusts have to publish quality accounts to give information about the quality of the services being delivered.

Our quality account 2009/10 will publish in June and be available on the website or from the communications department (communications@buckshosp.nhs.uk). It will include:

- what we are doing well
- where improvements in service quality are required
- what our priorities for improvement are for the coming year
- how our organisation has involved people using our services, staff, and others with an interest in the organisation in determining areas for improvement.

Becoming more efficient

Improving financial management to deliver better value for money

Our objective is to deliver quality services in a value for money way and robust financial management plays a key role in this process. We are pleased to report that we achieved our £11.5 million cost improvement programme and a breakeven position for 2009/10.

This performance follows a disappointing 'weak' assessment for financial management in Autumn 2009, a drop in performance from the previous year. Although overall the Trust demonstrated sound financial management and scored highly in most of the key areas, this weak rating resulted from finishing the 2008/09 year in deficit because of a delayed land sale.

We hope that our improved performance for 2009/10 and breakeven position will stand us in good stead for a better financial management rating this year, when the full annual health check results are published in Autumn 2010. This improvement is thanks to concerted efforts from our teams to make efficiency savings, and some support from South Central Strategic Health Authority in relation to the arbitration process we entered with NHS Buckinghamshire during the year to review activity and funding levels.

Improving care pathways

The Trust has a central service redesign and development team, the Patient Services Institute (PSI). The PSI supports the divisions by promoting Lean principles and methodology as well as providing facilitation, data analysis, project management expertise and training. Key PSI projects in 2009/10 included:

Urgent care reform - There is continuing whole system focus on improving the urgent care pathway both in the community and in hospital. Within the Trust, a programme of changes to the pathway for medical patients was launched which is aimed at producing significant benefits by simplifying the care pathway, streaming patients according to need, reducing the number of hand-offs between different medical teams, and enhancing the concept of a seven day emergency service with new access to diagnostics and therapy support now available at weekends. The programme is being carried out in conjunction with NHS Buckinghamshire, which is also investing in improved primary care service provision to prevent unnecessary admissions to hospital through a programme called ImPACT.

The productive operating theatre - The productive operating theatre is a national change programme developed by the NHS Institute for Innovation and Improvement which was launched in the Trust in December 2009. It looks at all aspects of the pathway for patients undergoing surgery in theatres. The modular programme focuses on improving quality in four dimensions: patient experience and outcome, reliability and safety of care, value and efficiency, and team performance and staff well-being. The approach involves staff using

practical tools to measure and compare their performance locally as they make improvements to gain better quality and value for patients and taxpayers. The foundations have now been laid to reap tangible positive results from the programme in 2010/11.

Two-week symptomatic breast referrals - This project aimed to ensure compliance with the new standard that all symptomatic breast referrals should be seen by a specialist within two weeks (by 1 December 2010). Previously, only suspected cancer referrals were subject to this standard. A half-day workshop brought together key stakeholders – including GPs, the PCT, surgeons, outpatients, radiology, cancer services and medical records staff. Together they created a single one-stop process which is now live and providing all patients with investigations and a diagnosis from the surgeon within a half day appointment.

High risk TIA service - 2009 saw the development of an outpatient service aimed at providing care within 24 hours for patients experiencing a high-risk transient ischaemic attack (TIA). A patient pathway was designed which gives GPs 24 hour access to stroke team members in order to discuss patient cases and then forward detailed referral forms to the hospital. During weekdays, the patient is asked to attend a next day TIA clinic for investigations and diagnosis by a specialist and daily clinic slots are available at both Stoke Mandeville and Wycombe linking with the radiology department. The Trust is now surpassing primary care trust targets set for improving stroke care in 2009/10.

The productive ward – This NHS Institute for Innovation and Improvement project encourages ward teams to collectively review their whole approach using Lean principles – from the environment provided on the ward, to meal times, drug round management and patient handovers – so as to improve the way they function. During the year, 10 wards participated in the project and benefits are now being felt with hours of nursing time freed up thanks to improvements in areas like drug round management.

Improving our facilities

In addition to our refurbishment programme, the provision of single-sex accommodation – one of the factors considered in the privacy and dignity assessment – is now improving thanks to extra Department of Health funding. In May 2009 we received a £400,000 grant to invest to eliminate mixed-sex environments in critical care areas at Wycombe and Stoke Mandeville hospitals, and to improve privacy in bathroom areas at the National Spinal Injuries Centre.

Improving our business

Becoming an NHS Foundation Trust

Our ambition to become an NHS foundation trust remains a major objective, which once achieved will provide us with a number of freedoms and give local people, patients and staff more of a say about their local NHS.

The early part of 2009 was spent developing our business plan and our membership, which now stands at over 12,000. The foundation trust application process is a long and thorough one, and while we were endorsed by South Central Strategic Health Authority to proceed to the Department of Health approval stage, the last minute change in our 2008/09 finances to show a deficit position meant our application had to be paused.

While disappointing, the Trust continued with the patient and public involvement drive launched as part of the application, resulting in a series of successful member events and communications providing better interaction with our local communities, staff and other key stakeholders (see *Partnership working* for more information).

With a healthier financial position reported for 2009/10, we are looking forward to getting our application back on track and becoming an NHS Foundation Trust in 2011/12.

Repatriating and growing our referral base

While our initial objective was to grow the number of patients referred to the Trust, we revised this thinking in line with the health economy's drive to support as many people as possible to receive care from their GP or a community health setting. This led to a 10 per cent reduction in outpatient referrals in the last six months of the year, and our integration in 2010/11 with Community Health Buckinghamshire will strengthen this objective to deliver services closer to home.

However the Trust did introduce a range of initiatives to improve our communication links with GPs, so that they are well placed to make informed referral decisions. These included the launch of a regular GP newsletter, the introduction of the Choose and Book computer referral system across all major specialties, and a programme of regular clinical workshops and meetings between GPs and hospital consultants.

Within our spinal injuries unit we carried out several initiatives to ensure more patients are able to use our specialist facilities. They included a strategic review of how our services could be best developed to meet the future needs of patients with spinal cord injury, and a range of integrated discharge planning initiatives aimed at better supporting patients when they are fit enough to leave the acute setting. We also developed a business case for an adolescent spinal unit, which once completed will be the only unit in the

country that provides dedicated facilities and specialist expertise for teenagers with spinal cord injury.

Improving information management and technology (IM&T)

A new strategy was launched during the year aimed at improving IM&T to support executive decision-making and the quality, safety and financial management agendas in the Trust.

Two major projects were the transfer of our care record system (CRS) and picture archiving computer system (PACS) to new providers. The Millennium CRS moved to a new data centre following BT's new partnership in the NHS programme to transform the way hospitals record and store patient information. Now this process is complete, the Trust can begin maximising the potential of CRS, including order communications functionality and a new system to support accident and emergency.

Other key IM&T projects included:

- the delivery of wristband printers to all ward areas – helping the Trust to meet the National Patient Safety Agency objective that all patient identifiers must be produced from the organisation's patient administration system (PAS)
- the implementation of a management information analysis tool
- implementation of a locum doctors booking system. This is now providing useful information about how locums are booked and used by divisional teams, to ensure the highest level of care for patients
- upgrading the Trust's data network at Wycombe Hospital to ensure a reliable network infrastructure that supports the ongoing, and increasing, needs of staff and patients
- improvements to the data backup systems used to secure the Trust's data.

Keeping information safe

The Trust recognises the importance of managing information appropriately and securely and appointed an executive director as the senior information risk owner (SIRO) in 2008/9. This role 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 the information used for clinical, operational and financial purposes.

The Trust has self-assessed its performance on information governance using version seven of the information governance toolkit managed by Connecting for Health. The Trust's overall information governance submission for 2009/10 achieved a score of 73 per cent, resulting in a 'green' rating. The main area of improvement was seen within 'secondary user assurance'. This relates to the validity and accuracy of processes that support the Trust's activities associated with the use of non-direct clinical business information.

Progress continued during 2009/10 on implementing risk controls associated with portable media such as lap-tops and memory sticks, with all known applicable devices being secured through encryption. Training on information handling and regular communication to staff on this issue continues to be a priority for the Trust and is supported by policies and guidance.

The Caldicott and information governance committee, chaired by the Trust Caldicott Guardian, continues to oversee all work related to information governance.

The Department of Health requires NHS trusts to disclose serious untoward incidents relating to information governance in our annual report. These cover areas such as loss of data or confidentiality breaches. The Trust had one level three serious untoward incident involving personal data, details of which are included in the statement of internal control on page 55. A summary of other personal data-related incidents follows:

Summary of other personal data related incidents in 2009/10		
Category	**Nature of incident**	**Total**
1	Loss/theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises.	0
2	Loss/theft of inadequately protected electronic equipment, devices or paper documents from outside NHS premises.	1
3	Insecure disposal of inadequately protected electronic equipment, devices or paper documents.	0
4	Unauthorised disclosure	0
5	Other	0

Emergency planning

The Trust has an emergency planning officer and a single major incident plan for all sites, which was reviewed and approved in November 2009. The major incident plan highlights Stoke Mandeville as the main emergency response base, with Wycombe supporting this role. Both Wycombe and Stoke Mandeville maintain a full chemical biological radiological and nuclear (CBRN) response and equipment. The CBRN plan was separated from the major incident plan in November 2009.

The Trust’s pandemic influenza plan was also reviewed and approved last year, and as part of the Trust’s response to coping with the H1N1 virus, we formed operational and clinical leadership groups which coordinated the response to the pandemic over the summer and autumn of 2009.

We have business continuity plans covering a variety of contingencies, including staff shortages and loss of power or supplies. These two were reviewed in the last 12 months, along with our heatwave plan in February 2010.

A number of tabletop and site shutdown exercises were held to test our CBRN, pandemic influenza and business continuity plans. The Bucks Health Emergency Planning Group (chaired by NHS Buckinghamshire) continued to meet and we are a member of this multi-agency group which considers the wider aspects of major incident planning for the local health economy.

Reducing our impact on the environment

The Trust has an ongoing environmental awareness campaign that promotes energy awareness and good housekeeping among our staff and users.

Environmentally 2009/10 was another year of challenge, involving numerous refurbishment and building projects, inter-site transfers of services and site reorganisations, plus the coldest winter on record for over 20 years. All these factors affect power and other utilities consumption, so we were pleased to see a slight drop in our CO2 emissions during this busy period.

We formed an energy group during the year which is helping to increase more energy awareness among staff. Their work involved close liaison with the IT department, focusing on reducing the energy used by computer equipment.

CO2 emissions

2009/10	Usage	Cost in £	Tonnes CO2 produced	% of previous year
Electricity	20,435,000 kWh	1,653,000	8,787	104.4%
Gas	61,910,000 kWh	1,926,000	11,763	97.4%
Oil	43,000Ltrs	20,200	118	66%
		Total	20,668	99.9%

2008/9	Usage	Cost in £	Tonnes CO2 produced
Electricity	19,578,000 kWh	2,243,000	8,419
Gas	63,570,000 kWh	1,812,000	12,078
Oil	65,500Ltrs	29,000	178
		Total	20,675

Water

Water usage has dropped by four per cent, however as water prices increased by an average of nine per cent, the water costs increased by three per cent.

Year	Water Usage in M3	Cost in £
2008/9	239,500	358,500
2009/10	229,500	370,300

CHP (combined heat & power unit)

The CHP at Stoke Mandeville Hospital produced 4,537,000 kWh of electricity and 3,300,000 kWh of heat. An environmental saving of 963 tonnes of CO_2.

Waste

The clinical waste figures rose slightly while the general waste figures dropped. We are currently investigating to ensure that waste is being segregated correctly.

Recycling has increased from 13 to 16 per cent, which we hope to improve, especially at Stoke Mandeville where the new waste compound is providing more room to segregate waste for recycling.

Year	**2008/9**		**2009/10**		**% of General Waste Recycled**	
	Amount In tonnes	Cost In £	Amount	Cost		
Clinical Waste	834	391,500	920	399,400	2008/9	2009/10
General Waste	1189	114,000	1020	112,100	13%	16%

5. Progress against national standards

The Trust has a robust performance monitoring framework in place, routinely measuring our business against a range of key performance indicators (KPIs). The framework allows the Trust Board to monitor performance in key areas, and supports our efforts to drive up quality, enhance patient experience, improve waiting times and deliver better, safer services.

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.

Highlights

Our performance summary against existing commitments and national targets is noted in the following table, with highlights from the year including:

- achieving the target for patients using A&E to be in the department for no longer than four hours, with performance for the year at 98.59 per cent

- treating more than 90 per cent of patients requiring admission to hospital within 18 weeks of their referral date. Orthopaedics is the final specialty to meet this target, which we predict will happen in the first four months of the new financial year

- meeting all national targets for patients with suspected or confirmed cancer. For the first time, this includes seeing all patients with symptomatic breast referrals within two weeks

- significant improvements during the year for stroke or suspected stroke patients. This includes the imaging and treatment of high risk transient ischemic attack (TIA) patients within 24 hours, and improving numbers of suspected stroke patients spending more than 90 per cent of their inpatient stay on a dedicated stroke unit

- delivering targets to reduce hospital acquired infections, particularly for MRSA and C. difficile. This achievement puts the Trust in the upper quartile of performance nationally, and makes us one of the top performing trusts in the south central area

- over 90 per cent of patients admitted as emergencies with fractured neck of femurs having operations within 48 hours of getting to hospital.

2009/10 existing commitments and national targets performance summary

KPI	Type of indicator	Target	RAG rating	09/10 performance	08/09 performance
Total time in A&E: four hours or less	Existing commitment	**98%**		**98.59%**	**97.8%**
Max. two week wait for rapid access chest pain clinics	Existing commitment	**98%**		**99.5%**	**99.4%**
Delayed transfer of care	Existing commitment	**<3%**		**3.61%**	**4.67%**
Access to genitourinary medicine clinic appointments offered within 48 hours	Existing commitment	**>=98%**		**99.9%**	**96.9%**
Percentage of eligible patients with acute myocardial infarction who received primary PCI within 150 minutes of calling for professional help	Existing commitment	**75%**		**83.3%**	**N/A**
Time of reperfusion for patients having a heart attack from call to needle (60 mins)	Existing Commitments	**68%**	*	**42.5% (Apr – Dec 09)**	**53.5%**
Number of inpatients waiting longer than the standard – 26 weeks	Existing commitment	**<=0.03%**		**0%**	**0%**
Number of outpatients waiting longer than the standard – 13 weeks	Existing commitment	**<=0.03%**		**0.01%**	**0%**
Patients waiting longer than three months for revascularisation	Existing commitment	**0**		**0**	**0**
Cancelled operations: % of elective patients cancelled on the day of surgery	Existing commitment	**<0.8%**		**0.78% (to Feb 10)**	**1.09%**
Cancelled operations: Patients not readmitted within 28 days	Existing commitment	**<5%**		**2.82%**	**0%**

KPI	Type of indicator	Target	RAG rating	09/10 performance	08/09 performance
Maintain two week cancer waits	National priority indicator	**>93%**	●	**94%**	**99.3%**
31 days diagnosis to treatment for all cancer	National priority indicator	**>96%**	●	**98.2%**	**98.66%**
62 days urgent referral to treatment for cancer	National priority indicator	**>85%**	●	**88.6%**	**93.41%**
%age within 18 week admitted pathway	National priority indicator	**90%**	●	**90.6%**	**90.6%**
No. of specialities over the 18 week target for admitted patients	National priority indicator	**0**	●	**1**	**N/A**
%age within 18 week non-admitted pathway	National priority indicator	**95%**	●	**99.6%**	**98.6%**
No. of specialities over the 18 week target for non admitted patients	National priority indicator	**0**	●	**0**	**N/A**
Direct access audiology %age waiting less than 18 weeks	National priority indicator	**95%**	●	**100%**	**N/A**
% of women breast feeding at the time of discharge from giving birth	National priority indicator	**>77%**	●	**79%**	**77%**
Patients spending 90% of their time on a stroke unit	National Priority Indicator	**70%**	●	**70%**	**N/A**
TIA indicator within 24 hours	National priority indicator	**45%**	●	**45.5%**	**N/A**
% of women who are smokers at the time of delivery	National Priority Indicator	**TBC**	●	**6.7%**	**5.8%**
% unknown smoking	National priority indicator	**<5%**	●	**2.2%**	**4.8%**
MRSA bacteraemia	National priority indicator	**14 (upper limit)**	●	**12**	**11**
C. difficile positive results	National priority indicator	**112 (upper limit)**	●	**41**	**97**

Notes:
RAG: red = failed to meet target, amber = under performed, green = target met.

The data we use to plot our performance is from sources that are standard throughout the NHS, with the majority of data coming from the hospital patient administration system.

* We share responsibility for this target with South Central Ambulance Service. A joint action plan has now been agreed to improve performance in order to deliver the target in 2010/11.

A forward look

In 2010/11 the existing commitments and national targets will remain as the main performance indicators for trusts, except there will be a change in the monitoring of waiting times where trusts no longer have to report breaches to the 26 week inpatient and 13 week outpatient waiting time standards. This is because all patients must now be treated on a maximum 18-week pathway from referral to treatment (unless there are medical reasons preventing this, or through patient choice). The Trust will continue working hard to achieve all the national targets, and has also set itself a number of local performance goals and aims.

New for 2010/11 is agreement of a number of local quality targets with our main commissioner, NHS Buckinghamshire. These include CQUIN (Commissioning for Quality and Innovation) payment targets, aimed at driving up quality in certain areas. In our hospitals this will include making sure:

- all patients are risk assessed for venous-thromboembolism
- all patients are offered access to stop smoking services before elective operations (including expectant mothers)
- that incidences of pressure ulcers are reduced
- that length of stay in hospital after a hip operation is reduced through enhanced recovery programmes
- that high risk babies are given TB vaccinations
- that quicker and better treatment is provided to patients at high and low risk of TIA.

South Central Strategic Health Authority has also signed up to a pilot known as *Advancing quality*, which we will participate in. It is looking at a range of pathways to improve patient outcomes and reduce mortality.

6. Partnership working with patients, the public other key stakeholders

Working in partnership and making sure we involve our patients, the public and other key stakeholders in the decisions we make, and act on their feedback, is central to achieving our vision. Highlights from 2009/10 are included in this section.

Healthy leaders

There was a strong focus during the year on working in partnership with our commissioning colleagues at NHS Buckinghamshire to set the foundations for an economically sustainable NHS that embraces the objectives of *High Quality Care for All*[1]. This strategy for the NHS aims for everyone to be able to access uniformly, personalised high quality care; that is delivered as close to home as possible, and within the resources available.

We have faced particular financial challenge in Buckinghamshire in recent years, and the launch of the PCT's *Healthy Buckinghamshire NHS* programme is helping to focus shared efforts on making whole system reform that creates both improvements and savings. This clinically-driven programme is now led by a Healthy Leaders group, comprising our chief executive and chief executives from the PCT, GP collaboratives and partner organisations such as social services.

The group's aims are to maximise strategic opportunities to improve the NHS in Buckinghamshire, to monitor savings programmes and initiate urgent action to resolve any system problems. Progress included enhanced urgent care support aimed at taking the pressure off A&E and inpatient services through improved out-of-hours GP services, and the launch of a public information campaign encouraging Buckinghamshire communities to 'choose well' and appropriately use NHS services.

The Trust, through a small number of clinical and patient representatives, also became involved in a strategic health care project called *Care For the Future*. This project, still at an early stage, aims to look at the potential needs and growing demands on care across Buckinghamshire and Berkshire so that we have services fit for the future. It is being coordinated by the three PCTs that cover the two counties.

Other senior level forums we attend with our partners include Bucks Strategic Partnership, Wycombe Partnership, CADEX, as well as presenting at county and district council meetings.

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[1] High Quality Care for All, Lord Darzi, DH 2008.

Our new membership

Central to achieving NHS foundation trust status is the recruitment of a representative and active membership to help influence the development of our services to best meet local needs. In the first half of the year much energy was invested in recruitment, and we are delighted to have achieved our goal of a 12,000 strong membership a year ahead of schedule.

Although we had to pause our application to become an NHS foundation trust during the year, we didn't want to lose the momentum we had gained with developing a relationship with our new membership. In the second half of the year we focused on creating a programme of involvement, which resulted in the approval of a new membership and involvement strategy by the Trust Board in January.

We appreciate having a membership of more than 12,000 is an important resource, and regularly communicate with them through our members' newsletter *News and Views*. Our members are already proving how valuable they are in shaping our work, contributing in a wide range of ways as shown below.

Involvement

We asked our public members whether they supported our intention to bid for the management of Community Health Buckinghamshire, the then provider services arm of NHS Buckinghamshire. The results were overwhelmingly positive, with more than 80 per cent of those who responded giving support for the bid.

We have continued to develop an annual programme of events, which last year covered a range of topics including end of life care where patient views were sought on the development of a local strategy, cancer services, diet and nutrition in our hospitals and the new service standards. With more events planned this year, they are a valuable opportunity for members to hear first hand from the chief executive or chairman who provide updates on key corporate matters, and for staff and members to meet.

A range of Trust service redesign projects – such as reviews of the trauma, plastic surgery and hip and knee replacement care pathways – included the views of patients, helping to inform developments, while also improving the patient experience and quality of care.

The National Spinal Injuries Unit continues to support the development of further involvement of their patients. Following a successful workshop, patient-centred changes and improvements are being submitted for approval.

A member has also become a patient representative on our research governance committee, bringing to the group over 30 years of research experience, valuable knowledge and the patient perspective.

“Treat me not my knee”

Treat me not my knee is an innovative training programme the Trust delivered in partnership with the charity Talkback, to further staff’s understanding and awareness of the needs of patients with a learning disability. Over 140 staff from more than 25 areas have now received the training, and the initiative was highlighted as an example of good practice by the Audit Commission on its website in October. Training objectives include raising awareness, development of staff understanding and clarifying perceptions, attitudes and beliefs to enhance person-centred care.

Clean and safe hospitals

National Patient Environment Action Team (PEAT) assessments again involved patient representatives, providing the Trust with patient views which fed into our overall assessment scores. The scores ranged from excellent to acceptable for food and the environment, privacy and dignity.

Our infection prevention and control committee has recently expanded its patient representation, and now includes two formal patient representatives from our membership, and a further five members forming a wider patient focus group. The Trust is committed to ensuring the patient perspective in this priority area.

Forums and scrutiny

Patient experience group (PEG)

Our formal patient and public involvement forum, the PEG, continued to go from strength to strength with members participating in many areas including a number of the initiatives above. The group provides regular opportunities for two-way dialogue with representatives of a wide range of hospital and community user groups.

The year’s activities included:

- monitoring the Trust’s actions in response to PEG feedback and the national inpatient survey results and action plan
- receiving and commenting on the Trust’s action plan for eradicating mixed sex accommodation
- giving views on the Trust corporate style, the new patient bedside and outpatient guides and other patient literature
- helping to publicise the launch of our medicines helpline.This helps to support patients post-discharge by providing information on how and when to take medicines, side effects, and whether different medicines can be combined.

The Local Involvement Network (LINk)

Local Involvement Networks (LINks) aim to give people a stronger voice in their NHS. Run by local individuals and groups and independently supported, LINks are tasked with finding out people's views about health and social care services and monitoring local services.

The Buckinghamshire LINk continues to evolve and the Trust attends its monthly public meetings, welcoming the opportunity to engage with the steering group and its broader membership. During the year regular meetings between both chairs and our chief executive were introduced. The Trust looks forward to developing a positive relationship in 2010/11, working jointly on projects which result in improved services for patients.

The Overview and Scrutiny Committee (OSC)

The OSC is a well-established forum, carrying out a scrutiny role for public health services on behalf of the local population.

The Trust attends OSC public meetings on a regular basis providing information and input as requested. Issues covered during the year included the proposed changes to women's and children's services across Stoke Mandeville and Wycombe with the opening of the new Claydon Wing, and the drive to transform community health services including their transfer to our Trust. The Trust welcomes the opportunity to engage with the OSC and looks forward to building on the positive relationship already in existence.

Patient feedback

Inpatient survey

The results from a survey of 501 patients using our hospitals in summer 2008 were published at the start of 2009/10, showing that over 90 per cent rated their care as either 'excellent', 'very good', or 'good'.

The annual inpatient survey looks at a wide range of areas from arriving at hospital and the quality of care, to discharge arrangements.

More than eight out of 10 patients surveyed (81 per cent) said they were 'always' treated with dignity and respect, compared to the national average of 79 per cent. And more patients felt they were well informed about the operations and procedures they were having. The vast majority of patients (95 per cent) described their accommodation as 'very' or 'fairly' clean, in line with the national average. Doctors instilled 'confidence and trust' in 83 per cent of respondents, the survey also found.

The report, published by the Care Quality Commission, also highlighted areas where the Trust could improve, including providing better information on take-home medications and eliminating mixed sex accommodation. These are both areas the Trust progressed during the year.

Acting on complaints

The Trust is working hard to reduce the number of complaints received about our services, facilities and staff. In 2009/10, we received 535 complaints compared with 655 in 2008/9.

The speed of our responses has improved with over 85 per cent being answered in 2009/10 within 25 days, compared to 77 per cent in 2008/9.

The Patient Advice and Liaison Service has continued to respond to concerns raised by users of the service and dealt with 686 queries on 2009/10. In addition the complaints service responded to 270 informal complaints.

Principles for remedy

The Ombudsman's 'principles for remedy' state that an attempt to resolve a complaint should be based on:

- getting it right
- being customer focussed
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

The Trust makes every effort to comply with these principles. We are always ready to apologise where our service has not been what the service user expected, and to put things right for complainants as promptly and appropriately as possible. Our aim is to use the lessons learned from complaints to make sure that same failure does not happen again.

Charitable and voluntary services partners

The Trust is grateful to the 700-plus registered volunteers working across our hospital sites who continued to play an invaluable role in 2009/10 by helping on the wards, driving, with administrative activities, retail and librarian work, hospital radio broadcasting and gardening.

The Trust is also fortunate to benefit from the support of our local communities and a wide range of charitable groups who together help to raise funds to purchase equipment or provide facilities that would not otherwise be available to the Trust.

This activity supports our charity, the income of which is made up of donations, legacies, activities for generating funds and investment income. These monies are used to enhance the services within the Trust focused on patients' welfare, staff welfare, research and general charitable hospital purposes. The Trust Board is the corporate trustee and a separate annual report and accounts are produced for the charity, which are available from the

Trust.

In addition to our charity, the Trust also benefits from the activities of a number of charitable partners. We are indebted to groups such as the WRVS which are staffed almost exclusively by volunteers, for the significant contribution they make towards improving care for our patients. In addition the Trust benefits from the work of Scannappeal and the Cancer Care and Haematology Fund at Stoke Mandeville Hospital.

7. Our staff

Buckinghamshire hospitals is a major employer in south central England, employing 4661 staff in 2009/10 from the full range of healthcare professions. We believe our staff – nurses, midwives, doctors, healthcare scientists, allied health professionals, pharmacists, healthcare assistants, facilities staff, managers and administrative and clerical staff – are our greatest asset.

We were delighted to welcome Buckinghamshire's community health services staff to the Trust when their employment transferred from NHS Buckinghamshire in April 2010. Their employment takes our workforce to over 6,000, and means we are responsible for providing most NHS community and hospital services in the county now.

We are committed to investing in our workforce and were pleased to retain our Investors in People status in April 2009. Last year there were a range of initiatives aimed at supporting staff in our ambition to provide the best possible care for patients.

Acting on feedback, communications and consultation

Results from the staff survey

The latest survey into how staff feel about their role and working for Buckinghamshire hospitals showed some significant progress; with 13 statistically significant improvements compared to the previous year and just one deterioration in performance related to staff working extra hours.

This was the seventh NHS national staff survey in which the Trust participated and just over 58 per cent of staff responded, which is higher than the national average for acute trusts.

For the first time there were a number of key findings where the Trust scored higher than the national average for acute trusts. These areas were around staff feeling satisfied with the quality of work and care they are able to deliver, staff agreeing that their role makes a difference to patients, staff agreeing they have an interesting job, the number of staff appraised in the last 12 months, and the number of staff receiving health & safety training and equality & diversity training.

The overall staff engagement score for the Trust was 3.57 - below average compared to other acute trusts, although we made some improvements in staff job satisfaction and staff intention to leave. More needs to be done to deliver better results around engagement, and in 2010/11 we will be focusing on developing the role of the immediate line manager to support this.

Last year's results tell us that we are making improvements year on year, but that there is more work to do to ensure that we are the local employer of choice. We also recognise that we still have some way to go in dealing with

three of the main issues identified, not only by ourselves, but by many other trusts. These cover staff workload, management communication and staff feeling valued. We hope our work to embed the service standards throughout the organisation will also support efforts to improve staff satisfaction year on year.

Consultation and communications

The Joint Management Staff Committee (JMSC) and Joint Consultation and Negotiating Committee (JCNC) meet every other month and provide a forum for the Trust to consult with staff via union members and representatives on key issues such as service changes or terms and conditions of service.

An example of a consultative project in 2009/10 was successful working with the BMA and a representative group of doctors on the implementation of the specialty doctor contract. A local implementation group was set up which met regularly, issues were dealt with swiftly, and the outcome was the smooth transfer to the new contract. Regular evening meetings were held with the doctors in order to communicate and engage with them, and these meetings still continue with a focus on service redesign and personal development.

Joint working also supported the achievement of European Working Time Directive (EWTD) compliance in August 2009 for junior doctors, when their hours were reduced from 56 to 48 a week.

The Trust is committed to positive two-way communications and a new communications strategy was approved during the year. This places much emphasis on staff communications, and regular activities now include a monthly team-briefing and feedback session for senior staff with the chief executive, a weekly staff e-bulletin, a monthly chief executive e-update and a two-monthly staff magazine. A priority for 2010/11 is the redevelopment of the intranet and a review of the communications strategy, to reflect our integration with community health services.

Celebrating good practice

Our annual staff awards were launched to recognise and reward good practice and now in their sixth year, they continue to go from strength to strength. 2009 was the first time we involved our patients and the public in the nomination process, using our five patient promises as the award categories, along with recognition for lifetime and volunteer achievements and the chairman’s award.

More than 100 staff members attended the award ceremony, held in November at the Chiltern Medical Education Centre. Congratulations to the eight winners and to the National Spinal Injuries Unit (NSIC) which scooped two awards: the Chairman’s award and the best clinical care category. These wins reflect the continuing hard work and dedication of the full team at NSIC, and the unit’s recent three-year international accreditation for excellence in

the care of adults and children with spinal cord injury. NSIC is the first centre in the UK to receive such an award.

New resources supporting better working practices

Library service

During the year the library service increased the number of information resources available electronically. A clinical outreach librarian, appointed in October, works with clinical teams within the hospital and NHS Buckinghamshire, helping them find and evaluate information to support best patient care. Additional computers have also been installed in the libraries to support more self-directed learning by staff.

RosterPro

RosterPro is a web-based package which processes information from wards and departments to create staffing rosters which better meet local needs and rules. To date it is being used by around 60 NHS trusts, and was successfully implemented in 40 clinical areas throughout our hospitals in 2009/10.

Ward managers are already feeling the benefits of the new system which uses a points approach for accommodating staff roster requests, while adhering to national workforce requirements. Managers report:

- RosterPro saves time and gets better arranged rosters, leaving more hours for staff to spend with patients
- finding it easier to support improving work/life balance requests and to act fairly in terms of allocating annual leave, training and preferred hours for both full and part-time staff
- finding it easier for PIN (personal identification number) renewal for registered nurses and organising mandatory training updates
- money is being saved on temporary staff through better workforce utilisation
- immediate EWTD compliance.

RosterPro is currently being linked to the Trust's payroll system in a bid to eliminate salary payments by paper timesheets, with the first wards planning to transfer in April 2010.

Workplace health and wellbeing

Over the past two years the Trust has provided a number of programmes to help support the health and wellbeing of staff with the introduction of fast-track physiotherapy, fast-track counselling and access to weight management courses, all of which have been funded thanks to our charitable funds committee.

During 2009 the health and wellbeing of NHS staff was given extra national focus with the publication of the Boorman Review[2]. In response to this report the Government has incorporated the health and wellbeing of NHS staff into the operating framework for all trusts in England and Wales and, in addition, the NHS Constitution which came into law in January 2010 clearly sets the direction of staff engagement and health and wellbeing within the NHS.

In February and March 2010 the Department of Health hosted a series of Boorman implementation workshops around the country, and we were invited to present at the Bristol workshop on the work we have been doing in Buckinghamshire. During 2010/11 we will build on this progress by reviewing the health and wellbeing needs of staff to develop further prevention and intervention programmes. We established a project group, with representation from across the organisation, to take this programme forward.

Centralising the workplace health department

In 2009/10 we took the decision to centralise our workplace health department on one site, close to Wycombe Hospital at the Cressex Business Estate, to improve the quality and income generation potential of the service. The department provides a range of support to managers, staff and outside organisations, including pre-employment checks, health surveillance, vaccinations and counselling. We were also chosen as one of a handful of pilot sites nationally to host a new 'Health for Work Adviceline', launched by the Department for Work and Pensions to offer small local businesses free access to professional occupational health advice.

The department's activity continued to increase, and it also played an important role in our efforts to reduce sickness absence throughout the organisation (see below).

Reducing sickness absence

Careful monitoring and closer working with managers had a positive effect on highlighting areas with high levels of staff sickness and reducing absence last year. Action planning in dealing with sickness is now becoming more common, and streamlining the management of sickness absence policy aims to benefit both the individual and the organisation further in 2010/11.

The Trust's annual cumulative sickness absence rate for 2009/10 was 3.97 per cent – which was below the four per cent benchmark set by our strategic health authority. In recognition of the Chief Nurse for England's high impact factors and the Boorman Report, work will continue to support line managers and staff to reduce our rates, including incorporating use of the new 'Fit notes' from GPs.

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[2] The Boorman Review of NHS Health and Well-being, independent review team led by Dr Steven Boorman, 23 November 2009

Support with childcare

The Trust provides a range of childcare support for parents including workplace nurseries at Wycombe and Amersham hospitals offering 128 places to children of pre-school age.

Both the Amersham and Wycombe nurseries have now been Ofsted inspected, with Amersham receiving a ‘good’ rating for the provision of early years support in January 2010. The Ofsted report praised its well organised and secure environment, the strong leadership and management of staff, their provision of stimulating play activities and good understanding of the Early Years Foundation Stage (EYFS) framework.

Education, learning and development

Partnership working with Bucks New University was given a boost with the joint appointment of a Principal Lecturer and Co-ordinator of Vocational Learning and Development. During the year the post holder focused on revising the induction and mandatory training programmes for staff, and preparing for the introduction of a number of e-learning modules from April 2010. Another major focus of the role is to mobilise wider participation in continuous learning and development within our Agenda for Change bands one to four workforce.

The Trust is also contributing to the development of an Institute of Applied Leadership with Bucks New University and other public sector organisations, following an initial scoping workshop in 2010. The aim of the institute is to help equip leaders and managers across the public sector to tackle effectively future quality and productivity challenges.

Equality and diversity

We are fully committed to equality of opportunity for all employees and service users, and throughout 2009/10 continued to embed our equality and diversity schemes into the core functions of the Trust. The staff handbook, the human resources and workforce strategy, the website and the equality and diversity policy statement all reflect our commitment as an organisation to promote equality of opportunity and access, while encouraging the workforce to become more diverse.

In the last 12 months the percentage of staff receiving equality and diversity training was significantly above the national average for NHS acute trusts as evidenced in the 2009 staff survey. This work is directed by our equality and diversity steering group.

We now have a representative membership of more than 12,000, acting as a valuable resource for engagement with a range of seldom heard groups. We also continued to promote equality externally, with local organisations and within local strategic partnerships. In addition to participating in the Bucks

Equality Network and Bucks Disability Employers Forum, the Trust attends the South Central Equality Network on a monthly basis.

Launched in 2008/09, our black and minority ethnic (BME) staff networking group made great strides last year, securing substantial funding to support and improve diversity throughout the organisation by:

- raising the profile of ethnic minority issues and promoting cultural diversity throughout the organisation
- supporting and developing overseas and ethnic minority staff
- sharing good practice about ethnic minority patient/client care, aiming to make our services more user friendly to people from a BME background.

8. Looking forward

Our 2010/11 objectives and challenges

Our objectives for the coming year reflect the strategic direction we established in 2009/10 as part of our developing NHS foundation trust application. They also reflect the drive to establish more integrated care pathways and services closer to home, with plans to support our successful and smooth partnering with community health services.

The objectives:

Deliver the patient promises by driving up safety and quality

- share and act on learnings from the Francis Inquiry Report[3]
- embed our service standards into everyday practice
- improve clinical outcomes for patients by improving how we share information and best practice
- support and engage our workforce to be highly-motivated and provide best care.

Integrate Community Health Buckinghamshire with acute hospital services to form one new organisation

- deliver new patient pathways
- establish robust governance and risk management processes
- develop a sound financial plan
- create a new organisational structure and workforce plan supported by effective communications
- co-ordinate IT and information systems.

Maximise productivity, efficiency and cost effectiveness

- develop a financial plan that enables delivery of the objectives within the resources available
- deliver new and innovative approaches to healthcare through systems and technology
- embrace operational best practice in the way we use theatres and patients' length of stay in hospital
- develop clinical leadership
- improve the clinical environment and physical access to services.

[3] Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, Robert Francis QC, February 2010

Strengthen our future through effective partnership

- build a strong relationship with the people of Buckinghamshire through our continuing membership and engagement drive
- secure our future as the key provider in Buckinghamshire through clinical excellence and re-establishing our NHS Foundation Trust application
- promote excellence in national and regional services.

Principal risks

There are risks in everything the Trust does and in 2009/10 a new risk management strategy was approved to ensure that everything possible is being done to meet our objectives and deliver safe and effective care.

Our main risk areas fall into the following categories: clinical risks, health and safety risks, workforce and recruitment risks, financial and business risks, estate and environmental risks and information governance risks. In 2010/11 we will be placing particular emphasis on managing clinical and financial risks, and the successful integration with community services. This is core to our ambition to provide improved pathways of care for patients, services closer to home and improved efficiency by using resources and our estate more effectively.

Community health services integration

We were delighted that our proposal in November 2009 to integrate with Community Health Buckinghamshire was approved by NHS Buckinghamshire (the PCT) and from 1 April 2010 the two organisations came together as one.

This is an exciting opportunity for the people of Buckinghamshire and the Trust, as we bring together the many professionals involved in individuals' care. This integration will enable us to redesign care pathways so that they are truly designed around the needs of the individual patients, facilitating more joined-up care and making it easier for patients to access services when they need them.

Managing care in a unified way across the organisations will particularly impact those who suffer from chronic conditions (60 per cent of those aged over 65 do so). By developing a more proactive and preventative approach to chronic disease management, our aim is to help people more easily control their condition, offering a greater range of care services closer to people's homes and reducing the demand for urgent care in our hospitals.

Over the coming year we will work with patients who use these services, and the clinicians who work within them, to develop high quality, cost-effective services that will best meet the needs of our population.

9. Our Trust Board

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

It defines 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 have responsibility to constructively challenge the decisions of the Board. Non-executive directors have a particular duty to ensure 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.

Directors and the register of interests

The register is maintained by the head of the executive office who holds the original signed declaration forms. These are available for inspection by contacting the head of the executive office on 01494 734851.

Name	Position	Interests declared
Graham Ellis	Chairman and non-executive director	Non-executive director in Ministry of Defence, Defence, Equipment & Support (DE&S) Non-executive member of audit committee, Oil & Pipelines Agency Non-executive chair to safety committee, Oil & Pipelines Agency Non-political parish councillor for Preston Bissett, Buckingham Family friend works for Milton Keynes Hospital NHS Foundation Trust, ophthalmology
Jane Bramwell	Non-executive director	Representative of Chesham Town Council on Dial A Ride management committee Husband Michael Brand is a Buckinghamshire county councillor
Les Broude	Non-executive director	Works on a consultancy basis on career transition with Penna Plc that provides a coaching service to the NHS
Keith Gilchrist	Non-executive director	Advisory work with LCA (Low Carbon Accelerator) Seed finance fund for low carbon development companies Son is junior doctor based at Banbury/Oxford Radcliffe hospitals

Brenda Kersting	Non-executive director	Director of Tergo HR Lay assessor for the National Clinical Assessment Service (NCAS) Independent member of the Parole Board
Malcolm Griffiths	Non-executive director	Director of Okio Limited, an IT/web design company Director of Bluespace Thinking, a consultancy company
Anne Eden	Chief executive	Director The Stoke Mandeville Hospital Postgraduate Society Ltd
Graz Luzzi	Medical director	Trustee, Amersham Dermatological Research Trust (Amerderm)
Nick Hulme*	Chief operating officer	Deputy chairman of the Terrence Higgins Trust
Robert Peet**	Chief operating officer	None
Tom Travers	Director of Finance and IT	None
Sarah Watson-Fisher	Chief nurse and director of patient care standards	Trustee of Scannappeal
Non-voting directors		
Juliet Brown	Joint director of strategy & system reform	Director and company secretary for Shining Life Children's Trust (Charitable Co) charity involved in social care in Sri Lanka
Ian Garlington	Director of property services	Director The Stoke Mandeville Hospital Postgraduate Society Ltd Trustee of the National Society for Epilepsy
Sandra Hatton	Director of human resources & OD	None
Samantha Knollys	Joint director of strategy & system reform	None

*Nick Hulme left the organisation in July 2009.
**Robert Peet took up the role of Chief Operating Officer in July 2009.

Directors' remuneration

The Secretary of State for Health determines the remuneration of the chairman 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 that are not subject to Agenda for Change. 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.
Each executive director's contract provides for a six month notice period.

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

Membership of the remuneration committee during 2009/10:
Graham Ellis
Jane Bramwell
Les Broude
Keith Gilchrist
Malcolm Griffiths
Brenda Kersting.

Full details of directors' remuneration and pension benefits are given below.

Directors' remuneration

SUMMARY OF GREENBURY DISCLOSURES FOR 2009/10 ANNUAL REPORT

Name and Title	2009-2010				2008-2009			
	Service as Director in year	Salary (bands of £5000) £	Other Remuneration (bands of £5000) £	Benefits in Kind Rounded to the nearest £100 £	Service as Director in year	Salary (bands of £5000) £	Other Remuneration (bands of £5000) £	Benefits in Kind Rounded to the nearest £100 £
Chairman Mr G Ellis	Full Year	20-25	-	-	1/11/08 - 31/03/09	10-15	-	-
Non-Executive Directors Mr M Griffiths	Full Year	5-10	-	-	Full Year	5-10	-	-
Mr L Broude	Full Year	5-10	-	-	Full Year	5-10	-	-
Mr K Gilchrist	Full Year	5-10	-	-	Full Year	5-10	-	-
Ms J Bramwell	Full Year	5-10	-	-	Full Year	5-10	-	-
Mrs B Mcall-Kersting	Full Year	5-10	-	-	Full Year	5-10	-	-
Chief Executive Ms Anne Eden	Full Year	155-160	-	2,100	Full Year	155-160	-	1,900
Director of Finance Mr T Travers	Full Year	110-115	-	-	Full Year	110-115	-	-
Director of Nursing Ms S A Watson-Fisher	Full Year	95-100	-	-	Full Year	90-95	-	-
Director of Human Resources Mrs S Hatton	Full Year	90-95	-	-	Full Year	85-90	-	-
Director of Operations Mr N Hulme**	01/04/09 - 05/07/09	30-35	-	400	Full Year	110-115	-	1,700
Joint Directors of Strategy & System Reform Mrs S Knollys	Full Year	55-60	-	-	Full Year	50-55	-	-
Mrs J Brown*	01/06/09 - 31/03/10	55-60	-	-	Full Year	40-45	-	-
Director of Property Services Mr I Garlington	Full Year	100-105	-	-	01/09/08 - 31/03/09	55-60	-	-
Medical Director Dr G Luzzi	Full Year	45-50	120-125	-	Full Year	45-50	120-125	-
Chief Operating Officer Mr R Peet	06/07/09 - 31/03/10	80-85	-	-		-	-	-

* Juliet Brown returned from maternity leave June 2009
** Nick Hulme left the Trust in July 2009

Directors' pension entitlements

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 2010	Lump sum at age 60 related to accrued pension at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	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 Ms A Eden	0 - 2.5	0 - 2.5	55 - 60	165-170	1,086	982	56	39,100
Director of Finance Mr T Travers	0 - 2.5	2.5 - 5	10 - 15	40-45	255	217	27	18,900
Director of Nursing Ms S A Watson-Fisher	2.5 - 5	5 - 7.5	30 - 35	95-100	593	486	83	58,300
Director of Human Resources Mrs S Hatton	0 - 2.5	0 - 2.5	35 - 40	105-110	767	696	36	37,500
Director of Operations Mr N Hulme	2.5 - 5	5 - 7.5	25 - 30	85-90	252	454	(224)	(157,400)
Joint Directors of Strategy and System Reform Mrs S Knollys	0 - 2.5	0 - 2.5	0 - 5	10-15	42	33	8	5,800
Mrs J Brown*	0 - 2.5	0 - 2.5	10 - 15	35-40	185	171	5	3,400
Director of Facilities and Estates Mr I Garlington **	0 - 2.5	n/a	0 - 5	n/a	23	8	15	10,300
Medical Director Dr G Luzzi	0 - 2.5	0 - 2.5	40 - 45	130-135	909	828	39	27,500
Chief Operating Officer Mr R Peet	0 - 2.5	0 - 2.5	5 - 10	20-25	-	-	-	-

* Juliet Brown returned from maternity leave in June 2009
** Ian Garlington is a member of the NHS Pension Scheme 2008 section and, as such, has no automatic entitlement to a lump sum.

Audit committee

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

Les Broude	Non-executive director
Keith Gilchrist	Non-executive director
Malcolm Griffiths	Non-executive director
Brenda Kersting	Non-executive director.

Auditors

The Trust has been audited by the Audit Commission since 2008/09. Their total remuneration in 2009/10 was £195,000, which was solely in respect of audit services which cover the statutory audit and mandatory studies requested by the Department of Health, including auditing the Trust's restated balance sheet under International Financial Reporting Standards (IFRS).

The Audit Commission has provided a declaration (an ISA 260 declaration of independence and objectivity) confirming that it has maintained independence from the Trust.

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 the Audit Commission (the Trust's auditors) are 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 the Audit Commission is aware of that information.

10. Our finances

Financial performance

Performance in year

The financial year 2009/10 has been challenging. The Buckinghamshire health economy has had limited funds to purchase the healthcare being demanded and, as a result, in August 2009, SHA arbitration decided that the rates paid to the Trust for work carried out would be below the national standard figures under Payment by Results (PbR). The harsh winter conditions, experienced with almost no respite between 17 December and mid February, resulted in escalation wards being opened to accommodate additional patients at additional expense. However, despite these difficulties, the Trust reported a surplus, before the impact of impairments to the value of land and buildings, of £146,000. (The 2009 comparable figure was a loss of £3,273,000.) This is a tremendous achievement and puts the Trust on a firm footing to meet its three year statutory break even duty during 2010/11.

The statement of comprehensive income reports a deficit of £(28,090,000) for the year. This is due to two main factors. Firstly, the change to reporting under International Financial Reporting Standards (IFRS) required of all NHS trusts has resulted in changes to the way that public finance initiative transactions are reported in the financial statements. Secondly, the recent revaluation of land and buildings has resulted in a charge of £28,236,000 included within operating expenses. The Department of Health assesses the Trust's performance on the surplus before such impairments and, therefore, the Trust is deemed to have met its financial target of generating a surplus within the financial year.

Specific in year achievements include in excess of £11 million savings being delivered through the cost improvement programme. This is a significant achievement, especially taking into account the service pressures experienced during the year and the quality improvement standards we set ourselves.

Other achievements in year include the maintenance of standards set under the Auditors' Local Evaluation process (ALE) on the internal control, financial management and value for money lines of enquiry, and the completion of work on restating figures to comply with IFRS.

Implementation of International Financial Reporting Standards

As noted above, from 2009/10 the Trust is required to account under IFRS rather than UK GAAP (Generally Accepted Accounting Principles), including the provision of comparative figures for 2008/09. The process began last year with the restatement of the 2008/09 opening statement of financial position (formerly the income & expenditure account) which was subject to audit

during the year and culminated with the reporting of the 2009/10 results under IFRS.

As a result of adopting IFRS, the Trust has carried out a detailed review of its accounting polices and a number of accounting polices have been amended or the explanations expanded during the year as follows:

Revenue recognition
In the past, the Trust has confirmed that it accounted for income applying the accruals convention. In 2009/10, the accounts clarify this by stating that "Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of consideration receivable. Revenue relating to patient care spells that are part-completed at the year end is 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." It also clarifies that the Trust accounts for income under the NHS injury cost recovery scheme by recognising income when it receives notification from the Department of Work and Pensions' compensation recovery unit that an individual has lodged a compensation claim and accounts for it at the agreed tariff for the treatments provided, less a provision for doubtful debts.

Expense recognition
The 2009/10 accounts include a provision for leave earned by employees but not taken. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Non-current assets
Any assets acquired under Private Finance Initiatives (PFI) are now capitalised under IFRS. In 2008/09, only one of the Trust's PFI buildings was disclosed as a 'tangible non-current asset'. The Trust now recognises its PFI assets as items of property, plant and equipment, together with the liability to pay for them. Services received under PFI contracts are recorded as an operating expense.

The adoption of IFRS has resulted in a change to the definition of a finance lease adopted by the Trust with the result that some leases, previously considered to be operating leases, will, in future, be treated as finance leases and the assets recorded as non-current assets.

Donations

We have been extremely fortunate again this year to benefit from support from Scannappeal, the Trust charities and the League of Friends; with the purchase of medical and other equipment exceeding £400,000. This includes £57,000 for ultrasound systems, £40,000 for a Bi-Pap focus system, £34,000 for a patient monitor, £33,000 for a flexible cystoscope and £28,000 for a photo-irradiator device. This support is truly appreciated, many thanks are due

to these organisations and everyone else who gives their time to the hospitals without charge.

Financial reporting

The timetable for early closure and reporting of the annual accounts was reduced this year, exacerbated by the timing of the Easter break. The fact that the Trust met the new target a day early is a major achievement for which all staff involved are due a huge thank you.

Land and property values

In previous years the Trust has recorded the carrying value of its land and buildings at their existing use value. During 2009/10 the Trust obtained a professional valuation of its land and buildings on a 'modern equivalent asset' (MEA) basis which is now the required valuation method. The MEA basis requires the valuer to review the buildings in use and value them on the basis of what it would cost to build a new structure capable of providing identical services. Given the Trust's sites at High Wycombe and Stoke Mandeville have been built up over a number of years and consist of a number of discrete buildings, the MEA valuation was considerably below the carrying value of the assets (as the modern equivalent would be one integrated building). As a result, the Trust has been required to write down the value of its land and buildings by £54,117,000. Of this, £25,881,000 has been written down against the existing revaluation reserve and £28,236,000 has been charged to the statement of comprehensive income. This has, in part, been offset by an appreciation in the value of other land and buildings totalling £28,488,000.

Given the recent revaluation of the Trust's land, the Board does not believe that there is a material difference between the carrying value and market value of land.

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 2009/10 financial statements.

Financing arrangements

During the year, the Trust took out a short term loan of £11 million from the Department of Health and converted this into a five year, fixed term working capital loan of £12.5 million during March 2010. The need for the loan arose, in part, from the arbitration decision of August 2009, which resulted in a reduced monthly income and cashflow for the Trust and partly from the

culmination of a number of years where income was reduced relative to the cost of the work performed. The new loan is at an interest rate of 1.89 per cent, fixed for the full term of the loan. The loan itself is repayable in 10 equal instalments at six month intervals in September and March of each year.

The Trust took out a £7 million capital loan in September 2008 at a fixed interest rate of 4.88 per cent. As at 31 March 2010, £4.9m of this loan was still outstanding. It is repayable in instalments of £700,000 at six monthly intervals in September and March of each year.

During the financial period, the Trust incurred £288,000 in interest on the 2008 capital loan and a further £10,000 on the 2010 working capital loan.

Under IFRS, the Trust is obliged to account for the private finance initiative schemes by accounting for both the value of the asset and the future liability to pay. This manifests itself as interest charges though the statement of comprehensive income and an asset (within property, plant & equipment) and a liability (within borrowings) in the statement of financial position. The ‘unwinding’ of this treatment resulted in the Trust reporting a charge of £9,619,000 under the heading ‘finance costs’ and showing a figure of £70,694,000 under the heading ‘borrowings’.

Cash flow

The Trust’s cash flow during the year has been affected both by the arbitration decision in August 2009 and the subsequent short term loan, converted to a five year loan in March 2010 as described above. The Trust now expects its cash flow to return to a more predictable pattern.

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 £32,000.

Better payment practice code

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid NHS and non-NHS trade creditors by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance in 2009/10 is shown below:

	Number	£000
Total non-NHS trade invoices paid in the year	65,130	117,749
Total non NHS trade invoices paid within target	35,039	79,851
Percentage of non-NHS trade invoices paid within target	53.8%	67.8%
Total NHS trade invoices paid in the year	3,033	17,201
Total NHS trade invoices paid within target	1,892	11,806
Percentage of NHS trade invoices paid within target	62.4%	68.6%

The Trust's performance in 2009/10 was below that for 2008/9 due to issues with funding from commissioners, referred to above. The Trust took out a £12.5m loan from the Department of Health in March 2010 and expects that this will enable it to improve its BPPC performance in 2010/11.

In May 2009, the government introduced a prompt payments code and undertook to pay all small businesses within 10 days of receipt of an invoice. The Trust has signed up to this code.

Management Costs

	2009/10 £'000	2008/09 £'000
Management Costs	13,026	12,782
Income	294,906	280,557
As a percentage of income	4.4%	4.6%

2010/11

Within the next financial year (2010/11) there will be many different additional pressures upon the Trust. These include:

- the need to achieve a surplus to allow the rolling three year balance position to be achieved
- integration with Community Health Buckinghamshire
- the need to achieve ongoing financial stability
- the requirement of significant savings to achieve the financial targets being set across the NHS as a whole (for example the 3.5 per cent efficiency saving required centrally)
- working together with Buckinghamshire PCT to reduce demand for services to a more acceptable level.

The Trust will be working closely with its commissioners and providers, including the introduction of best practice ideas identified by other healthcare providers, to ensure that it continues to provide high quality patient care at the most economic cost. Future projects must identify changes to the way that patients are treated, or that back-office processes are undertaken. The use of modern technology can significantly reduce costs, whilst improving accuracy and timeliness of data availability. It is important that the Trust grasps these opportunities to make savings.

Summary financial statements

Statement of comprehensive income

	2009/10 £'000	2008/9 £'000
Revenue		
Revenue from patient care activities	275,015	259,899
Other operating revenue	19,891	20,658
Operating Expenses	(307,473)	(270,944)
Operating surplus / (deficit)	(12,567)	9,613
Finance costs		
Investment revenue	32	287
Other gains and (losses)	-	150
Finance costs	(9,986)	(9,764)
Surplus/ deficit for the financial year	(22,521)	286
Public Dividend capital dividends payable	(5,569)	(6,701)
Retained surplus/ (deficit) for the year.	(28,090)	(6,415)
Other comprehensive income		
Impairments and reversals	(30,617)	(11,572)
Gains on revaluations	28,488	-
Receipt of donated / government granted assets	397	1,060
Reclassification adjustments		
- Transfers from donated and government grant reserve	(1,370)	(1,246)
Total comprehensive income for the year	**(31,192)**	**(18,173)**

All income and expenditure is derived from continuing operations.

Statement of financial position as at 31 March 2010

	31 March 2010 £'000	31 March 2009 £'000	1 April 2008 £'000
Non-current assets			
Property, plant and equipment	**254,394**	286,670	286,523
Intangible assets	**-**	-	-
Trade and other receivables	**2,901**	3,049	3,196
Total non-current assets	257,295	289,719	289,719
Current assets			
Inventories	**3,272**	2,640	2,356
Trade and other receivables	**15,956**	11,971	25,981
Other current assets	**147**	147	819
Cash and cash equivalents	**723**	5,173	322
Total current assets	20,098	19,931	29,478
Total assets	277,393	309,650	319,197
Current liabilities			
Trade and other payables	**(17,999)**	(30,386)	(28,752)
Other liabilities	**(271)**	(11)	
DH Working capital loan	**(2,500)**		
DH Capital loan	**(1,400)**	(1,400)	
Borrowings	**(1,724)**	(1,506)	(1,362)
Provisions	**(1,153)**	(251)	(631)
Net current assets/(liabilities)	(4,949)	(13,623)	(1,267)
Total assets less current liabilities	252,346	276,096	288,452
Non-current liabilities			
Trade and other payables	**(2,187)**	(2,459)	-
Borrowings	**(69,939)**	(71,403)	(72,923)
DH Working capital loan	**(10,000)**	-	
DH Capital loan	**(3,500)**	(4,900)	
Provisions	**(1,635)**	(1,547)	(1,569)
Other liabilities	**(490)**	-	
Total assets employed	**164,595**	195,787	213,960
Financed by taxpayers' equity:			
Public dividend capital	**154,724**	154,724	154,724
Retained earnings	**(36,954)**	(8,864)	(2,486)
Revaluation reserve	**31,196**	28,490	39,176
Donated asset reserve	**15,629**	21,437	22,546
Total Taxpayers' Equity	164,595	195,787	213,960

Statement of changes in taxpayers' equity

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Total £000
Balance at 31 March 2009					
As previously stated	154,724	(8,864)	28,490	21,437	195,787
Changes in taxpayers' equity for 2008-09					
Total Comprehensive Income for the year:					
Retained surplus/(deficit) for the year	-	(28,090)	-	-	(28,090)
Transfers between reserves	-	-	99	(99)	-
Impairments and reversals	-	-	(25,881)	(4,736)	(30,617)
Net gains on revaluation of property, plant & equipment	-	-	28,488	-	28,488
Receipt of donated assets	-	-	-	397	397
Reclassification adjustments:					
- transfer from donated asset/government grant reserve	-	-	-	(1,370)	(1,370)
Balance at 31 March 2009	154,724	(36,954)	31,196	15,629	164,595

The table above includes both impairments and gains on revaluation of property, plant and equipment. This is due to the fact that the valuation of properties within the Trust's portfolio resulted in both increases and decreases in the value of both land and buildings.

Statement of cash flows for the year ended 31 March 2010

	2009/10 £'000	2008/09 £'000
Cash flows from operating activities		
Operating surplus/(deficit)	**(12,567)**	9,613
Depreciation and amortisation	**12,506**	12,057
Impairments and reversals	**28,236**	3,142
Transfer from donated asset reserve	**(1,370)**	(1,246)
Interest paid	**(10,396)**	(9,706)
Dividends paid	**(5,569)**	(6,701)
(Increase)/decrease in inventories	**(632)**	(284)
(Increase)/decrease in trade and other receivables	**(3,865)**	(908)
(Increase)/decrease in other current assets	**-**	1,635
Increase/(decrease) in trade and other payables	**(10,373)**	3,522
Increase/(decrease) in other current liabilities	**750**	-
Increase/(decrease) in provisions	**990**	
Unwinding of discount	**(35)**	(431)
Net cash inflow/(outflow) from operating activities	**(2,325)**	10,693
Cash flows from investing activities		
Interest received	**31**	320
(Payments) for property, plant and equipment	**(11,792)**	(26,525)
Proceeds from disposal of plant, property and equipment	**3**	15,440
Net cash inflow/(outflow) from investing activities	**(11,758)**	(10,765)
Net cash inflow/(outflow) before financing	**(14,083)**	(72)
Cash flows from financing activities		
Public dividend capital received	**-**	22,000
Public dividend capital repaid	**-**	(22,000)
Loans received from the DH	**12,500**	7,000
Loans repaid to the DH	**(1,400)**	(700)
Capital element of finance leases and PFI	**(1,467)**	(1,377)
Net cash inflow/(outflow) from financing	**9,633**	4,923
Net increase/(decrease) in cash and cash equivalents	**(4,450)**	4,851
Cash (and) cash equivalents at the beginning of the financial year	**5,173**	322
Cash (and) cash equivalents at the end of the financial year	**723**	**5,173**

The financial statements are a summary of the full accounts and statements, and we are required to state that these might not contain sufficient information for a full understanding of the Trust's financial position and performance. The full accounts can be obtained on request by writing to:

Director of finance & IT
Buckinghamshire Hospitals NHS Trust
Amersham Hospital
Whielden Street, Amersham
Buckinghamshire HP7 0JD
Or by telephoning: 01494 734755

11. 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 the 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 of the Trust for that period. 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 the 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

Anne Eden
Chief executive Date: 7 June 2010

Tom Travers
Director of finance Date: 7 June 2010

12. Statement of chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of the NHS has designated that the chief executive should be the accountable officer to the Trust. The relevant responsibilities of accountable officers are set out in the Accountable Officers Memorandum issued by the Department of Health. 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 with the approval of the Treasury 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

Anne Eden
Chief executive
Buckinghamshire Hospitals NHS Trust

Date: 7 June 2010

13. Statement of internal control

1. Scope of responsibility

The Board is accountable for internal control. As accountable officer, and chief executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am accountable to the chairman of the Trust and the chief executive of South Central Strategic Health Authority (SCSHA). I am performance managed through appraisal undertaken by the chairman of the Trust Board and the chief executive of SCSHA, who formally records comments on my performance at a full year appraisal meeting.

In addition, the SCSHA executive team meets regularly with the directors and me to formally review our performance in delivering the organisation's objectives. I work with partners across the health and social care economy through the Local Strategic Partnership, the Overview and Scrutiny Committee and with Buckinghamshire Primary Care Trust (PCT). This includes performance and contract reviews, regular meetings with the executive team and the whole system recovery board.

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 organisation's policies, aims and objectives
- 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 Hospitals NHS Trust for the year ended 31 March 2010 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 Trust Board which is responsible for the overall governance of the Trust. The Board reviews the effectiveness of the system of internal control, including systems and resources for managing all types of risk. The Trust Board has led the process with the

approval of a risk management strategy and 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. Each executive director has leadership of a specific area of risk in addition to their corporate Board responsibilities. At the divisional level, risk management is led by the divisional chairs and the assistant directors for operations, together with senior managers.

Risk management training and awareness is included in the mandatory corporate induction programme and further specialist courses have been delivered to staff throughout the year, including training for senior managers and directors. Guidance on risk management is also provided to staff by specialist advisers that include:

- the director of infection prevention and control, and the control of infection team
- the head of workplace health
- the health and safety adviser
- the fire safety advisers
- the radiological protection adviser
- the chief pharmacist
- the child protection designated nurse and designated doctor
- the human tissue act designated individuals.

The Board is committed to a culture of continual learning and quality improvement. The Board and its committees receive feedback from audits, inspections and incidents. Sharing of good practice and continual learning relating to clinical risk is ensured through the risk monitoring group. This group is the forum for monitoring of clinical risk issues identified by the divisions and identified risk sub-groups. It provides assurance to the healthcare governance committee that clinical risks are being appropriately reported and managed, and facilitates the dissemination of learning across the organisation.

4. The risk and control framework

The Trust's strategy for managing its risk is to:

- adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the processes and structures detailed in the Trust's risk management strategy and its related policies
- manage risk as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process
- undertake risk assessments on both existing, new and proposed activities to ensure that:
    - significant risks are identified

    - assessments are made of their potential frequency and severity
    - risks are avoided where possible, and minimised by implementing durable and effective controls.
    - risks are recorded on the Trust's risk register.
- ensure that the Board reviews the corporate risk register (significant risks) periodically and monitors the delivery of the Trust's objectives
- use the risk register 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 at 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.

Within each clinical division there are clinical governance leads and teams attached to the service delivery units, 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 risk monitoring group is made aware of any unacceptable risks that cannot be managed within divisions
- data from incidents, claims and complaints etc is reviewed to identify any trends or areas for retrospective action.

Each division also has a clinical audit lead, medical devices lead and control of infection link nurses.

Managers are responsible for ensuring effective risk management within their own area. A number of staff have been trained across the Trust to undertake risk assessments in their areas of work and to report these to their managers. The risk management strategy also requires liaison with co-employers on broader risks.

The risk management strategy applies to all staff employed by Buckinghamshire Hospitals 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 Statement on Internal Control (SIC) and (b) the statement of compliance with national healthcare standards.

Documented in the BAF are the controls in place to minimise principal risks and the assurances that these controls are effective. Where gaps in control or assurance are identified, action plans are developed and put into place to address them. The BAF ensures that appropriate internal and external assurances are in place in relation to the management of all high-risk areas.

During 2009/10 gaps in control were identified through the BAF and mitigated accordingly.

Operational

A gap in control against the risk of failing to achieve a national target relating to 18 week admitted pathway for trauma and orthopaedics. Liaison has taken place with Buckinghamshire PCT to agree funding for this pathway and plans are in place for delivering the pathway in 2010/11. The delivery plan, outlining both additional activity plans and process changes has been shared with Buckinghamshire PCT. Delivery against the plan is being monitored internally by the chief operating officer and externally by the PCT assistant director of performance on a fortnightly basis. Eighteen week compliance in this speciality is expected by 31 July 2010.

A gap in control has been identified regarding failure to reduce length of stay in the division of medicine. The urgent care steering group is leading the project to reconfigure the pathway. Performance is being monitored through length of stay meetings and the whole systems recovery board. Patient pathway facilitators have been appointed and are monitoring length of stay by ward and the number of patients with an expected date of discharge. There are now weekend radiology services for those patients who may be discharged home and consultations are in progress for weekend therapy services and a change to junior doctors and consultants on call rotas.

There will be performance matrices developed for each service delivery unit, including length of stay, which will be monitored and addressed by the clinical lead, matron and operations manager. These will be reported through to divisional board each month.

Finance

A gap in control against the risk of insufficient funds to deliver financial plans, break even duty, or exit from the performance regime for failing trusts. In order to close this gap, a joint action plan was put in place with Buckinghamshire PCT, and the Trust undertook a number of internal measures in order to control costs. The Trust also worked closely with the strategic health authority.

Stakeholder involvement

The Trust continues to maintain a good working relationship with the Buckinghamshire Health Overview and Scrutiny Committee and is working with the Buckinghamshire LINk which has a key role in ensuring the

involvement of public stakeholders in areas of risk that may have an impact on them.
The Trust has a well established patient experience group (PEG) which meets regularly and continues to maintain good attendance. It provides a valuable patient perspective. In addition, it facilitates a two way dialogue and an input of views from a wide range of patient groups. The Trust also shares information with the PEG, proactively seeks views and asks them to provide a monitoring role eg, the national survey inpatient action plan and patient information.

During 2008/09 the Trust started the application process for NHS foundation trust status and in September 2009 we achieved a membership of over 12,000 public and staff members, more than a year ahead of plan. Despite our application being delayed, the Trust Board recognises the value that a representative membership brings and has continued to support our membership. A varied programme of member events facilitates broader involvement activity, offering the opportunity to listen to large groups of patients and to hear their views and ideas. A few key examples for 2010 include asking our patients about our patient promises, our service standards, our complaints policy as well as having a multi-agency event for older people.

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 achieved a green rating in the toolkit submission for 2009/10.

Pension scheme obligations

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.

Standards for better health

The Trust has declared full compliance with the core standards for better health for 2009/10. The Trust has been registered by the Care Quality

Commission under The Health and Social Care Act 2008 since 1 April 2009 for cleanliness and infection control. The registration is without conditions.

The Trust has submitted application for registration covering all other relevant regulated activities under The Health and Social Care Act 2008 from 1 April 2010.

Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Energy efficiency

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 effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- the Trust's self assessment and declaration of compliance with the national healthcare standards and regulations
- the annual report of the Trust's external auditors and regular reports from the Trust's internal auditors and the annual head of internal audit opinion
- The quarterly governance reports
- The achievement of level 1 NHSLA assessment against new standards for maternity services in December 2009 and the maintenance of level 1 following the "general" assessment in December 2009.
- SCSHA monitoring and other benchmarking
- Internal monitoring arrangements such as the monthly Board performance report.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, audit committee and healthcare governance committee. A plan to address weaknesses and

ensure continuous improvement of internal controls is in place and continually monitored by my executive team.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been supported by the following:

- the Board, which 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 audit committee, a non-executive committee, which works to a well-developed audit plan, monitors assurances provided and reports to the Board
- the healthcare governance committee, a non-executive committee, which reviews the Trust's risk registers
- the risk monitoring group, which reports to the healthcare governance committee and also informs the trust management committee of any urgent issues
- appraisal of the work of the executive directors and general managers
- internal audit, which has reviewed and approved the Trust's assurance framework arrangements in 2009/10
- external audit reports and work on the Auditors Local Evaluation (ALE) assessment
- The internal audit work plan based on risks identified through the assurance framework and risk register.

Significant control issues

The Trust had planned to make a surplus in 2009/10 in order to achieve its cumulative breakeven duty. This relied on the sale of the land of Stoke Mandeville Hospital being completed. The contract for this sale is still conditional and therefore the profit from the sale has not been accounted for. Despite this, the Trust has managed to make a small surplus by working closely with the PCT and the strategic health authority.

The Trust is required to breakeven over a three year period. It is planning to make a surplus in 2010/11 in order to achieve this duty.

The Trust has had one level 3 serious untoward incident involving personal data. The nature of the incident, the number of people potentially affected and the action taken by the Trust are detailed below.

Summary of level 3 serious untoward incidents involving personal data as reported to the information commissioner's office in 2009/10				
Date	**Nature of incident**	**Nature of data**	**Number of people affected**	**Notification steps**
January 2010	Theft of unencrypted	Codified clinical	The data related to	The risks were assessed as

	laptop and memory stick from the home of a member of staff. The data was password protected.	information	175 patients	minimal because of the password protection and information in code. No notifications were made.
Further action taken	Further reminder to staff of the need to only use encrypted laptops and memory sticks to store all Trust data.			

The Trust will continue to monitor and assess its information risks in other areas in light of this incident to ensure weaknesses are identified and systems are continually improved.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Buckinghamshire Hospitals NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed on behalf of the Board on

Anne Eden
Chief executive
Buckinghamshire Hospitals NHS Trust

13. Auditors opinion and report

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

I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows set out on pages 49 to 52.

This report is made solely to the Board of Directors of Buckinghamshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises only Chairman's and chief executive's welcome and review, the unaudited part of the Remuneration Report and Our Finances.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Buckinghamshire Hospitals NHS Trust for the year ended 31 March 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (10 June 2010) and the date of this statement.

Maria Grindley
Engagement Lead
Audit Commission, Unit 5, ISIS Business Centre, Horspath Road, Oxford OX4 2RD

29 June 2010

Appendix 1: Become a member of the Trust

As part of our aim to become an NHS Foundation Trust, we would like to invite you to become a member of the Trust. To become a member you can join on our website www.buckinghamshirehospitals.nhs.uk or request information from us at:

Membership office
Buckinghamshire Hospitals NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks
HP7 0JD

Appendix 2: Feedback on annual report 2009/10

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@buckshosp.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 Hospitals NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshosp.nhs.uk

Appendix 3: Glossary

Acute hospital services
Medical and surgical interventions provided in hospitals.

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.

Auditors' Local Evaluation (ALE)
ALE is the Audit Commission's assessment framework involving auditors making scored judgements on key areas of financial performance in NHS trusts. It assesses how well NHS organisations manage and use their financial resources, and forms the quality of financial management for non-foundation trusts within the Care Quality Commission's annual health check.

Agenda for Change
Agenda for Change is the pay system for the majority of NHS staff.

Annual health check
The annual health check produced by the Care Quality Commission involves the assessment and rating of the performance of each NHS organisation. The annual health check rating for the previous financial year is published in October. The annual health check for activities in 09/10 will be published in October 2010.

Assets
In general, assets include land, buildings, equipment, cash and other property.

Assurance framework (and Board Assurance Framework)
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.

Audit commission
They are an independent public body responsible for ensuring that public money is spent economically, efficiently, and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services. They appoint the external auditors.

Better payment practice code
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.

Break-even (duty)
A financial target. In its simplest form it requires the Trust to match income and expenditure.

Boorman Review
This is the final report by Dr Steve Boorman of the independent NHS Health & Well-being review. Published in November 2009, it provides a set of recommendations for improvement in the provision of health and well-being across the NHS.

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.

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. Within these funds are held many individual accounts, three of these are specific general amenity funds covering Stoke Mandeville Hospital, Wycombe Hospital and Amersham Hospital and are used to enhance the services of the relevant hospital. Most of the other accounts are individual ward, departmental or service based and are used for that specific area.

Chief Nurse's High Impact Actions for nursing and midwifery
Eight high impact actions were unveiled by the chief nursing officer for England Dame Christine Beasley in 2009, following submissions from nurses and midwives on how their profession can contribute to improving healthcare, wellbeing and efficiency in services. They are available from the NHS Institute for Innovation and Improvement's website.

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 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 supported by a lead nurse and general manager. The five divisions are:-

- clinical services
- medicine
- spinal and private patients
- surgery
- women and children.

In April 2010, a sixth clinical division of community and integrated care was formed to reflect the integration with Community Health Buckinghamshire.

Clostridium difficile (C. difficile)
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.

CQUIN (Commissioning for Quality and Innovation) payment targets
These new payment targets are aimed at driving up quality in certain areas. They have been developed to support implementation of *High Quality Care for All*.

Community Health Buckinghamshire (CHB)
CHB was the provider services arm of NHS Buckinghamshire (the primary care trust), and includes services such as district nursing, services for children and families, intermediate care, occupational and physiotherapy, community dental services, speech and language therapy and palliative care. CHB is now integrating with our Trust, with the staff's employment transferring in April 2010.

Connecting for health
This is the national programme for information technology aiming to bring modern computer systems into the NHS which will improve patient care and services.

Cost improvement programme
The 'savings' plan agreed for 2009/10.

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.

Current assets
Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.

Disability equality scheme
The Disability Discrimination Act amended in 2005 gives the Trust 'general' and 'specific' duties to promote disability equality. The Trust's disability equality scheme (DES) explains how the Trust will promote equality for disabled and deaf staff and patients.

Eighteen week and cancer waits
The NHS improvement plan gave a commitment that by December 2008 no one will have to wait longer than 18 weeks from GP referral to hospital treatment. However, many patients will be seen much more quickly. For example by December 2005, cancer patients were guaranteed a maximum two month wait from urgent GP referral to first treatment and a maximum one month wait form diagnosis to first treatment for all cancers.

Elective inpatient activity
Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, ie planned. This covers waiting list, booked and planned admissions.

Emergency inpatient activity
Emergency activity is where admission is unpredictable and at short notice because of clinical need.

Executive directors
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.

Francis Inquiry report
Robert Francis QC published an inquiry report into Mid-Staffordshire NHS Foundation Trust following concerns about standards of care at the Trust, and an investigation and report published by the Healthcare Commission. The report makes 18 recommendations aimed at improving governance throughout the NHS which the Department of Health accepted in full.

GDP
Gross domestic product – a measure of the value of national economic activity.

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.

Health Protection Agency
The Health Protection Agency (HPA) is an independent body that protects the health and well-being of the population. The agency plays a critical role in protecting people from infectious diseases and in preventing harm when hazards involving chemicals, poisons or radiation occur.

High Quality Care for All
This national strategy for the NHS, by Lord Darzi and published in 2008, aims for everyone to be able to access uniformly, personalised high quality care; that is delivered as close to home as possible, and within the resources available.

ICT
Information and communications technology.

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.

Key performance indicators (KPIs)
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.

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.

Methicillin resistant staphylococcus aureus (MSRA)
This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.

Millennium Care Records Service (CRS)
The care records service is the pivotal part of the national programme for IT (NPfIT),

the aim being to provide an electronic health record for 50 million people in England , accessible by any authorised clinician.

National programme for IT (NPfIT)
The national programme for IT focuses on changes to IT in the NHS that will improve patient experience. The programme has four particular goals: electronic appointment booking, an electronic care records service, electronic transmission of prescriptions, and fast, reliable underlying IT infrastructure.

NHS Buckinghamshire
The local primary care trust and commissioner of NHS services for Buckinghamshire people.

NHS 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.

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 directors
Non-executive directors, including the chairman, are Trust Board members but they are not full time NHS employees. They have a majority on the Board and their role is to bring a range of varied perspectives and experiences to strategy development and decision-making, ensure effective management arrangements and an effective management team is in place and hold the executive directors to account for organisational performance.

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’.

Overview and scrutiny committees (OSC)
OSCs 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.

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.

Patient Services Institute

The Trust has a central service redesign and development team, the Patient Services Institute (PSI). The PSI supports the divisions by promoting Lean principles and methodology as well as providing facilitation, data analysis, project management expertise and training.

Payment by results (PbR)
Payment by results (PbR) aims to be a fair and transparent, rules-based system for paying NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.

Picture archiving computer system (PACS)
PACS enables images such as x-rays and scans to be stored electronically and viewed on screens by doctors and other health professionals, creating a near filmless process and improved diagnosis methods.

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

Primary care
Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.

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.

Quality account
From 2009/10 onwards all NHS trusts have to publish quality accounts to give information about the quality of the services being delivered. Our quality account 2009/10 will publish in June and be available on the website.

Revenue
Expenditure other than capital. For example, staff salaries and drug budgets. Also known as current expenditure.

Ring-fenced
Funding specifically designated for a purpose and which can only be used for that purpose.

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.

Scannappeal
An independent registered charity that's objective is to raise money for scanners and other life saving medical equipment for hospitals in Buckinghamshire.

Secondary care
Care provided in hospitals.

Service standards
The Trust's new service standards focus on themes around communication, courtesy, compassion and commentary. For the first time they set out the standards of behaviour we expect all of our staff to deliver, with every interaction, every day, with every patient or colleague.

Statement of internal control (SIC)
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.

Strategic health authority (SHA)
Strategic health authorities are accountable to the Secretary of State for Health via the chief executive of the NHS and have a role to performance manage PCTs and local health systems. Our strategic health authority is south central.

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.

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.
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.