

**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Nursing & Midwifery Safe Staffing
<b>EMC Lead</b>	Karen Bonner, Chief Nurse & Director of Infection, Prevention & Control
<b>Author</b>	Jose Loreto Facultad, Associate Chief Nurse
<b>Appendices</b>	Safer Nursing Care Tool; Critical Care Levels- ICS; Training modules compliance; Quality Indicators Data Visualisations; CHPPD
<b>Purpose</b>	Assurance
<b>Previously considered</b>	EMC 21.05.2024 Q&CGC 19.06.2024

### Executive summary

This briefing provides the Trust Board and Quality & Clinical Governance Committee with an overview of the Nursing and Midwifery workforce between January to March 2024 as is set out in line with the National Quality Board (NQB, 2016) Standards and Expectations for Safer Staffing, Developing Workforce Safeguards guidance (NHSI, 2018), and NICE (2014) Safe staffing for nursing in adult inpatient wards.

**NQB expectation 1- Right Staff:** Overall vacancy rate at 4.8% at the close of Q4. This is the lowest ever vacancy factor post pandemic. The recruitment of Internationally Educated Nurses (IENs) in the posts has rightsized our inpatient ward establishments.

However, high vacancy rates in Maternity and District Nursing services are identified to be an ongoing workforce risk within the relevant Care Groups. Risk mitigations are in place to maintain safer staffing positions and patient safety.

**NQB expectation 2- Right Skills:** Statutory training compliance in Q4 remained stable at 92.76% above the Trust target however, Specialist Clinical Services Care Group which is slightly below the target by the end of March 2024 at 89.33%.

Overall mandatory training compliance also above the Trust target at 91.93% however by close of Q4 Specialist Clinical Services Care Group recorded at 89.73%.

Safeguarding trainings and Hand Hygiene training compliance are the top modules with low compliance below the Trust target.

**NQB expectation 3 – Right Place, Right Time:** Resolving Red Flags remained a stable position demonstrating compliance with the CQC indicator of responsiveness to meeting people's needs. There were no staffing or patient safety risks escalated for the red flags that were left open during this period.

Within Q4 the overall CHPPD for Nursing and Midwifery is at 8.7, consistently on par with peers and the national median demonstrating stable staffing deployment. As a Trust we are in top quartile-3 and benchmarking against our peers we sit on par with the median within our peer group.

Key points for the board to note:

1. The Q4 staffing position consistently shows a stable trend. All data supports that we are maintaining a safe sustainable productive staffing line with the NQB (2016) guidance: the Right Staff, the Right Skills, and the Right Place at the Right Time.

2. The Committee is advised that the Trust complies with the NQB set of expectations through the implementation of the daily Care Group huddles and Site Operations meetings where staffing levels, skill mix, patient acuity, dependency, and caseload risks are escalated and actioned accordingly.

### Decisions

It is recommended that this report is now moved to quarterly the committee is asked to agree this change.

The Executive Management Committee met on 21 May 2024, considered the report, and was assured that the N&M workforce for Q4 of FY2023-24 is aligned with the NQB Standards and Expectations for Safer Staffing.

The report was presented to the Quality and Clinical Governance Committee on 19 June 2024. The Committee has acknowledged that EMC was assured of the information detailed in this report. Furthermore, the Committee recognised the inclusion of the relevant quality metrics. The Committee recommended for the report to include triangulation of information received through complaints and quality metrics related to those areas with higher vacancy rates, which will be reflected in Q1 report. It was agreed that the Safe Staffing paper will be reported on a quarterly basis moving forward.

<b>Decision</b>		The Board is requested to take assurance from the report and seek clarification if required.			
<b>Relevant strategic priority</b>					
Outstanding Care <input checked="" type="checkbox"/>		Healthy Communities <input type="checkbox"/>		Great Place to Work <input checked="" type="checkbox"/>	
				Net Zero <input type="checkbox"/>	
<b>Relevant objective</b>					
<input type="checkbox"/> Improve waiting times		<input type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes		<input checked="" type="checkbox"/> Improve the experience of our new starters	
<input checked="" type="checkbox"/> Improve safety				<input type="checkbox"/> Upskill operational and clinical managers	
<input checked="" type="checkbox"/> Improve productivity					
<b>Implications / Impact</b>					
<b>Patient Safety</b>			Safe staffing levels are paramount and one of the key priorities in N&M Workforce Planning to deliver safe, quality, and effective patient care		
<b>Risk: link to Board Assurance Framework (BAF) or relevant Risk Register</b>			Principal Risk 9: Failure to learn, share good practice and continuously improve BAF Strategic Priority 9: Ensure our workforce is listened to, safe, and supported ('A Great Place to Work') Risk register DATIX reference 51: A shortage of registered and unregistered nursing staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact the quality of patient care, the well-being of permanently employed colleagues, and the Trust financial position.		
<b>Financial</b>			Associated temporary staffing costs to ensure safe staffing levels are maintained. However, dependence on temporary staffing and at times high-cost agencies is a cost pressure.		

<b>Compliance NHS Regulation Safety</b>	<p>1. National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 &amp;2018)</p> <p>2. Developing Workforce Safeguards (2018)</p> <p>3. CQC Standards Staffing</p> <p>4. Regulations of the Health &amp; Social Care Act: Safe Care and Treatment (12) Staffing (18)(1).</p>
<b>Partnership: consultation / communication</b>	<p>Consultation with NHSE Safe Staffing Faculty</p> <p>Work with colleagues in BOB ICB/ICS on temporary staffing Partnership.</p> <p>BOB ICB collaborative working on bench marking workforce skill-mix, ratio, modelling and Acuity Dependency data.</p> <p>In regular communication with Regional/National NHSE/I Workforce teams regarding staffing, workforce standards, recruitment, retention, and related agenda.</p> <p>Linkages with the CNO England Safer Staffing Faculty and Fellows</p>
<b>Equality</b>	<p>Patients who pose known or potential infection risks are equally entitled to treatment. IPC measures to support their safe management should be in place to support this.</p>
<b>Quality Impact Assessment [QIA] completion required?</b>	<p>None Required</p>

## 1 Purpose of the Report

- 1.2 The report provides assurance that arrangements are in place to safely staff our services with the right number of nurses and midwives with the right skills, at the right place, and at the right time.

## 2 Background

- 2.1 Safe staffing is one of the standards that all healthcare providers must meet to comply with the Care Quality Commission (CQC) regulations. The Nursing and Midwifery Council (NMC) also sets out the nursing and midwifery responsibilities relating to safe staffing.

## 3 NQB Expectation 1: Right Staff

### 3.1 Evidenced-Base Workforce Planning

Having the right establishment and staffing in post is essential to ensuring the safe and effective delivery of patient care. The Trust meets this expectation by undertaking twice-yearly establishment reviews against which an increase in an establishment is substantiated through business planning. Table 1 below sets out the current overall nursing workforce metrics in Q4 used to monitor performance against this expectation.

	Staffing Measures	Jan-24	Feb-24	Mar-24	Trends
Registered	Nursing Establishment WTE	2170.4	2170.4	2170.4	
	Nursing Staff in Post WTE	2054.7	2064.5	2066.6	
	Vacancies WTE	115.7	105.9	103.7	
	Actual v Planned Hours used	91.3%	91.7%	90.6%	
	Annual turnover (Registered)	10.2%	10.1%	10.8%	
HCA	Annual turnover (HCA)	15.0%	15.1%	15.0%	
	Actual v Planned Hours used (HCA)	88.6%	86.2%	83.7%	

Table 1: Nursing Workforce Metrics (Source: HR Workforce, HealthRoster KPIs and NStFil- National Data Submission)

The performance metrics in Table 1 illustrate a stable position. The vacancy gap for the registered workforce continue to reduce throughout the Q4 period. However, turnover rates for registered and unregistered workforce by close of Q4 remained above 10%. There is continued collaborative working between the HR-Workforce, CNO Workforce and Education, Learning and Development teams in the reduction of leavers within 12 months. The actual vs. planned hours for registered and unregistered workforce is slightly reduced by the end of Q4 however these are well within the national threshold of 80%-100%.

### 3.2 Vacancy

The overall registered nursing and midwifery vacancy is at its lowest at 4.8% by the end of Q4. In addition, there are 37wte Internationally Educated Nurses (IENs) waiting for their NMC PIN which will further reduce the vacancy rate to 3.1% and reducing the gap in the Band 5 nursing establishments.

## 4 Acuity and Dependency

The Trust is now using version 2023 of Safer Nursing Care Tool (SNCT) capturing continuous observations of patient(s) at arm's length by either one-to-one basis or with two or more staff to maintain patient and staff safety. (See Appendix 1 for the Levels of Care matrix). Patients' acuity and dependency trends will be analysed as per standard process during the bi-annual acuity dependency audit periods. An ongoing training on this

new tool is provided to ensure consistency in application of the tool. HealthRoster skills profile is updated for people who completed the training and passed the inter-rater reliability tests. Training will be extended to wider MDT to ensure awareness of the SNCT is embedded across the organisation. Training dates will be published via the Trust’s intranet and through the usual BHT communication channel.

The SNCT Levels of Care are separate from the acuity level scoring used in our Intensive Care Units recommended by the Intensive Care Society (ICS). See Appendix 2 for intensive care levels of care.

## 5 Midwifery – BirthRate Plus®

BirthRate Plus® (BR+) is a nationally recognised tool to calculate Midwifery staffing levels. Maternity services undertake 6-monthly staffing review to provide assurance of an effective evidence-based process for workforce planning and establishment setting.

Figure 1 below demonstrates the BirthRate+ trends monitoring. BR+ red represents times where the labour ward was greater than two midwives short across the shift. BR+ amber represents times where the labour ward was up to two midwives short. BR+ green represents times where staffing levels were appropriate for acuity. The assessment of acuity versus staffing is undertaken 4-hourly on the labour ward.

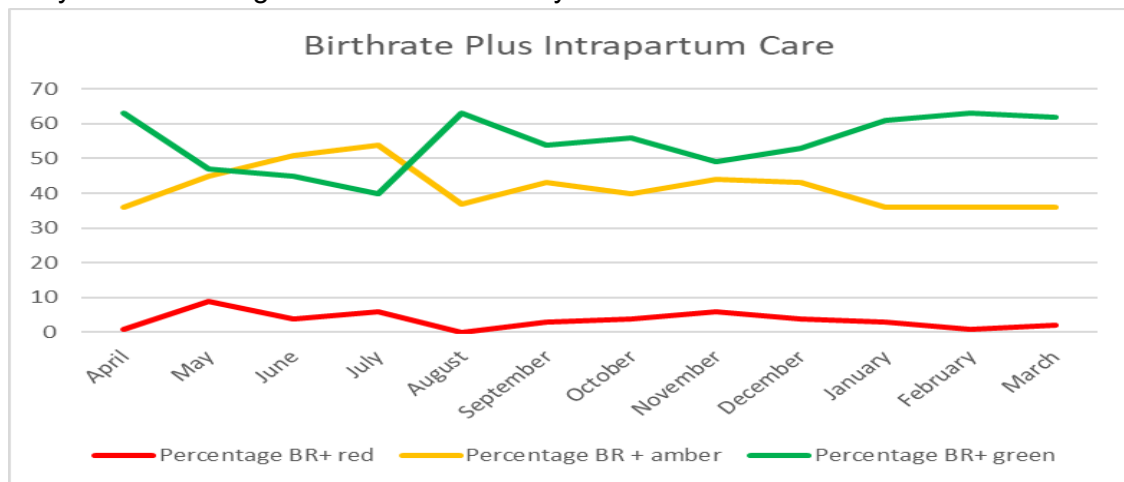


Figure 1: BR+ trend data (Source: BirthRate Plus®)

### 5.1 Current Position

Table 2 below presents the workforce position for midwives, nurses, nursery nurses and maternity support workers (Band 3 only) as of 31 March 2024.

Staffing Groups	Establishment (WTE)	Staff in Post	Vacancy (March 2024)	Vacancy (Previous 6-months)	Change
Midwives/Nurses (Bands 5-8)	191.31	151.46	20.83%	27%	↓
Nursery Nurses	10.17	9.69	4.70%	12.50%	↓
Maternity Support Workers (Band 3)	13.29	12.76	3.90%	13%	↓

Table 2: Maternity Workforce (Source: Maternity staffing data report)

## 5.2 Maternity NICE Red Flags

The service monitors NICE red flags via the morning safety huddle. The table below outlines the total number of red flags that are tracked by the service and the number of times the service is unable to maintain 1:1 care in labour or supernumerary status of the labour ward coordinator.

During the Q4 period there was on episode where the labour ward coordinator was temporarily unable to maintain supernumerary status. This was a brief period during the shift where mitigations to provide direct patient care was implemented either staff redeployed from another area, or an on-call midwife or midwifery manager was enroute in order to maintain 1:1 care in labour.

Month	Total no red flags	1:1 care in labour not maintained	Supernumerary status of LW coordinator not maintained	% BR+ red	%BR+ amber	%BR+ green
Jan-24	17	0	0	2	39	59
Feb-24	21	0	1	0	37	63
Mar-24	10	0	0	2	31	67

Table 3: Red Flags triangulated with BR+ RAG ratings.

## 6 Community Nursing Service – District Nursing

Table 4 below illustrates the staffing positions of each ACHT locality, and the corresponding challenges i.e., high vacancy rate in some areas, maternity leave, Long Term sickness, DNSPQ training, RNDA or NAA training being mitigated to maintain safe staffing. A twice daily safety huddle is undertaken within ACHT where workload and capacity are discussed, this allows the teams to support each other including a forward work plan and working as geographically as possible. The Services' leadership team frequently take a full patient allocation list to manage the caseloads safely.

Locality	Total (funded) establishment	Vacancies (WTE) (%)	pipeline	Other comments
Amersham	23.94	0.0 ↔ (0%)	Nil	B5 RN training x 1.0 B6 Mat leave / sickness 1.0 B6 DNSPQ 1.0 Agency use reduced to 0 this quarter. NHSP required to safely manage workload.
Aylesbury	29.22	5.0 ↓ (17%)	1.0 (band 4) started end of March Remainder all out to advert.	B6 Mat Leave 1.0; B5 Mat leave 0.6 B6 LT Sickness 1.0; B4 LT Sickness 1.0 Agency and NHSP required to safely manage workload.
Buckingham	26.04	0.65 ↓ (2.5%)	Vacancy recruited to (candidate withdrew at the last minute.	B6 Mat leave 0.91 No Agency in use. NHSP required to safely manage workload.
Marlow	26.11	6.0 ↑ (23%)	B4 starting September 2024 1.0 B5 recruited to start April 0.7 Remainder out to advert.	B6 DNSPQ x 1.0 B4 RN course x 2 (until Sept) B6 maternity leave x 1.0 Agency and NHSP required to safely manage workload.
Night	5.2	0.00 ↔ (0%)	Nil	HCA x 2 undertaking OSCE for RN conversion. 1.0 B6 handed in resignation – leaving mid-March, post out to advert
Southern	25.14	9.14 ↑ (36%)	B3 Await start <u>0.8</u> B5 starting April 1.0 B5 starting April 0.7 Remainder out to advert	Large amount of LT sickness Agency and NHSP required to safely manage workload.
Thame	21.24	4.0 ↑ (19%)	All out to advert	Sickness 4.0 Agency and NHSP required to safely manage workload.
Wycombe	31.45	6.0 ↑ (19%)	All out to advert	Mat leave B4 x 1.0 DN SPQ B6 x 1; RN training B4 x 1 Agency and NHSP required to safely manage workload.

Table 4 (Source: Community Monthly Staffing Report)

## 7 HealthCare Support Workers (HCSWs)

An ongoing assessment day is in place to recruit HCSW to fill the vacancy since the investment in April 2022. The 'true' vacancy of this staff group can be clearly visualised once the recruited international nurses who are temporarily 'sitting' on the HCSW posts whilst awaiting NMC registration then be moved to the allocated Band 5 vacancy.

## 8 NQB Expectation 2: Right Skills

### 8.1 Statutory/Mandatory Training, Development, and Education

Statutory training is legally reportable, e.g., Infection Control, Information Governance, Fire, Manual Handling, Health and safety, Equality and Diversity, and Safeguarding Adults and Children.

Registered Nursing & Midwifery overall compliance by the end of Q4 for Statutory Training has remained stable at 92.76%. Figure 2 below demonstrates the breakdown of compliance at Care Group levels. Throughout the quarter, all Care Group are above the Trust target of 90% except for Specialist Clinical Services which is slightly below the target by the end of March 2024.

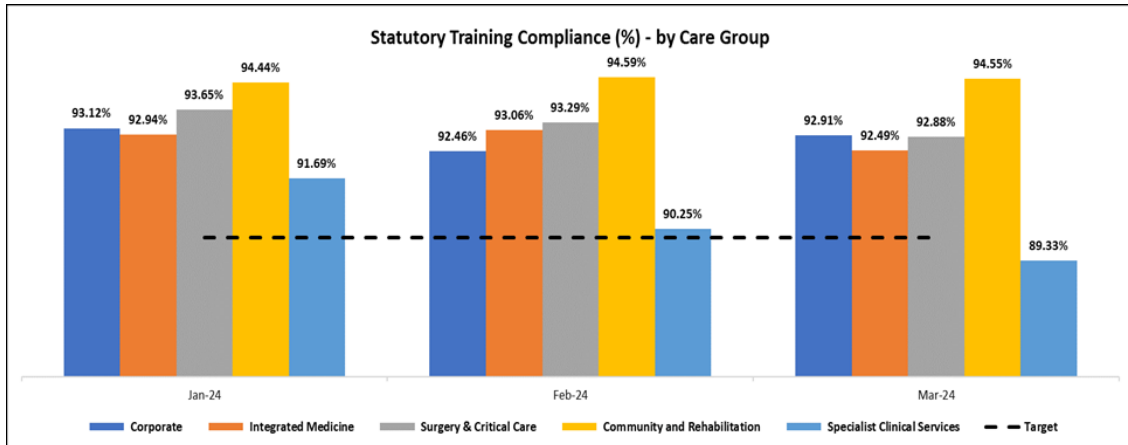


Figure 2 (Source: ELD Business Information Data)

Mandatory Training e.g., Resuscitation, Hand Hygiene, Prevent, and Dementia Registered Nursing & Midwifery overall compliance for Mandatory Training has also remained stable at 91.93%. Figure 3 below demonstrates the breakdown of compliance at Care Group levels which started low compliance in January 2024 and improved towards the end of Q4 with exception to Specialist Clinical Services which is slightly below the Trust target by close of Q4.

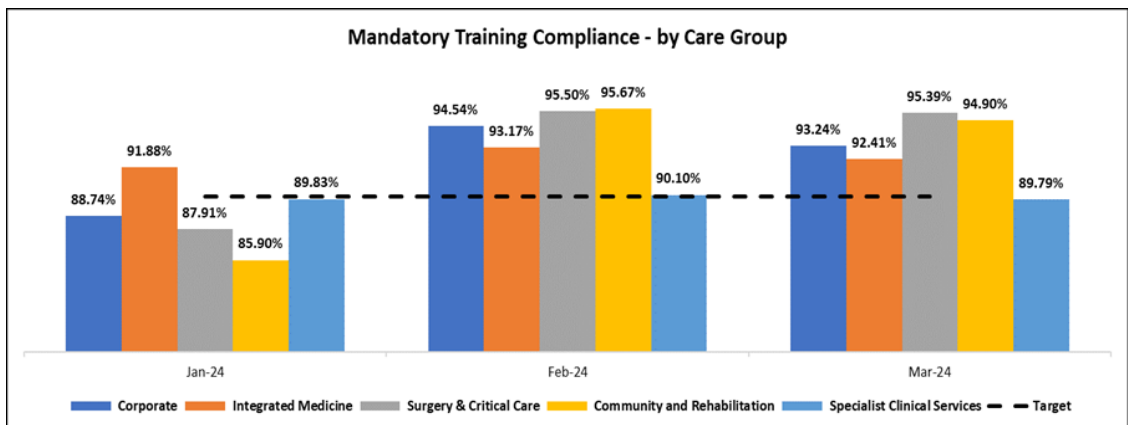


Figure 3 (Source: ELD Business Information Data)

See Appendix 3 for the breakdown the individual training modules compliance. It is clear the most significant risk is Safeguarding Children Level 4. This is followed by Safeguarding Adult Level 3 and Safeguarding Children Level 3. Instead of two separate modules, a combined learning package Level 3 Adult and Children is already available on iAspire with the aim to efficiently use of the study time and increase compliance. Infection Control-Hand Hygiene training compliance also fall below the Trust target of 90%.

**9 NQB Expectation 3: Right Place and Right Time**

The Trust meets this expectation because it uses tools to support efficient and effective decision-making around the deployment of staff to meet patient needs.



9.1 **Quality Indicators** (See Appendix 4 for data visualisations)

- Community acquired PU showed a reduction in trend in Q4.
- Acquired PU in inpatients in Q4 illustrate showed improvement except for S&CC which has slight increase by the end of the quarter.
- There is reduction trend in patient’s falls in most of the Care Group except or Community & Rehab showing slight increase towards the end of Q4.
- Overall medication incidents are showing a reduction trend in Q4.

9.2 **Efficient Deployment & Flexibility**

**Red Flags:**

The Red Flags criteria are based on NICE recommendations on safe staffing. The Trust added a local red flag (COVID-related) to ensure safe and efficient staff deployment to provide safe care for all COVID-related admissions. Additional red flags were added to reflect staffing risks in Children’s services (CAHMS, DTA and LOS in children's ED and increasing acuity levels). Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels. Figure 4 presents the total red flags raised and resolved in Q4.

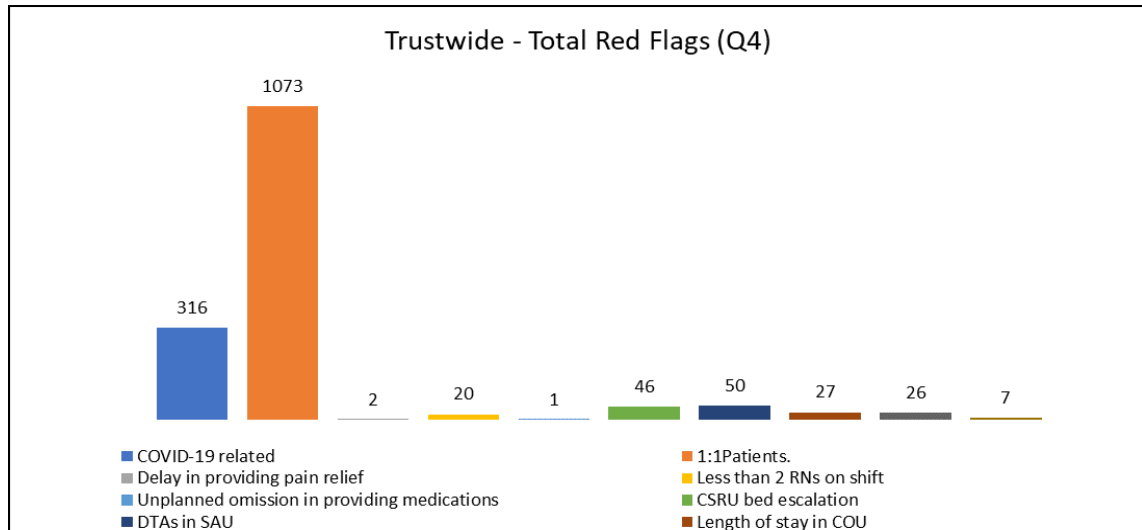


Figure 4 (Source: HealthRoster/SafeCare System)

9.3 **Agency Usage and Temporary Spend**

Figures 7 below shows the breakdown of temporary staffing requests and the corresponding reasons to fill the workforce gaps in Q4. Although the vacancy rate has massively reduced to date, the ‘vacancy’ reason is showing as the highest request to for temporary staffing. Education and reminding colleagues at the safety huddle to improve recording of the appropriate reason for temporary staffing requests.

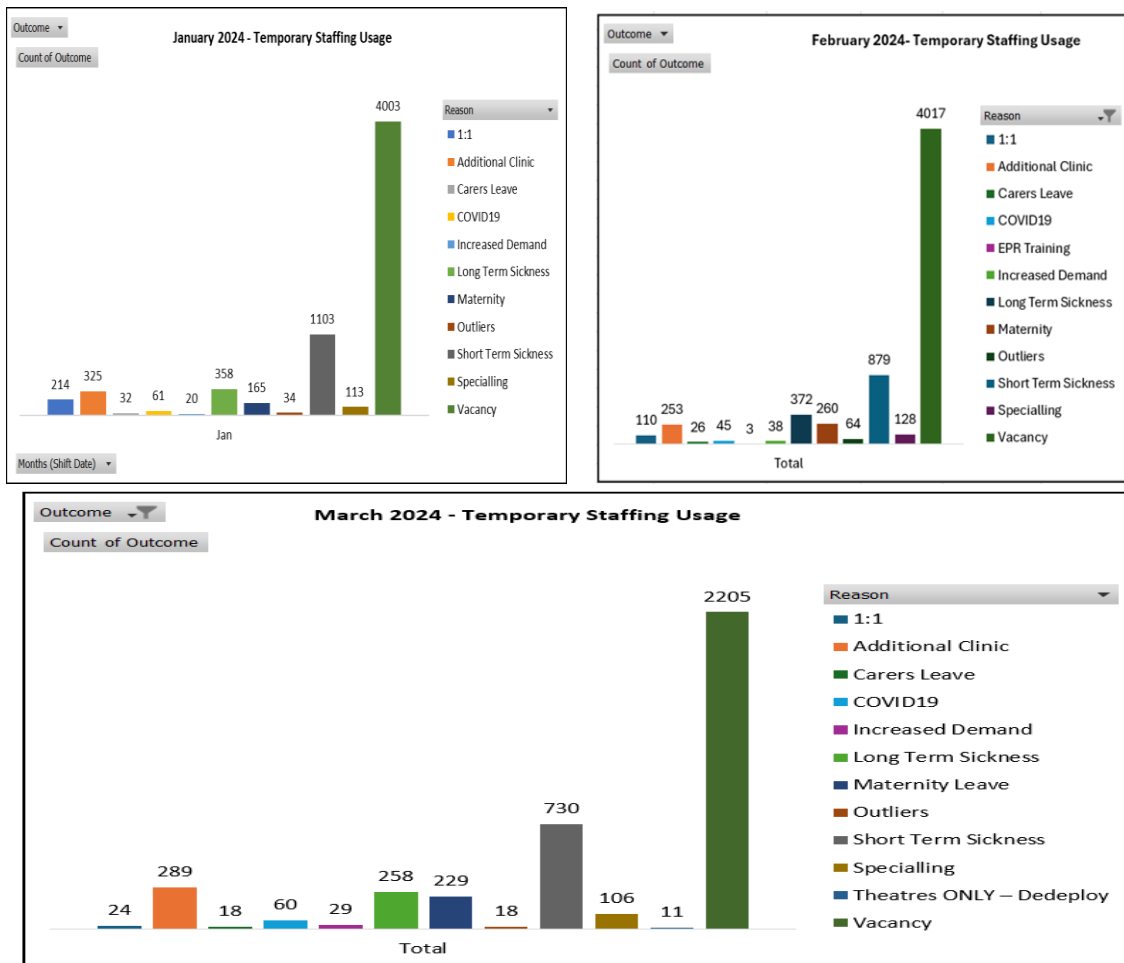


Figure 7 (Source: NHSP data informatics)

#### 9.4 Care Hours Per Patient Day

A measure of ward-level productivity and transparency on variation in staff-to-patient ratios across wards, specialities, and organisations. Low rates may indicate a potential patient safety risk. Very high rates may suggest the organisation has several unproductive wards or inefficient staff rostering processes.

Within Q4 the overall CHPPD for Nursing and Midwifery is at 8.7, consistently on par with peers and the national median demonstrating stable staffing deployment. As a Trust we are in top quartile-3 and benchmarking against our peers we sit on par with the median within our peer group. Appendix 4 (Model Hospital data) shows CHPPD for all nursing and midwifery staff, and a comparison for registered nurses and midwives alone so that we can see that the CHPPD requirement is being met by registered nurses

#### 10 The Board is requested to:

- NOTE** information contained in this report for Q4 of FY 2023-24
- Take **ASSURANCE** that the safe staffing monitoring and any improvement plan are on track.
- NOTE** the progress being made about efficiency in the reduction of bank and agency usage/spend with **ASSURANCE** of maintaining safe staffing levels.

## APPENDICES

## Appendix 1: Safer Nursing Care Tool (SNCT) version 2023

 the  
**SHELFORD  
 GROUP**

# Safer Nursing Care Tool (SNCT)

 Safer  
 Nursing  
 Care  
 Tool

Care level	Descriptor	Care level	Descriptor
	<i>Care requirements may include the following:</i>		<i>Care requirements may include the following:</i>
<b>Level 0</b> Hospital inpatient Needs met by provision of normal ward cares.	<ul style="list-style-type: none"> <li>Underlying medical condition requiring on-going treatment.</li> <li>Post-operative / post-procedure care – observations recorded as per local policy.</li> <li>National Early Warning Score (NEWS) is within normal threshold.</li> <li>Patients requiring oxygen therapy.</li> <li>Patients not requiring enhanced therapeutic observations (according to local policy).</li> <li>Patients requiring assistance of one with some activities of daily living.</li> </ul>	<b>Level 1d</b> Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety	<ul style="list-style-type: none"> <li>Patients requiring arm's length or continuous observation by 2 or more members of staff (provided from within ward budget) as per local policy.</li> </ul>
<b>Level 1a</b> Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	<ul style="list-style-type: none"> <li>Step down from Level 2 care.</li> <li>Requiring continual observation / invasive monitoring/physiological assessment.</li> <li>NEWS local trigger point reached and requiring intervention/action/review.</li> <li>Pre-operative optimisation/post-operative care for complex surgery.</li> <li>Requiring additional monitoring/clinical interventions/clinical input including:               <ul style="list-style-type: none"> <li>Patients at risk of a compromised airway</li> <li>Oxygen therapy greater than 35%. + / - chest physiotherapy 2–6 hourly or intermittent arterial blood gas analysis</li> <li>Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest drains</li> <li>Severe infection or sepsis</li> <li>New spinal injury/cord compression</li> </ul> </li> </ul>	<b>Level 2</b> Patients who may be managed within clearly identified, designated beds with the resources, expertise and staffing levels required OR may require transfer to or be cared for in a dedicated Level 2 facility/unit.	<ul style="list-style-type: none"> <li>Deteriorating / compromised single organ system.</li> <li>Step down from Level 3 care or step up from Level 1a.</li> <li>Post-operative optimisation/ extended post-op care.</li> <li>Cardiovascular, renal or respiratory optimization requiring invasive monitoring.</li> <li>Patients requiring non-invasive ventilation/respiratory support; CPAP/BiPAP in acute respiratory failure.</li> <li>First 24-hours following tracheostomy insertion or patients post 24-hours requiring 2-hourly suction.</li> <li>CNS depression of airway and protective reflexes.</li> <li>Patients with burns where more than 30% body surface area is affected or requiring conscious sedation for dressing changes.</li> <li>Requires a range of therapeutic interventions which may include:               <ul style="list-style-type: none"> <li>Greater than 50% oxygen continuously</li> <li>Requiring close observation due to acute deterioration and needing advanced organ support</li> <li>Drug Infusions requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, gtn) or potassium, magnesium</li> <li>CNS depression of airway and protective reflexes</li> <li>Invasive neurological monitoring including ICP, external ventricular drains and lumbar drains</li> </ul> </li> </ul>
<b>Level 1b</b> Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of their care needs.	<ul style="list-style-type: none"> <li>Complex wound management requiring more than one nurse or takes more than one hour to complete.</li> <li>Patients with stable Spinal/Spinal Cord Injury.</li> <li>Patients who consistently require the assistance of two or more people with mobility or repositioning.</li> <li>Requires assistance with most or all care needs.</li> <li>Complex Intravenous Drug Regimes – (including those requiring prolonged preparatory/administration/post-administration care).</li> <li>Patient and/or carer's requiring enhanced psychological support owing to poor disease prognosis or clinical outcome.</li> <li>Patients requiring intermittent or within eyesight observations according to local policy.</li> <li>Facilitating a complex discharge where this is the responsibility of the ward-based nurse.</li> </ul>	<b>Level 3</b> Patients needing advanced respiratory support and/or therapeutic support of multiple organs.	<ul style="list-style-type: none"> <li>Monitoring and supportive therapy for compromised/collapse of two or more organ/ systems.</li> <li>Respiratory or CNS depression/compromise requires mechanical/invasive ventilation.</li> <li>Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/sepsis or neuro protection.</li> </ul>
<b>Level 1c</b> Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety	<ul style="list-style-type: none"> <li>Patients requiring arm's length or continuous observation as per local policy.</li> </ul>		

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## Appendix 2: Critical Care- Levels of Care

### Critical Care



## 6. Redefining the levels of adult critical care to reflect modern delivery and changing demands

### Ward Care

- Patients whose needs can be met through normal ward care in an acute hospital.
- Patients who have recently been relocated from a higher level of care, but their needs can be met on an acute ward with additional advice and support from the critical care outreach team.
- Patients who can be managed on a ward but remain at risk of clinical deterioration.

### Level 1 – Enhanced Care

- Patients requiring more detailed observations or interventions, including basic support for a single organ system and those 'stepping down' from higher levels of care.
- Patients requiring interventions to prevent further deterioration or rehabilitation needs which cannot be met on a normal ward.
- Patients who require on going interventions (other than routine follow up) from critical care outreach teams to intervene in deterioration or to support escalation of care.
- Patients needing a greater degree of observation and monitoring that cannot be safely provided on a ward, judged on the basis of clinical circumstances and ward resources.
- Patients who would benefit from Enhanced Perioperative Care.<sup>(3)</sup>

### Level 2 – Critical Care

- Patients requiring increased levels of observations or interventions (beyond level 1) including basic support for two or more organ systems and those 'stepping down' from higher levels of care.
- Patients requiring interventions to prevent further deterioration or rehabilitation needs, beyond that of level 1.
- Patients needing two or more basic organ system monitoring and support.
- Patients needing one organ systems monitored and supported at an advanced level (other than advanced respiratory support).
- Patients needing long term advanced respiratory support.
- Patients who require Level 1 care for organ support but who require enhanced nursing for other reasons, in particular maintaining their safety if severely agitated.
- Patients needing extended post-operative care, outside that which can be provided in enhanced care units: extended postoperative observation is required either because of the nature of the procedure and/or the patient's condition and co-morbidities.
- Patients with major uncorrected physiological abnormalities, whose care needs cannot be met elsewhere.
- Patients requiring nursing and therapies input more frequently than available in level 1 areas.

### Level 3 – Critical Care

- Patients needing advanced respiratory monitoring and support alone.
- Patients requiring monitoring and support for two or more organ systems at an advanced level.
- Patients with chronic impairment of one or more organ systems sufficient to restrict daily activities (co-morbidity) and who require support for an acute reversible failure of another organ system.
- Patients who experience delirium and agitation in addition to requiring level 2 care.
- Complex patients requiring support for multiple organ failures, this may not necessarily include advanced respiratory support.

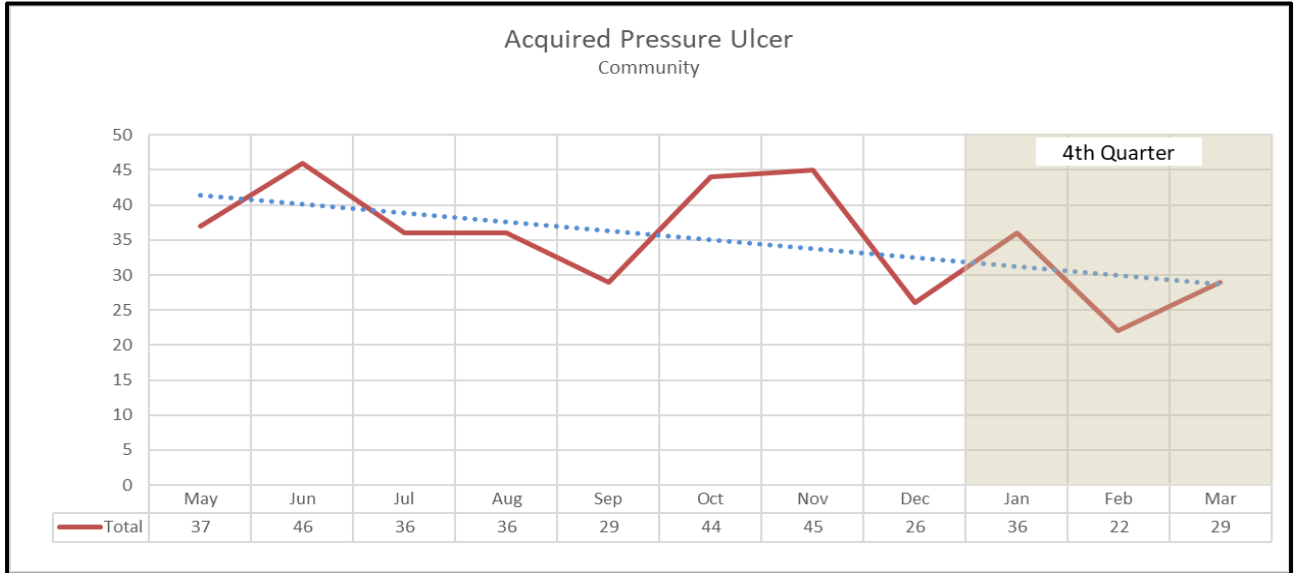
## Appendix 3: Training Modules Compliance

Certification Name	Sum of Field1
Accessible Information Standard - 3 Year	↑ 94.86%
Adult Basic Life Support eLearning - 1 Year	↑ 90.67%
Conflict Resolution eLearning - 3 Year	↑ 96.43%
Duty of Candour for Clinical Staff - 2 Year	↑ 94.43%
Duty of Candour for Non Clinical Staff - 3 Year	↑ 100.00%
Emergency Planning and Major Incident - 1 Year	→ 90.41%
Equality and Diversity Level 1 - 3 Year	↑ 95.06%
Fire Safety Awareness eLearning - 1 Year	→ 90.03%
Fraud Awareness eLearning - 3 Years	↑ 95.70%
Hand Hygiene - 1 Year	→ 89.29%
Health, Safety and Welfare - 2 Years	↑ 94.14%
Infection Prevention and Control Level 1 - 3 Years	↑ 100.00%
Infection Prevention and Control Level 2 - 2 Years	↑ 93.05%
Information Governance and Data Security - 1 Year	↑ 91.59%
Medical Devices eLearning - 3 Years	↑ 94.27%
Moving and Handling Level 1 - 3 Years	↑ 98.23%
Paediatric Basic Life Support eLearning - 1 Year	↑ 92.99%
Preventing Radicalisation Basic Awareness eLearning - 3 Years	↑ 100.00%
Preventing Radicalisation Level 3 eLearning - 3 Years	↑ 93.34%
Safeguarding Adults Level 2 - 2 Years	↑ 96.00%
Safeguarding Adults Level 3 - 2 Years	→ 82.76%
Safeguarding Adults Level 4 - 2 Years	↑ 100.00%
Safeguarding Children Level 2 - 2 Years	↑ 93.17%
Safeguarding Children Level 3 - 2 Years	→ 89.75%
Safeguarding Children Level 4 - 2 Years	↓ 71.43%
Summoning Emergency Help - 1 Year	↑ 93.28%
<b>Grand Total</b>	↑ 93.01%

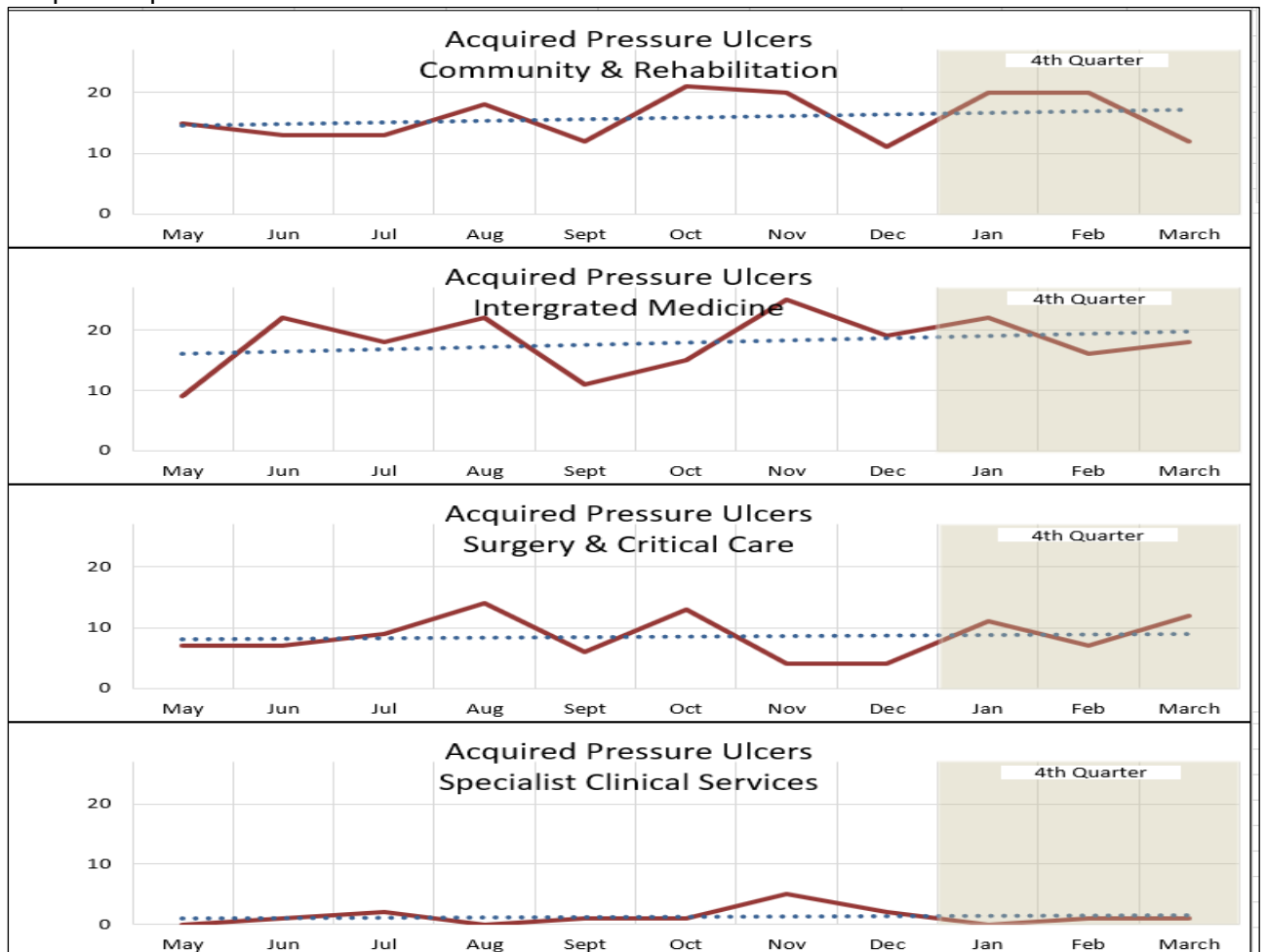
Table 5 (Source: ELD Business Information Data)

## Appendix 4: Quality Indicators – Data Visualisations

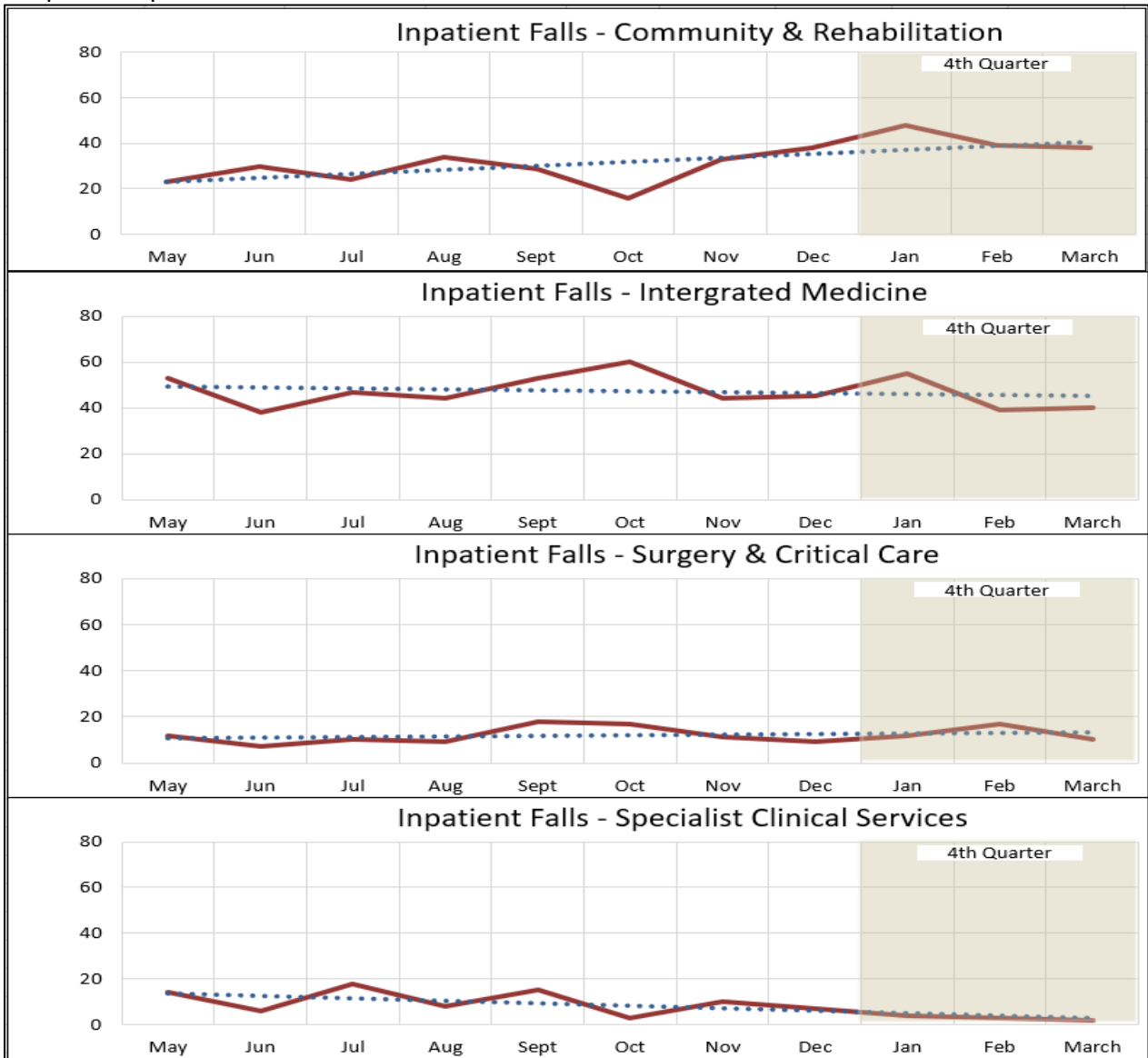
Graph 1 – Community PU Data



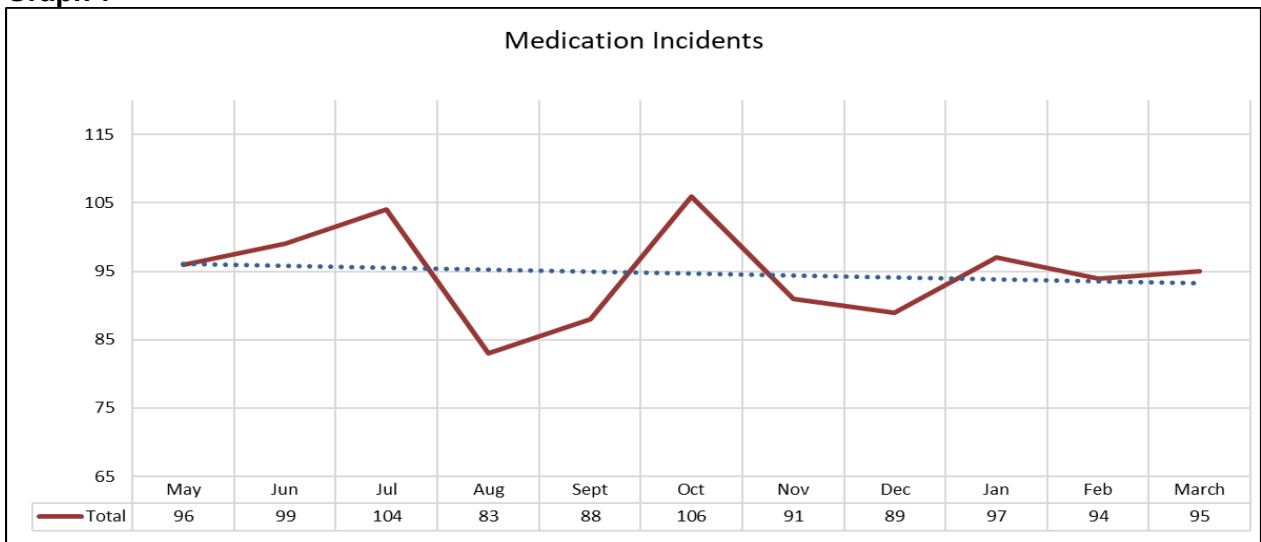
Graph 2 -Inpatients' PU Data



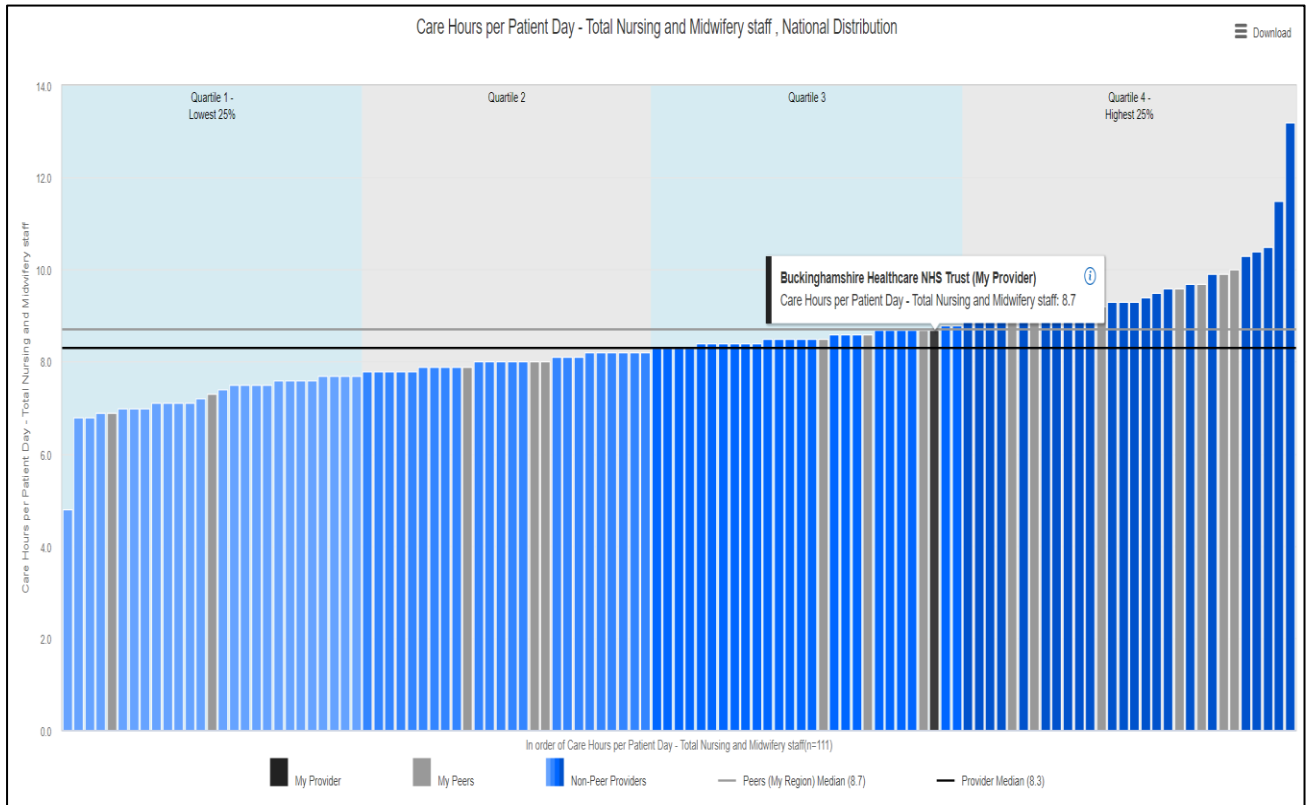
Graph 6 – Inpatient Falls



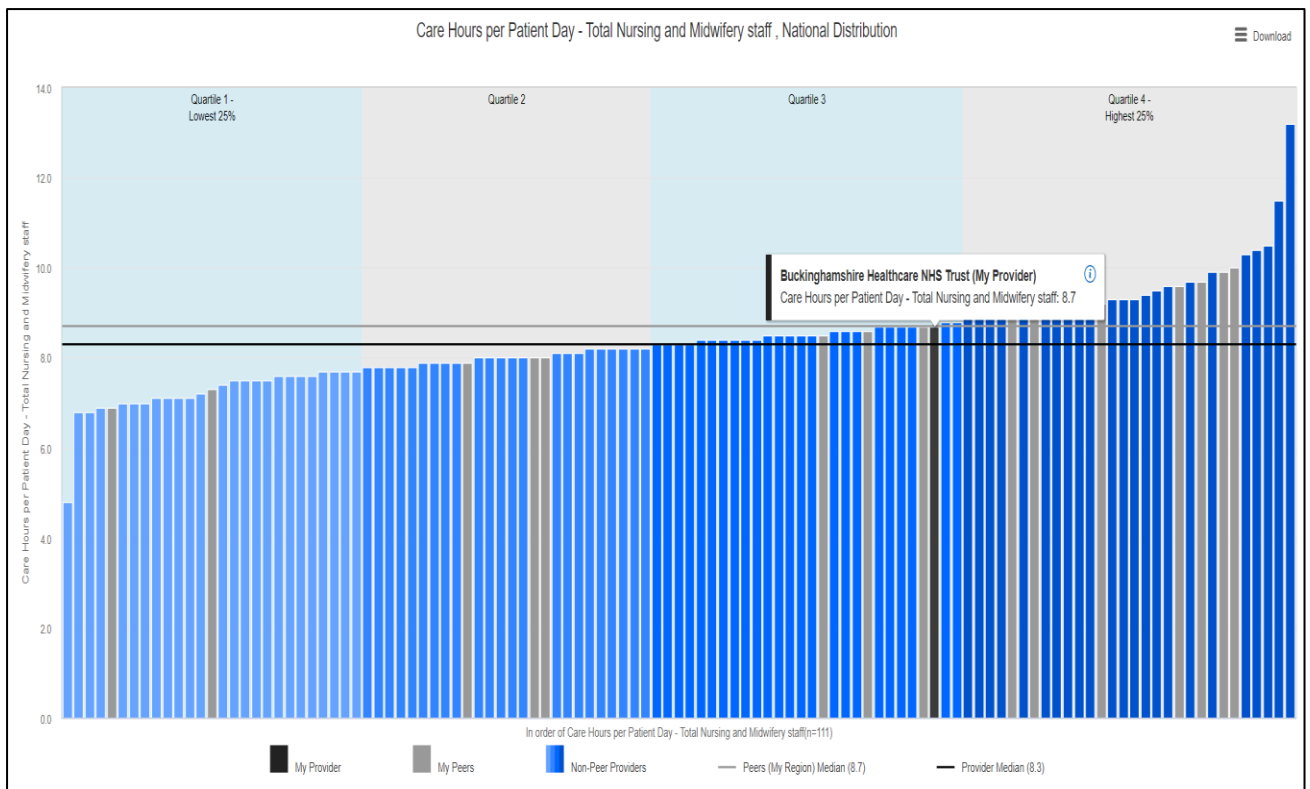
Graph 7



## Appendix 5: CHPPD – All Nursing & Midwifery Staff, Trust at 8.7



## CHPPD – Registered Nurses & Midwives (Only)- Trust at 5.3





**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Annual Health and Safety, Fire Safety and Security Reports
<b>Board Lead</b>	Chief Estates & Facilities Officer
<b>Author</b>	Property Services Risk Manager
<b>Appendices</b>	Appendix 1 – H&S Annual report Appendix 2 – Fire Safety Annual report Appendix 3 – Security Annual Report
<b>Purpose</b>	Assurance
<b>Previously considered</b>	Health & Safety Committee, Strategic People Committee

### Executive summary

This year’s annual report provides assurance to the Board on the disciplines of H&S, Fire Safety and Security. Following the previous year’s review of compliance with all elements of H&S legislation an internal audit with RSM has been completed with an outcome of reasonable assurance being attained.

Key highlights are as follows:

#### Health and Safety

- The number of accidents reported on the Datix incident reporting system this year has dropped by over 9%.
- The number of serious Incidents that must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 has dropped significantly to just 13 reports.
- There has been an increase in reported Slips, Trips and Falls this year.
- Needlestick and incidents connected with ‘Sharps’ has decreased significantly this year.
- Verbal abuse and physical assault of our staff remains high.

#### Fire Safety

- Buckinghamshire Fire & Rescue Service fire safety audit for Stoke Mandeville Hospital has been carried out and has had a positive outcome.
- The number of unwanted fire signals attended by the Fire Service continues to fall.
- New fire risk assessment format and fire risk assessment programme has been rolled out across the Trust.
- KPI for 2024/25 have been introduced for the first time.

#### Security

- A number of security management changes have occurred over the last year.
- Vehicle crime on our sites has decreased.
- Increased partnership working with Thames Valley Police
- Increase in incident reporting, particularly physical/verbal abuse.

<b>Decision</b>	The Board is requested to take assurance from the annual reports.
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#### Relevant strategic priority

Outstanding Care <input type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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#### Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Increase 12-month reviews for children living in the most deprived communities	<input checked="" type="checkbox"/> Zero tolerance to bullying
<input checked="" type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Increase blood pressure checks for outpatients	
<input type="checkbox"/> Improve productivity to reduce elective waiting times		
<b>Implications / Impact</b>		
<b>Patient Safety</b>	Compliance with H&S Legislation will ensure the safety of our patients, staff visitors and contractors.	
<b>Risk: link to Board Assurance Framework (BAF) and Risk Register (department, care group or corporate)</b>	Principal Risk 6: Failure to deliver our People priorities H&S risks are included on divisional risk registers and higher-level risks are included on the Corporate risk register.	
<b>Financial</b>	Potential non-compliance with statutory requirements may lead to fines and litigation from personal injury claims	
<b>Compliance Health and Safety Regulation Safety</b>	CQC Standard SAFE H&S at Work Act The Regulatory Reform (Fire Safety) Order	
<b>Partnership: consultation / communication</b>	H&S Committee, SPC	
<b>Equality</b>	This report is inclusive of all groups	
<b>Quality Impact Assessment [QIA] completion required?</b>	Not required	

## APPENDICES

- Appendix 1: H&S Annual Report
- Appendix 2: Fire Safety Annual Report
- Appendix 3: Security Annual report

# Annual Health & Safety report

2023 / 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



## Executive Summary

This report outlines health and safety performance at Buckinghamshire Healthcare Trust (BHT) for 2023/2024 and sets out key priorities for 2024/25.

The number of accidents reported on the Datix incident reporting system this year has dropped by over nine per cent as compared to the previous year which is over and above our Key Performance Indicator Target of over five per cent. This is against a backdrop of Trust wide incident reporting increasing by 17% in recent years.

The number of serious Incidents that must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 has dropped significantly to just 13 reports – a 40% drop as compared to the previous year.

There has been an increase in reported Slips, Trips and Falls this year which is disappointing as this area has been a focus for reduction in recent years. However, the number of incidents reported have remained fairly consistent when viewed over the last five years' worth of data.

Needlestick and incidents connected with 'Sharps' has decreased significantly this year which is pleasing as this has been a focus of the Health and Safety team working with Occupational Health and Infection Prevention Control. This type of incident has reduced by over 50% in the last six years.

Verbal abuse and physical assault of our staff remains high. A working group led by the People Directorate has been set up to examine this type of incident to support staff and minimise this type of occurrence.

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## 1. INTRODUCTION

All organisations have a legal duty to put in place suitable arrangements to manage for health and safety. Ideally, this should be recognised as being a part of the everyday process of conducting business and/or providing a service, and an integral part of workplace behaviours and attitudes. Notwithstanding, a comprehensive legislative framework exists, within which the main duties placed on employers are defined and enforced.

The Health and Safety Executive (HSE) are the regulatory body with responsibility for enforcing health and safety legislation. The HSE also fulfils a major role in producing advice on health and safety issues, and practical guidance on the interpretation and application of the provisions of the legislative framework.

Regardless of the size, industry or nature of an organisation, the keys to effectively managing for health and safety are:

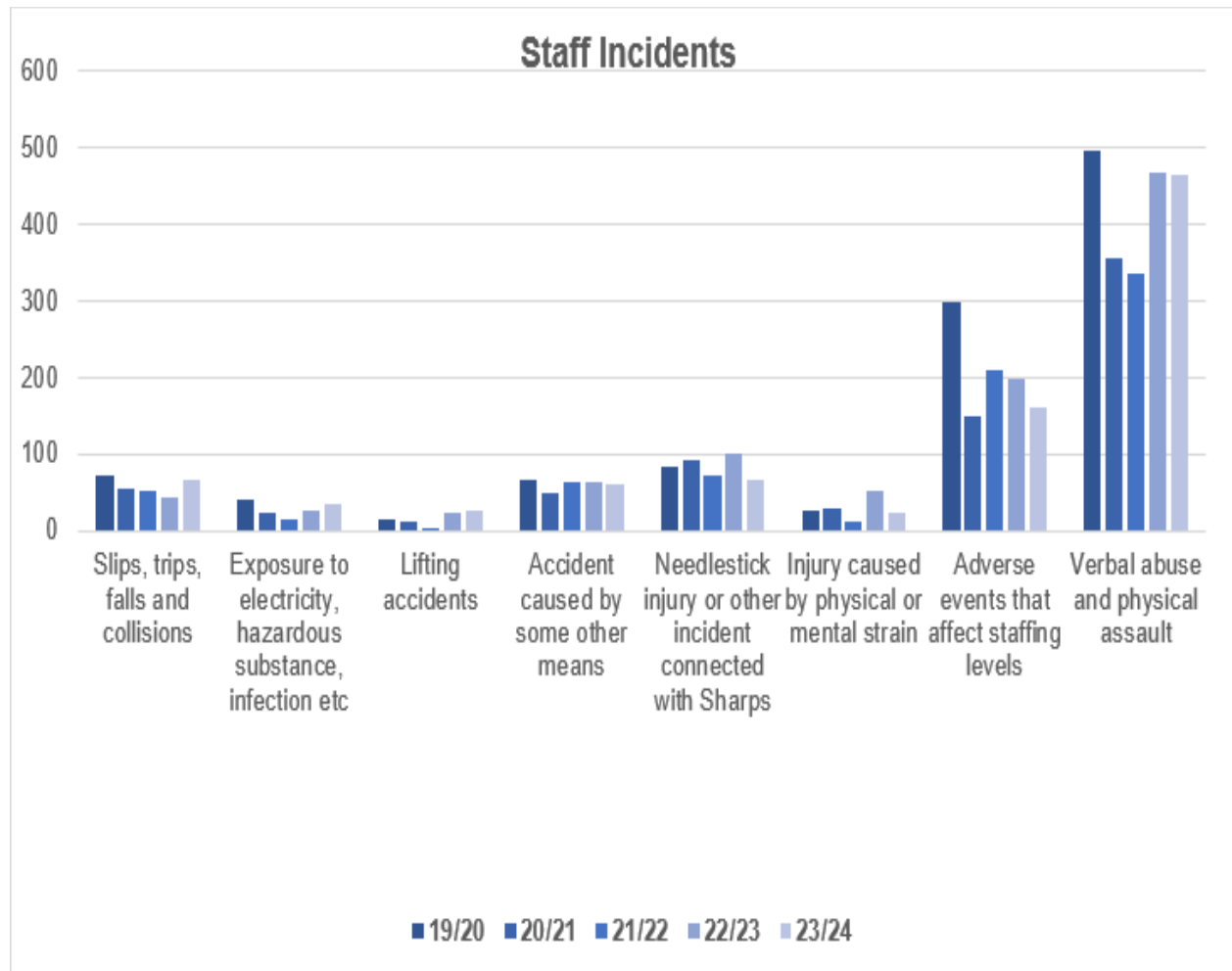
- leadership and management (including appropriate and effective processes)
- a trained/skilled workforce
- an environment in which people are trusted and involved

This report outlines health and safety performance at Buckinghamshire Healthcare Trust for 2023/2024 and sets out key priorities for 2024/2025.

The purpose of the report is to inform the Health and Safety Committee, the Executive Management Committee and Trust Board of any health and safety issues, incidents and trends in the Trust since the last report and provide a general update on relevant health and safety developments.

## 2. ACCIDENTS & INCIDENTS

Below is a summary of reported accidents/incidents to staff in the last five years by type.

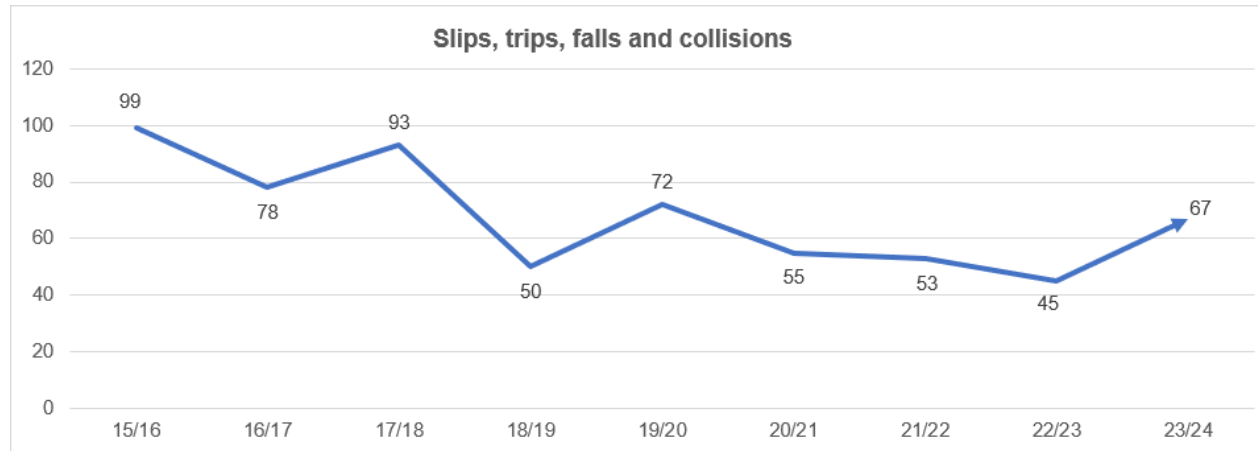


The five per cent Key Performance Indicator (KPI) in reducing the overall number of accidents has been exceeded this year, the Trust achieving a nine per cent reduction overall.

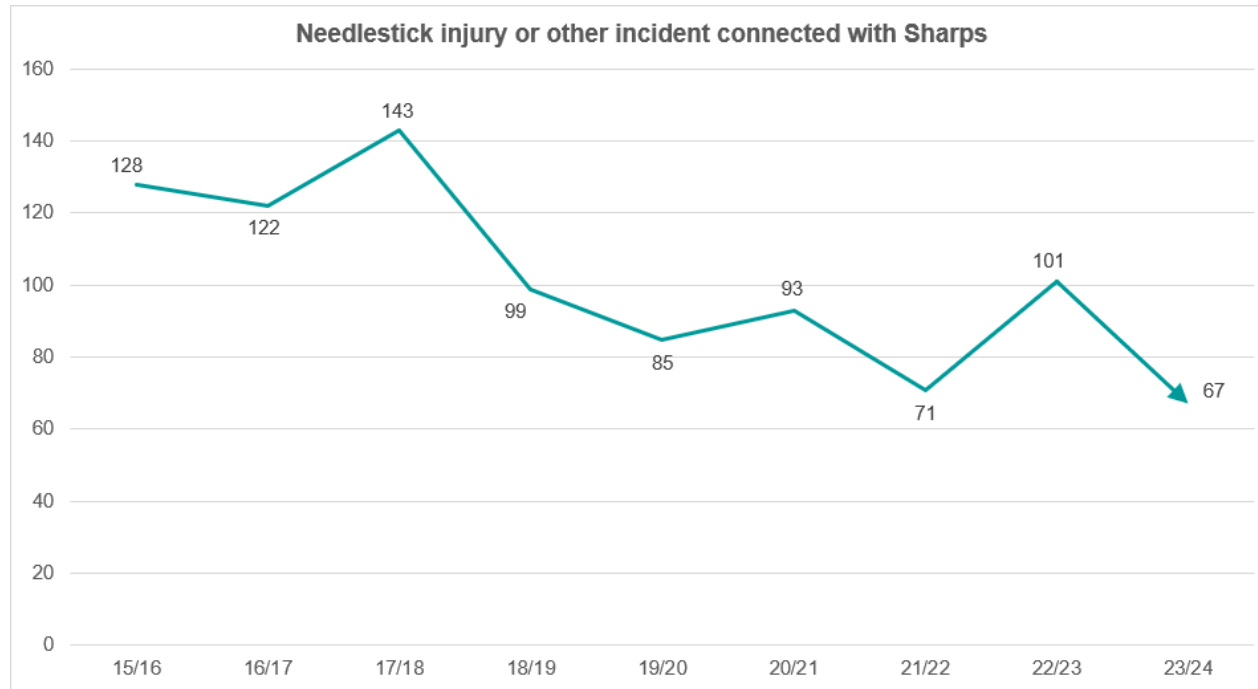
The verbal abuse and physical assault figures remain high. The Health and Safety Executive wrote to all NHS Trusts in March 2023 with recommendations for managing violence and aggression, along with Musculoskeletal Disorders in the NHS. This included a summary of findings from their inspections spanning over four years in other Trusts. A number of task and finish groups have been set up within the Trust, led by the People directorate, to examine this issue within BHT to ensure staff remain as safe as possible.

	19/20 Total	20/21 Total	21/22 Total	22/23 Total	23/24 Total	KPI 23/24
<b>Slips, trips, falls and collisions</b>	72	55	53	45	67	Reduce 5%
<b>Exposure to electricity, hazardous substance, infection etc</b>	41	24	15	25	34	No KPI
<b>Lifting accidents</b>	16	13	4	23	26	No KPI
<b>Accident caused by some other means</b>	67	48	63	63	62	No KPI
<b>Needlestick injury or other incident connected with Sharps</b>	85	93	71	101	67	Reduce 5%
<b>Injury caused by physical or mental strain</b>	25	28	13	52	23	No KPI
<b>Accident total</b>	<b>306</b>	<b>261</b>	<b>219</b>	<b>309</b>	<b>279</b>	Reduce 5%
<b>Adverse events that affect staffing levels</b>	298	151	211	198	162	No KPI
<b>Verbal abuse and physical assault</b>	497	355	335	467	464	Reduce 10%
<b>Number of RIDDOR Incidents staff and non-employees</b>	<b>18</b>	<b>18</b>	<b>17</b>	<b>22</b>	<b>13</b>	No KPI





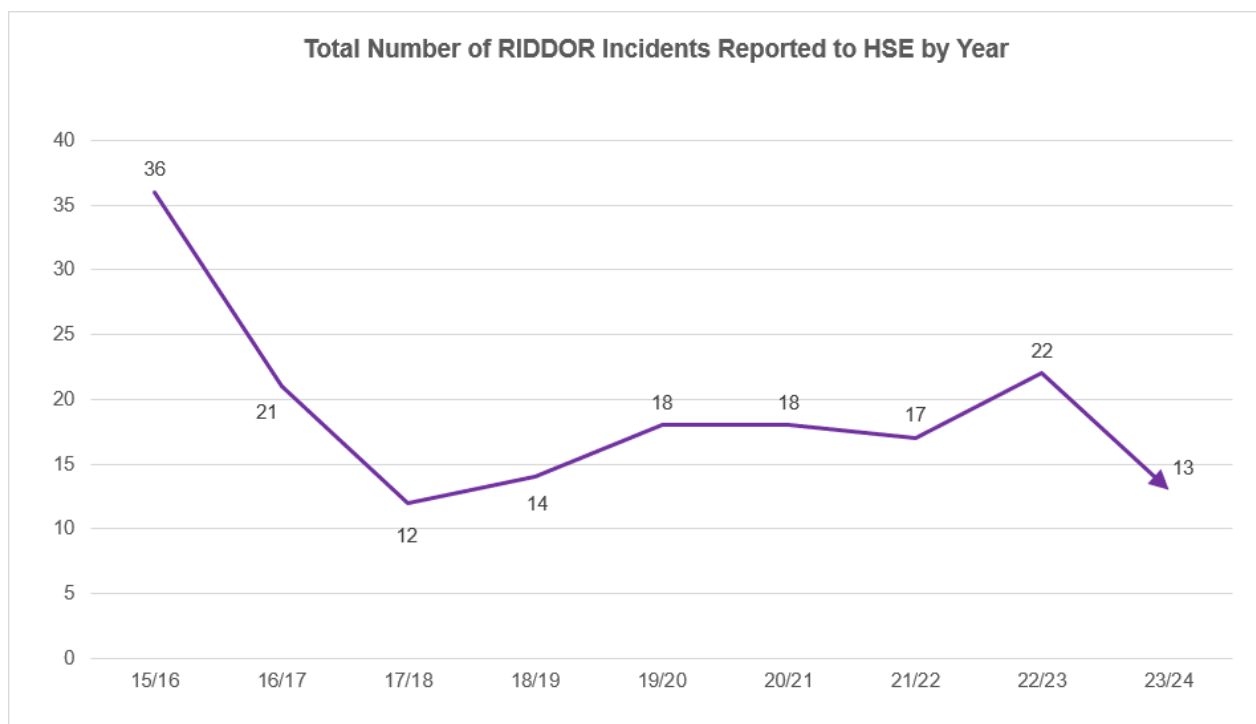
**Slips, Trips, Falls and collisions** have increased in 2023/24 as compared to the previous three years which is reverse of a downward trend over the last nine. Managers have reported a lack of storage space for equipment on the managers self-assessment survey. This along with increased reporting of incidents in general will account in part for the rise. The Health and Safety team work closely with Property Services and PFI partners to identify and eliminate slip and trip hazards during regular safety tours of our sites.

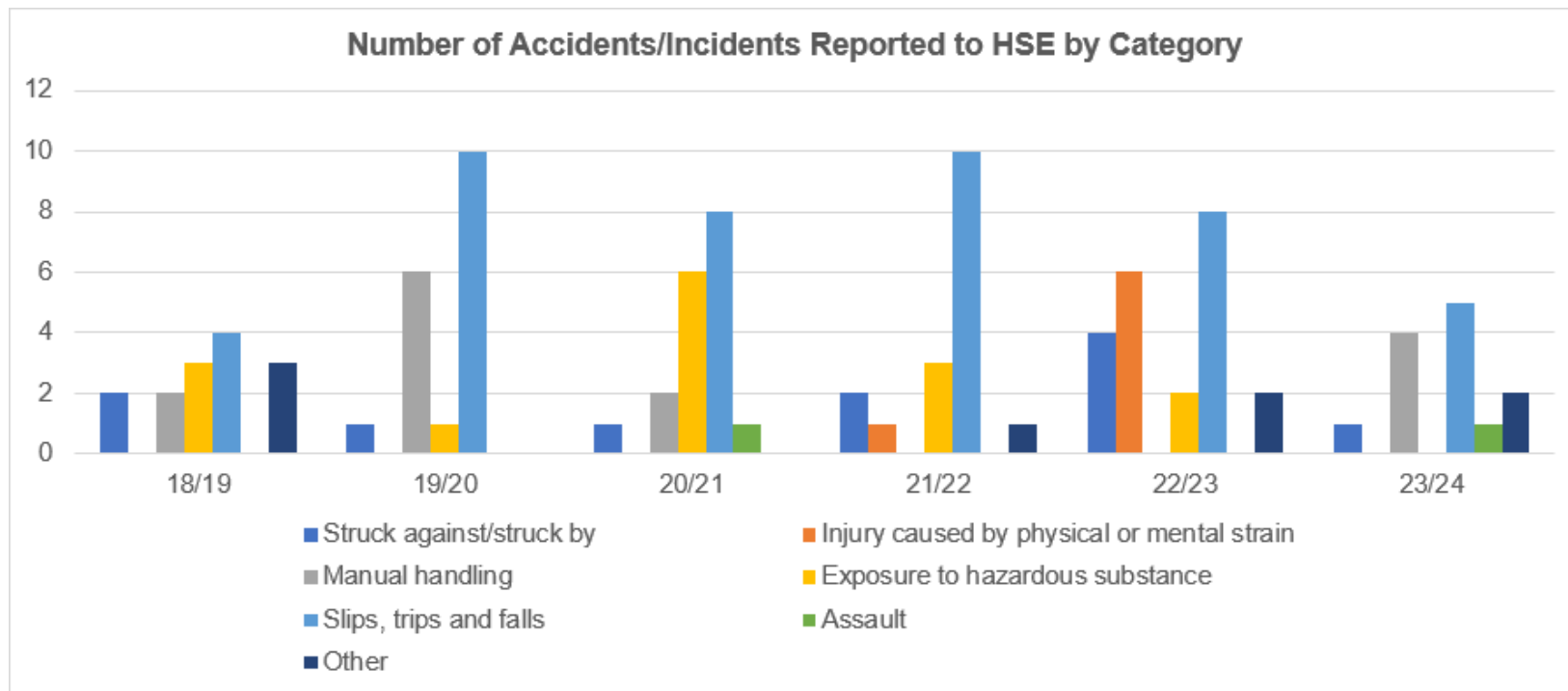


**Needlestick or other incidents connected with Sharps** fell to an all-time low this year which is a positive trend. The Health and Safety Team have worked with Infection / Prevention Control, clinical colleagues and Occupational Health in an effort to reduce and minimise these types of incidents as well as commissioning a Sharps audit carried out by an external auditor.

### 3. RIDDOR REPORTABLE INCIDENTS

There have been only 13 RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidents reported to the Health and Safety Executive in 2023/24. Five of these were attributable to Slips, Trips and Falls. Eight of the reports were 'Over Seven Day' sickness reports with only two members of staff reporting "specified injuries" – both being fractures caused by a trip and the other caused by a physical assault from a patient.





## 4. TRAINING

All induction training regarding Health and Safety has been conducted online. The Health and Safety Team have recommenced attending 'Pay Day' training face to face every month. Care Group compliance with the Health and Safety module is detailed below. Overall compliance with training is currently 92%.

<b>Division</b>	<b>Target 90%</b>
Corporate	90.06%
Community and Rehabilitation	94.39%
Integrated Medicine	91.77%
Specialist Clinical Services	91.40%
Surgery & Critical Care	92.92%
<b>TOTAL</b>	<b>92.42%</b>

Following the managers self-assessment audit, Health and Safety training has been formulated based on and tailored to the results.

Eight sessions of training were given entitled 'Managers Health and Safety Responsibilities'. This focused on First Aid, Display Screen Equipment, Ligature Risk Assessment, COSHH, Red Emergency Folder responsibilities and how to complete a Risk Assessment. This training was aimed at newly appointed junior managers and those wishing to develop their understanding of Health and Safety responsibilities.

The Health and Safety team have developed and delivered 1:1 mentoring and group training sessions on a range of health and safety topics, including accident and incident investigation, both online and face-to-face that has improved or maintained the safety culture across all business hierarchies and disciplines.

## 5. REQUESTS FOR INFORMATION AND / OR VISITS FROM THE HSE

There has been no direct contact with the Health and Safety Executive (HSE) this year.

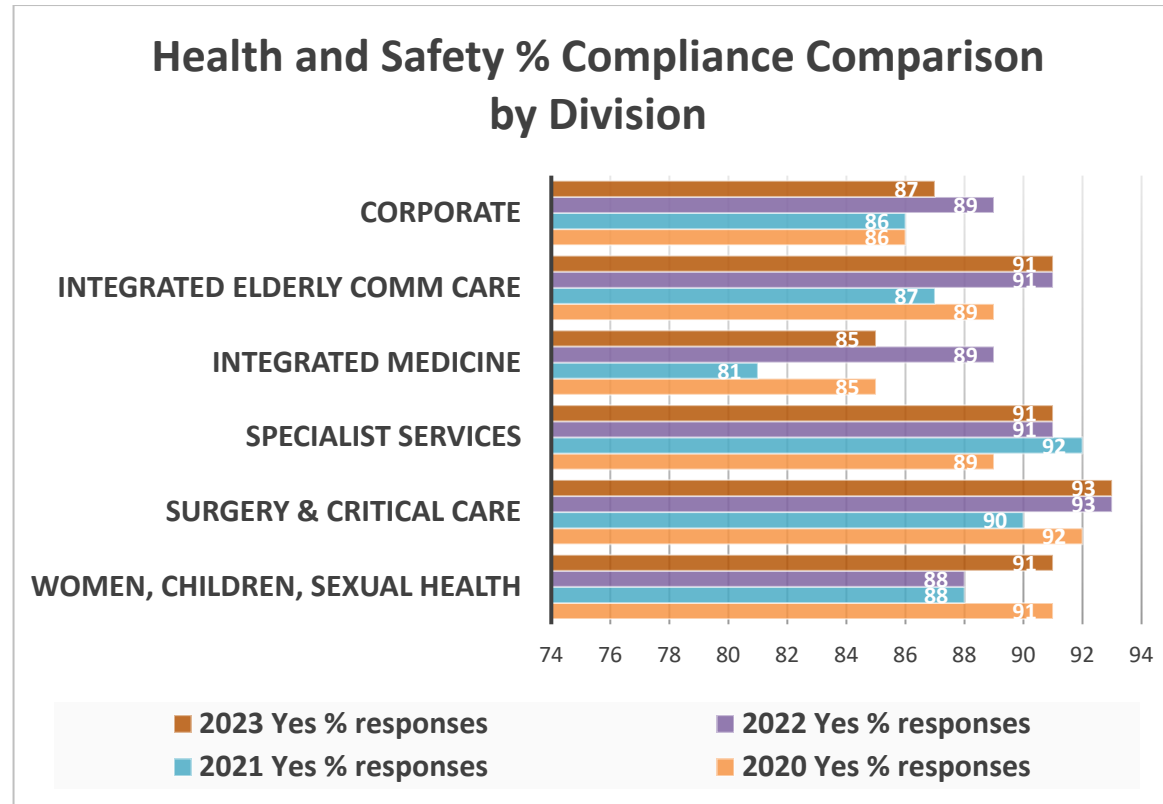
## 6. HEALTH & SAFETY UPDATE

### C.O.S.H.H

The Health and Safety team have rolled out the Sypol COSHH Management System software across all Trust departments, involving training and ongoing support for assessors resulting in 86% transparent statutory compliance.

### Health and Safety Annual Managers 'Self-Assessment'

The self-assessment audit was carried out in the Autumn of 2023, with 174 returns being received – a significant 60% increase from the previous year's survey. Managers reported a compliance level of 90% when answering the 90 questions. The common areas of non-compliance were still the non-completion of lockdown procedures / exercises and anti-ligature risk assessments. It was also evident that newly promoted managers were unaware of some of their Health and Safety responsibilities. The Health and Safety Team are currently supporting these results by carrying out independent audits across various sites in the Trust.



### Risk Assessment

The Health and Safety Advisor has developed a risk assessment repository for transparent statutory compliance across all Trust work areas. This will enable Care Groups to share learning and improve the assessment of risks in their specific work areas.

**The Health and Safety Team continue to support:**

- Risk and Compliance Monitoring Group
- Pathology Health and Safety Group
- Microbiology Health and Safety Group
- Property Services Health and Safety Group
- Water Safety Group
- Ventilation Group
- Space Committee
- Property Services Director Assurance Meeting
- Medical Gas Committee
- Departmental support on request
- Capital Projects
- SI investigations and compensation claims
- Providing Health and Safety advice to all Capital Projects

**Policies agreed at Health and Safety Committee 2023/24:**

- BHT POL 138 – Water Safety Policy
- BHT POL 272 – Ligature Risk Reduction Policy
- BHT POL 141 – Central Alerting System Policy
- BHT POL 095 – Handling of Healthcare Waste Policy
- BHT POL 163 – Prevention of Slips, Trips and Falls from height of staff and Trust Users
- BHT POL 126 – Fire Safety Policy



## **7. REVIEW OF LEGISLATION ENFORCED BY THE HEALTH AND SAFETY EXECUTIVE – EXTERNAL AUDIT**

In December 2022 the Trust finalised an audit of all major pieces of legislation across all divisions and disciplines to assure the Board that the Trust is compliant with the law whilst delivering the Trust's strategic priorities. This audit examined all pieces of legislation enforced by the Health and Safety Executive relating to staff and patient safety which enables staff to provide safe, accessible, effective care whilst ensuring they are safe and supported.

24 pieces of legislation were identified, and each piece was systematically examined regarding written evidence the Trust can provide to demonstrate compliance. Mitigation controls were also examined to provide assurance to the Executive Management Team and Board.

In September 2023 this piece of work was externally audited by RSM Risk Assurance Services with the purpose to assess the design and effectiveness of controls and the documented evidence. In January 2024 their report was published indicating that the Board can take reasonable assurance that the controls upon which the organisation relies to manage Health and Safety are suitably designed, consistently applied and are effective.

Estates specific legislation relating to Asbestos, Electricity, Water etc. are currently being audited and are subject to annual audit using the Premises Assurance Model and reported to NHS England.

## 8. KEY PRIORITIES 2024 / 2025 – ‘PROMOTING A POSITIVE HEALTH & SAFETY CULTURE’

Priority	How will this be achieved?
<p>1. To achieve a year-on-year reduction of accidents and near misses across the Trust.</p>	<p>A holistic approach linking together control measures using both pro-active and reactive risk management strategies. This would involve both acquisition and maintenance of skills training to improve staff competencies and awareness, hazard identification during audit and safety tours / inspections and improve incident investigation competencies to inform organisational learning.</p>
<p>2. Improve Accident Investigation competencies across Supervisory and Middle Manager levels.</p>	<p>Through collaboration with the Patient Safety Team, we will design and implement a BHT Incident Investigation course aimed at middle managers to complement external accredited learning.</p>
<p>3. Maintain staff competencies through accredited Institution of Occupational Safety and Health training programme.</p>	<p>Achieve funding and continue the successful IOSH accredited training programme – ‘Principles of Safety Management in Healthcare’</p>
<p>4. Maintain proactive Health and Safety Audits through all Care Groups within the Trust and follow-up the self-assessment audits.</p>	<p>Maintain the established ‘Managers self-assessment health and safety audit’ programme. The Health and Safety team will sample audits across all care groups and support identified breaches.</p>
<p>5. Maintain levels of managerial support by providing suitable training based on identified need.</p>	<p>Support managers by offering bespoke training / advice dependant on identified need.</p>



# Annual Fire Safety report

2023 / 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



## Executive Summary

The Trust is required to observe statutory requirements about effective precautions against fire, it has a clearly defined fire policy that reflects statutory requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). A nominated Director accountable to the Chief Executive has Board responsibility for Fire Safety and a Fire Safety Manager is appointed who leads on all fire safety activities. An effective fire safety management strategy is in place. Fire safety protocols have been introduced and the existing protocols reviewed and updated.

This report outlines fire safety performance at Buckinghamshire Healthcare Trust for 2023/2024 and sets out key priorities for 2024/2025

Key highlights this year:

- Buckinghamshire Fire & Rescue Service fire safety audit for Stoke Mandeville Hospital (SMH) has been carried out and has had a positive outcome, awaiting full report from the Fire Service.
- The number of unwanted fire signals attended by the Fire Service continues to fall and a downward trend from the previous years.
- Fire equipment servicing contract signed for an extended eighteen-month period from May 24.
- Fire door survey commenced for high-risk areas across all sites.
- Fire training (face2face) for clinical staff carried out by the fire safety team introducing new VR equipment.
- Fire Warden training for clinical & non-clinical staff carried out by the fire safety team.
- Pay day training for all staff carried out by the fire safety team.
- New specific fire risk assessment format and fire risk assessment programme has been rolled out across the Trust.
- Improvements to fire incident reporting using the new Datix system have been implemented.
- KPI's for 2024/25 have been introduced for risk assessments, fire training and unwanted fire service calls.

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## 1. INTRODUCTION

Buckinghamshire Healthcare NHS Trust has a statutory responsibility to ensure that all the premises owned and operated by the Trust comply with current fire safety legislation and Department of Health guidance. The Trust must ensure that effective arrangements are in place for the management of fire safety and implement any necessary improvements or adjustments required which relate to an increased fire risk potential.

## 2. FIRE SAFETY POLICY AND PROTOCOLS

Existing fire safety protocols continue to be reviewed and several new ones have been introduced and existing protocols updated. These will support the current fire safety policy for the management of fire safety and have been approved by the Health & Safety Committee.

### **Operational Evacuation Plans**

To support the Trust in its objectives and to ensure resilience around critical internal incidents the operational evacuation plans are being reviewed and issued to all wards and departments as part of the fire safety package. These plans provide detail and actions that should be taken by staff should an evacuation of part or all the hospital be required.

These plans and action cards are continuously being reviewed to ensure that they provide up to date information in relation to department and building changes.

### **Fire Risk Assessments (FRA)**

A new risk assessment programme has been established and all wards and departments will have individual fire risk assessment package, to include a fire risk assessment, fire logbook and evacuation plan and this will be audited on a risk-based approach. The fire risk assessment format incorporates the HTM (Fire-Code) methodology of quantifying risk, The existing fire risk assessments are reviewed at regular intervals using high, medium, low to the appropriate level of risk.

Following the completion of the fire risk assessment an action plan is produced. These actions can be resolved either through the helpdesks, by the departmental manager or the process of presenting and discussing through the Health & Safety and Governance Risk Committees.

Items considered as low risk can be dealt with by the department manager or the helpdesks. High and medium risks will be dealt with in accordance with the Trust Risk Management Strategy & Policy and placed on the appropriate risk registers for a limited time frame.

L&Q flats, Unit 33 & Walton court FRAs have been completed as priority due to the time scale of these buildings being handed over and becoming trust holdings.

Table 1 (fire risk) are recorded on the property services divisional risk register. High level risks will be escalated to the corporate risk register. Currently there is one high level risk recorded on the Property Services risk register. This provides information on the main risk

associated with fire safety on the Property Services risk register that has been identified through the fire risk assessment audit programme.

Although compartmentation and associated walls and doors have been highlighted on the risk register, it must be understood that the Trust has made significant steps in reducing the associated risk through projects that have delivered improved compartmentation and early warning in the form of improved fire alarm systems.

All new builds and refurbishments are using the correct fire stopping procedures and this has been carried out by certified contractors and all the information/records are held with the estates department.

With the compartmentation issues a new fire door survey is being carried out in 2024 for high-risk areas incorporating all escape routes, hospital street, and ward areas across the trust for 24/25. Within this remit the certified contractor will identify damaged fire door(s) and instruct our estates carpenters to repair them and then certifying them, saving the trust considerable money not purchasing new fire doors.

The end goal of the compartmentation and fire door remedial/maintenance programme over a five-year period is to lower the risk rating on the risk register and eventually remove this from the risk register.

**Table 1: Property Services Risk Register**

<p>Subject: Containment of Fire ID 614 Risk Score:8 Hazard: Compartmentation in the form of fire stopping and fire doors requires addressing.</p>	12	<ol style="list-style-type: none"> <li>1. Fire audits undertaken on an annual basis.</li> <li>2. Fire detection will give early warning should a fire incident occur.</li> <li>3. All staff receive fire training on an annual basis.</li> <li>4. Where projects are undertaken and containment requires addressing, this is completed as part of the project.</li> <li>5. Survey completed to identify priority areas.</li> <li>6. Fire door survey completed to identify priority areas.</li> <li>7. On-going projects to identify compartmentation</li> </ol>	8	<ol style="list-style-type: none"> <li>1. Business case completed and presented to Capital Management Group for approval.</li> <li>2. Capital funds to be made available to complete works.</li> <li>3. Architect and supplier to be contracted to prioritise and complete works.</li> <li>4. Poor compartmentation in areas already identified is highlighted and improved within the property services project.</li> <li>5. Fire door programme for high-risk areas across the Trust will commence once the capital funds are made available.</li> </ol>	4
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### 3. FIRE TRAINING

Payday training has now been increased to a 45-minute duration and this was reviewed and agreed by the fire safety team and clinical education team. This will capture all BHT staff from clinical, non-clinical and community who attend this training and incorporates an additional Q & A session.

A fire training package has been introduced for medical students/Doctors (F2+) from outside agencies who attend BHT. This package provides an explanation to students on the



emergency procedures incorporating the emergency number, horizontal evacuation, and escape route.

### VR Headsets

Bespoke training for wards and theatres is progressing well and staff are using a new innovative VR headset for the fire extinguisher training, and this is being recorded via the education department.

### eLearning Fire Training

Overall, eLearning training is progressing well however, now the divisions have been incorporated into care groups, previous data cannot be used to record this training. From March the fire safety team will collate new data using the care group information from the education department.

**Table 2: Monthly eLearning fire training record (new format)**

Fire Safety Awareness eLearning - 1 Year	434 Community and Rehabilitation	434 Corporate	434 Integrated Medicine	434 Specialist Clinical Services	434 Surgery & Critical Care
Feb-24	89.97%	86.67%	88.58%	86.53%	88.19%
Mar-24	90.65%	85.63%	88.01%	85.69%	88.86%

### Face2Face Training

A total of 1227 staff have been trained this year via face 2 face fire training, which represents an increase of 47% from the previous year of 831.

This can be put down to the payday training and face2face training on wards and departments carried out by the fire safety team across all sites.

**Table 3: Monthly breakdown for face2face fire training from April 23 – March 24**

2023/2024	BHT Face to Face	BHT Evac	BHT Extinguisher	BHT Fire Warden	Sessions	Fire Drills
Apr	119				7	2
May	123				4	1
June	135				9	3
July	53				3	1
Aug	58				5	0
Sept	113			4	5	4
Oct	222				13	2
Nov	67				5	5
Dec	56				4	1
Jan	59				3	2
Feb	112				7	3
Mar	110	2			6	2
<b>Total</b>	<b>1227</b>	<b>2</b>		<b>4</b>	<b>75</b>	<b>26</b>

## Fire Evacuation Drills

A new fire evacuation programme has been introduced by the fire safety team, which incorporates a programme of high-risk areas and medium/low risk areas. High risk areas will be wards/theatres on a six-monthly assessment incorporating a tabletop drill followed by a practical drill on the next assessment. Medium/low risk areas will have an annual assessment.

A total of 26 fire-evacuation drills have been undertaken throughout the Trust in 2023/24. These evacuation drills undertaken were either full evacuation of buildings or simulated evacuations of wards. The drills have been recorded in the ward/department fire logbooks and a new fire safety spreadsheet will be introduced shortly to record all drills and will be held on the estates L drive for fire safety.

## 4 FIRE ALARM INCIDENTS

Across Buckinghamshire Healthcare NHS Trust sites, a total of 68 fire alarm activations occurred in the period 1st April 2023 - 31st March 2024. From the previous year statistics of 96 fire alarm activations this year's record shows a drop of 29% and this reduction is the result of the fire training being delivered to the trust staff and having a positive effect in fire safety across all sites.

There was a slight increase in activations at SMH in November, this was due to new staff not fully understanding the fire procedures and the fire service was called on these occasions. An unwanted fire signal is described by the Fire Service as fire alarm activation resulting in the Fire Service attending unnecessarily to a premise. This has been followed up to ensure that all parties understand the correct procedures to call the fire service.

Table 5 below provides a breakdown of the fire alarm incidents and their causes for the Trust for the period 1st April 2023 - 31st March 2024. This information was obtained from the Datix system.

The fire safety team is in the process of updating the Datix system to capture and categorise all false alarm & unwanted fire alarms with the Datix team, this will give a more detailed record of the fire alarm activations and this information can be used in reducing fire calls across all sites.

**Table 5: Fire Alarm Activations**

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	Total
Actual Fire	0	0	1	0	0	0	0	1	0	0	0	0	0	2
False Alarm 1	1	6	2	6	2	6	4	5	2	2	0	1	1	41
False Alarm 2	2	1	0	2	1	1	0	7	3	1	1	4	2	21
<b>Total</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>8</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>14</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>68</b>

Throughout the period April 2023 – March 2024 there have been no serious fire incidents in any of the Buckinghamshire Healthcare buildings.

In June 2023 at the antenatal ward (SMH) a microwave was left on unattended, and the contents combusted causing the microwave to catch fire. The fire was put out by a member of staff with the correct fire extinguisher and follow up additional training was given to the ward on fire safety.

In November a small electrical fire in the cancer care building (SMH) happened and the findings were discussed at the Resilience committee meeting in March and actioned by all parties involved.

## 5 FIRE SAFETY INSPECTIONS

Buckinghamshire Fire and Rescue Service has carried out a fire safety audit at SMH and the Trust is awaiting the audit report, which is due in May. Initial feedback from the Fire service is that the feedback is positive.

The fire safety team have continued to provide updates to the Fire and Rescue Service in relation to changes to our buildings and services during and post construction stages.

Buckinghamshire Fire & Rescue have carried out operational Site-Specific Risk Assessment/visits across the main sites, this is for topography and local knowledge for the fire crews.

The fire service carried out practical exercises at Wycombe Hospital (WH) and Amersham Hospital(AH) and are planning an exercise at SMH Hospital later in the year.

## 6 FIRE SAFETY PROJECTS COMPLETED 2023/24

The fire safety department is supporting the capital projects team across the Trust with the installation and development of fire safety to ward areas and departments to ensure that they deliver a safe environment for staff and patients delivering care.

### **Fire Alarm System, SMH**

Due to the age and capacity of the fire alarm system at SMH, works have commenced to upgrade the network of the fire alarm panels and replace those fire alarm panels that are unable to provide the Trust with the future resilience required to allow us to develop parts of the hospital further. The plan for 24/25 is for X-ray and ED departments to get an upgrade with graphic screens on the fire panels.

### **Fire Alarm System, WH**

Due to the age of the fire alarm system an upgrade has commenced on certain fire panels across the site.

A fire alarm survey commissioned on the system serving the L&Q accommodation has identified that an overhaul of the system needs to be carried out. The fire safety team is working with the contractor on the most cost-effective way for an upgrade of the system.

**Capital and Estates projects supported by the fire safety team:**

**AH**

- IT Hub – demolition and reconfiguration internally
- Dermatology and Plastics – demolition and reconfiguration internally

**SMH**

- MRI/Xray refurbishment
- Waddesdon Wing (building 100)
- SDEC – refurbishment works
- Innovation Hub – consultations and works
- 21 bed ward – consultations and works
- John Hampden Unit – demolishment and reconfiguration internally
- MRI scanner and associated project works – reconfiguration and refurbishment
- A&E Reception – reconfiguration and refurbishment
- Outpatients Department all phases – demolition – reconfiguration and refurbishment
- ICU department within PFI Day Surgery theatre recovery room – reconfiguration and refurbishment

**WH**

- Tower block – decommissioning
- Corporate Hub – reconfiguration and refurbishment
- Endoscopy Level 5 – reconfiguration and refurbishment
- Private patient’s suite – reconfiguration and refurbishment

**Community Hospital/Buildings**

- Buckingham – reconfiguration and refurbishment
- Brookside – reconfiguration and refurbishment
- Walton court – going live
- Unit 33 – going live
- Abbey place

**7 FIRE SAFETY PRIORITIES 2024-2025**

The following table provides information on projects in which the fire safety team are continuing to improve and deliver over the next five years.

<b>Priority</b>	<b>Objective</b>	<b>Achieve this</b>
Fire Wardens	All departments/wards to have a minimum of two fire wardens.	The fire safety team are working hard with imaginative ideas for staff to become wardens and this is an ongoing process.
8 x 8 system	The fire safety team is working closely with the digital support team to ensure all fire calls can be activated by using this system across all sites in event of an emergency	Fire safety team is in regular meetings with the digital team to oversee any problems with the emergency numbers across all sites.

E-Bikes and E - Scooters	The fire safety policy is going to be amended to cover electrical bikes and scooters	A safety guidance package has been produced showing the dangers of lithium batteries in these bikes and scooters and will be cascaded to all staff via the comms system on a quarterly basis. This will also be introduced in the fire safety training package for all staff.
eLearning Fire Refresher Slides.	A new presentation on fire safety	The new presentation has been passed by the MAST committee incorporating, fire evacuation, fire alarms, how to use fire extinguisher(s). This is a valuable tool for all staff to understand fire safety and this will be used as guide/refresher for all the trust staff and will be monitored on a yearly basis.
Fire Compartmentation/ Fire Door Trust Wide	A new fire door programme has been authorised across all the sites	This will be a five-year rolling programme starting with high-risk areas first. (Escape routes, hospital corridors, wards, and electrical/switchboard rooms) and this will be carried out by a certified contractor.
Fire doors repairs	BM trade contractor to oversee the Trust carpenters carrying out this work	Trusts carpenters will be able to carry out minor repairs to the fire doors and the certified fire door contractor will certify the doors once the repairs have been completed. This will significantly reduce the cost of repairing fire doors.

**The fire safety team continues to support:**

- Health & safety team
- Clinical teams
- Project teams
- Community Services
- Resilience team

**Fire Safety Team – Key Performance Indicators 2024 / 2025:**

<b>Indicator</b>	<b>Objective</b>	<b>Lead</b>
1) Fire training	All care groups to reach 90% for fire training by 31/03/25	Fire Safety team
2) FRA	Fire risk assessments for all areas 100% by 31/03/25	Fire Safety team
3) Fire service attendance (unwanted calls)	Reduction of 50 % by 31/03/2025	Fire Safety team



## Executive Summary

The Security Service developed a 3-year strategy in 2021 to provide a road map for the Trust to support the delivery of the Trust's strategic objectives and ensure compliance with industry and security best practices. The strategy incorporates the Security Service's principles, which are:

1. **Prevent and Deter:** We aim to identify security risks, provide solutions to combat those risks, discourage individuals who may be tempted to commit crime against the Trust and ensure that opportunities for security breaches to occur are minimised.
2. **Investigate, Sanction and Hold to Account:** We aim to investigate security incidents thoroughly and to the highest professional standards and, where appropriate, seek the full range of sanctions and redress where possible.
3. **Reassure and Protect:** We aim to implement and maintain systems and procedures that ensure the safety of all staff, patients and visitors to Trust sites.
4. **Inform and Involve:** We aim to raise awareness of security issues against the Trust and its staff and work with staff and stakeholders to highlight and minimise risks.
5. **Continuously Review:** Security issues are constantly evolving, and continuous re-evaluation and improvement is needed to ensure that we keep ahead of the problem.

Under these principles, the Security Service addressed four key areas of focus during the 2023-2024 year (personal safety; conflict resolution training; site security projects; and compliance). The progress made within each of the areas is set out within this report.

This report outlines the Security Service's work during 2023 to 2024 and sets out its key priorities for 2024 to 2025.

The main risk/challenge this year was the absence of a qualified NHS Local Security Management Specialist (LSMS).

- The Security Manager left the Trust in July 2023. A new Security Manager started in October 2023 but left the Trust in January 2024.
- New Interim Security Manager has been in place part-time from March 2024 (six-month contract).



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## 2. KEY ACHIEVEMENTS

### PERSONAL SAFETY

#### Reduction of crime against personal property

The Security Service's security measures that were implemented last year to target crime against vehicles has continued to see a decline in the number of incidents of crime involving vehicles in 2023 - 2024. In addition to these security measures, we have also continued to maintain our strong partnership with Thames Valley Police, which has helped with increased patrols and covert operations.

#### Body worn cameras

The Security Service provided the Emergency Department with body worn cameras to help address verbal abuse and disruptive behaviour. The initial trial was not completed in the Emergency Department as the trial was met with concerns raised by staff regarding how the device would be used and how it would be carried by the staff member e.g., harness clips. In 2024 - 2025 the Security Service will begin the process again working with the staff in the Emergency Department to procure body worn cameras that meet the areas requirements (June - July 2024).

#### Lone worker devices

To address risks associated with lone working by community colleagues the Trust has procured and issued a number of devices to our community teams, working with the lone work company (Sky Guard) undertaking a full audit of all portals issued to the community staff looking at the effectiveness of the device and staff usage. At the time of this report, we are awaiting data from some teams which will be reported to the Trust H&S Committee and included in next year's annual report.

#### Updated policies

- BHT POL 238 – Lockdown Policy has been extended to June 2024 to allow new Security Manager to carry out 3-year review.
- BHT POL 198 – Policy for Managing Violence, Aggression and Unacceptable Behaviour (Persons Age 18 and Over) is currently being reviewed by a multi-disciplinary team following letter from HSE to all CE highlighting the national upward trend in violent and aggressive incidents towards staff.
- New standalone policy on clinical restraint is currently being developed.

### CONFLICT RESOLUTION TRAINING

The Trust is continuing to provide conflict resolution training to all staff, with the online training (to be completed every three years) and face-to-face courses. In 2023 – 2024 we saw **268** payday completions & **4186** online completions.

There was no conflict resolution face to face or enhanced train-the-trainer courses undertaken in 2023 - 2024 owing to the pressure on the Division when the Security Manager left the Trust in July 2023 and the successor to the post leaving in January 2024.

### SITE SECURITY AND PROJECTS

#### Projects

The Security Service has advised on, and managed, the security elements of several Capital Projects across the Trust, to ensure new projects incorporate measures necessary to deter crime,

reduce security risks and ensure staff and patient safety. In particular, the Security Service oversaw the design and installation of all security systems relating to the following:

- Innovation Suite - installation of CCTV cameras and new Paxton access control systems.
- 21 Day Ward - installation of CCTV cameras and new Paxton access control systems.
- Abbey Place installation of CCTV cameras and new Paxton access control systems.
- Emergency Department extension installation of CCTV camera and new Paxton access control systems.
- Echo Cardio Unit - installation of CCTV cameras and new Paxton access control systems
- MRI Unit (Amersham) installation of CCTV cameras and new Paxton access control systems

We have also undertaken several security-led projects this year relating to access control, and CCTV cameras in various locations. See Appendix 1 for a table of the projects that security was involved with.

### **Security Systems: Access control**

The upgrade of the Paxton access control system has continued with **45** new systems installed on entry points to buildings and within buildings,

### **Security Systems: CCTV**

We have continued our programme of upgrading old cameras and have installed **24** new cameras on to the Trust's CCTV system (including Maternity Unit, Gynaecology, Emergency Children's Department, SMH Pharmacy, Dermatology). In addition, our camera footage continues to be used by Thames Valley Police to assist with their evidence-gathering.

## **COMPLIANCE AND COLLABORATION**

### **Mortuary review**

An independent audit of Mortuary security arrangements was undertaken by an external auditor, RSM UK Risk Assurance Services (RSM), who concluded that "controls were well designed in relation to mortuary access controls such as CCTV and physical restrictions such as swipe cards for entry, tracking of bodies in and out of the Trust and the development of related procedures". They also found that we had sufficient security processes in place and noted that we had had no mortuary-related security incidents. This is consistent with our track recorded over the previous five years.

The audit recommended the provision of a specific 'Mortuary Security Policy'. The Mortuary building already has a 'Safety Policy' in place, which covers security-related matters specific to the mortuary, it was recommended that a SOP for handling deceased patients should be created and this will then be referred to in the Security Policy.

### **Security risk assessments**

The Security Service has completed over **15** risk assessments and reviews across the Trust to support departments and services as their work environment evolves.

### **Collaboration**

The Security Service has continued to work closely with key external stakeholders, including NHS England, BOB, the ICB and Thames Valley Police, to ensure the safety of all staff, patients and visitors as well as all the Trust's premises.

We continued to work closely with our internal colleagues and forged more partnerships with clinical services, during the review of their lockdown assessments, installation of security systems, and our Safety Working Group addressing bullying and harassment and violence and aggression.

### 3. KEY INCIDENT REPORTING (DATIX)

The Security Service has continued to use the Datix's submitted by staff to analyse all reporting incident trends and to give advice on solutions to be found to minimise risks.

The Security Service has seen an increase in Datix incidents reported during this year. The increase of incidents could be contributed to several factors, such as the Security Services and Wellbeing actively encouraging colleagues to report incidents; the new Datix system, the reclassification of reporting fields; and incidents being reported by staff for the same patients and visitors.

Delivering the 'Managing Violence and Aggression and Unacceptable Behaviour' training through the online training (completed every three years) and face-to-face courses through the Trusts pay day training courses to raise awareness of our policy to reduce incidents of harassment, violence and aggression, and to improve the management of these incidents by issuing a caution letter, yellow card and red card.

The chart in **Appendix 2** highlights all the security incidents that the Security Service has responded to in the past year, compared to the previous year. The figures identify that the Trust recorded **1058 (857)** incidents during 2023 to 2024, which is an increase of **201** incidents from the previous year, and that abuse by patients and visitors (both verbal and physical) has remained a major concern

For incidents of verbal and physical, missing patients, sexual assault and racial abuse the Trust recorded **861 (737)** incidents during 2023 to 2024, which is an increase of **124** incidents from the previous year

### 4. SECURITY STRATEGY KEY PERFORMANCE INDICATORS SUMMARY 2023 / 2024

KPI	Objective	Current state
Policy and Procedure review	To continue the review of security policies and procedures this year	Achieved: Lockdown Policy
CCTV cameras	To install 20 Avigillon cameras this year	Achieved: 24 CCTV cameras installed (Maternity Unit, Gynaecology, Emergency Children's Department, SMH Pharmacy, Dermatology)
Paxton access control	To install new access control 20 doors this year	Achieved: 45 CCTV cameras installed (Maternity Unit, Gynaecology, Emergency Children's Department, SMH Pharmacy, Dermatology)

## 5. KEY PRIORITIES 2024 / 2025

The demand on the Security Service remains high so to maintain the high standard of support during the next year the Security Service plans to focus on the following areas, as set out in the Security Strategy and subject to the approval of capital funding, in the next year:

<b>Priority</b>	<b>How this will be achieved?</b>
Provide conflict resolution and physical intervention training (F2F)	The Security Service and trained clinical CRT trainers will be working to reintroduce the face-to-face training courses for clinical services. The specialist training will better support colleagues during challenging situations while ensuring a safer environment for staff and patients.
Provide Train-the-trainer courses.	Look at staff from clinical and non-clinical areas to become in-house Maybo trainers helping with the delivery of the face-to-face physical intervention and conflict resolution training.
Implementation of new Counter Terrorism Security measures	In readiness for the imminent approval of Martyn's Law by the Government we have been working with the Communications Team and national Counter Terrorism Security Advisors promoting the details for the Action Counter Terrorism (ACT) free online course.
Review and upgrade of CCTV and access control including service contracts for existing systems and software and hardware upgrades.	Security Manager to work with IT to identify the correct systems, compatible equipment, supporting software and servicing and maintenance contracts needed to ensure safe operation across all Trust sites. A business case will need to be developed to secure funding to deliver this complex project.
Re-introduce the medicine management audit for the Trust.	Security Manager to work with ward managers to re-introduce spot checks and to monitor what is reported. To be compliant with the audit wards must be able to demonstrate 6/6 areas of compliance. Results to be reported to the H&S Committee.
Compliance and collaboration.	Maintaining compliance with HTMs, HBNs, CQC and the new NHS E/I Security Standards (to be completed 2024 - 2025) and other relevant legislation and regulations, as in previous years, including being compliant with training requirements; collaborating with external and internal stakeholders on new initiatives to keep the Trust's sites safe

## Appendix 1 - Security service projects during 2023/2024

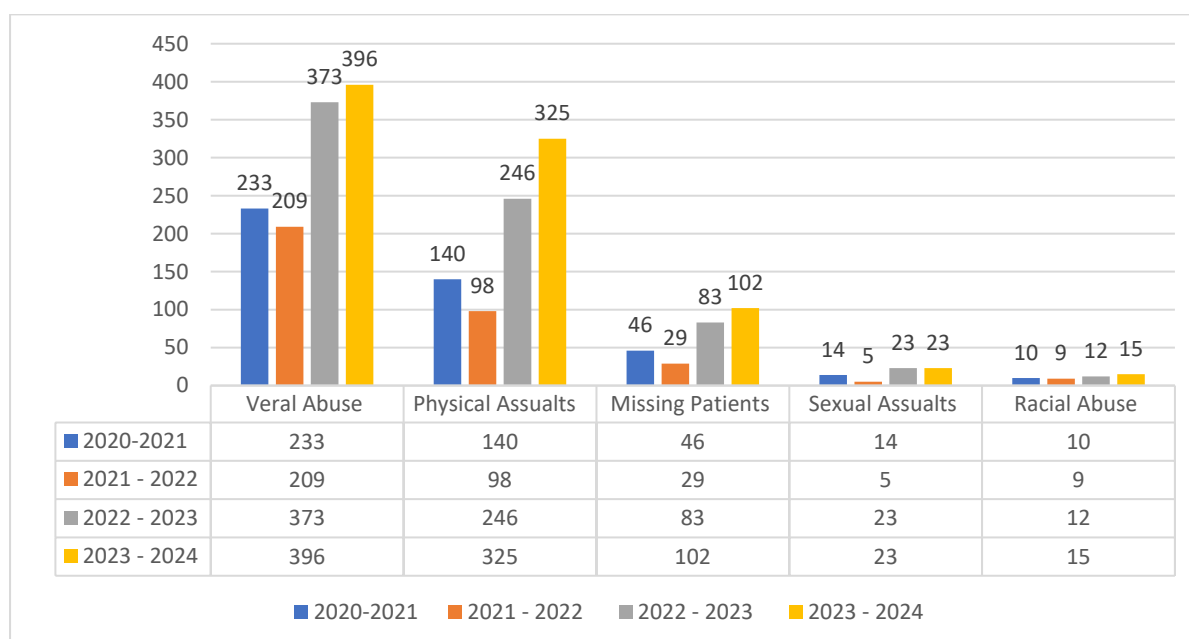
Site	Project
<b>Stoke Mandeville Hospital</b>	Cameras installed - Maternity Unit,
	Cameras installed - Gynaecology
	Cameras installed - Emergency Children's Department
	Cameras installed - Pharmacy
	Cameras installed - Dermatology
	Cameras installed - Innovation Suite
	Cameras installed - 21 Bed Ward
	Cameras installed - Abbey Place
	Cameras installed - Emergency Department Extension
	Cameras installed - Echo Cardio Unit
	Swipe access installed /upgrade - Maternity Unit,
	Swipe access installed /upgrade - Gynaecology
	Swipe access installed /upgrade - Emergency Children's Department
	Swipe access installed /upgrade - Pharmacy
	Swipe access installed /upgrade - Dermatology
	Swipe Access installed - Innovation Suite
	Swipe Access installed - 21 Bed Ward
	Swipe Access installed - Abbey Place
Swipe Access installed - Emergency Department Extension	
Swipe Access installed - Echo Cardio Unit	
	Alarm system - Accident and Emergency Reception (new build)
<b>Thame</b>	Access control upgrade - Building

## Appendix 2 - Trust-wide Datix incidents April 2023 to March 2024 and analysis



**Note:** It should be noted that three categories, ‘abuse other’, ‘other security issues’ and ‘miscellaneous’ have been removed from the reporting system due to the ambiguity and overuse of the category. This has resulted in many of the incidents that would previously have been recorded in any of the removed categories now being recorded in ‘physical assault’ or ‘verbal abuse’. The category ‘verbal abuse’ includes ‘psychological abuse, bullying and harassment’ and the category ‘physical assault’ includes ‘threat of physical assault’.

## Appendix 2 Continued - Trust-wide most serious reported Datix incidents for the past 4 years



Incidents	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Verbal Abuse	233	209	373	396
Physical Assault	140	98	246	325
Missing Patients	46	29	83	102
Sexual Assault	14	5	23	23
Racial Abuse	10	9	12	15

### Concerns

All the above have increases over the last four years or remained at the same level especially in the areas of verbal abuse physical aggression and missing patients.

- Security Team to look at introducing a robust support mechanism within in the Trust offering support to staff and by encouraging them to complete Datix incidents so we can capture the true picture, and then be able to support appropriate sanctions to be put in place.
- If the racial incidents are related to Hate Crime or sexual incidents, staff are supported by the Trust and encouraged to make an official complaint to the Police for them to investigate.
- Incidents of racial abuse and sexual incidents have both risen again for the second year running. I believe this is a result of the Trust promoting and talking to staff about their right to prosecute if they want to and that the Trust will support them.
- The security team will, also look at working alongside People and Workforce when incidents of staff on staff have been reported e.g. incidents of aggression, verbal abuse, racial abuse, bullying and harassment incidents.



## Appendix 3 – Abbreviations

<b>A&amp;E</b>	<b>Accident &amp; Emergency</b>
<b>AH</b>	<b>Amersham Hospital</b>
<b>BHT</b>	<b>Buckinghamshire Healthcare NHS Trust</b>
<b>BOB</b>	<b>Buckinghamshire, Oxford and Berkshire</b>
<b>CCTV</b>	<b>Close Circuit Television</b>
<b>CRT</b>	<b>Conflict Resolution Training</b>
<b>ED</b>	<b>Emergency Department</b>
<b>HBN</b>	<b>Health Building Note</b>
<b>HTM</b>	<b>Health Technical Memorandum</b>
<b>ICB</b>	<b>Integrated Care Board</b>
<b>MRI</b>	<b>Magnetic Resonance Imaging</b>
<b>NHS E/I</b>	<b>NHS England and Improvement</b>
<b>PFI</b>	<b>Private Finance Initiative</b>
<b>PIT</b>	<b>Physical Intervention Training</b>
<b>RSM</b>	<b>RSM UK Risk Assurance Services</b>
<b>SDEC</b>	<b>Same Day Emergency Centre</b>
<b>SOP</b>	<b>Standard Operating Procedure</b>
<b>SMH</b>	<b>Stoke Mandeville Hospital</b>
<b>WH</b>	<b>Wycombe Hospital</b>

**Meeting:** Trust Board Meeting in Public

**31 July 2024**

<b>Agenda item</b>	Private Board Summary Report
<b>Board Lead</b>	Chief Executive Officer
<b>Type name of Author</b>	Senior Trust Board Administrator
<b>Attachments</b>	None
<b>Purpose</b>	Information
<b>Previously considered</b>	n/a

### Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board meeting held in private on 26 June 2024.

The matters considered at this session of the Board were as follows:

- Trust Board Development Programme
- Feedback from Go See Visits
- Digital Health Programme Update
- Annual Report and Accounts
- Buckinghamshire Healthcare Projects Limited - Director Appointments
- IT Infrastructure
- Urgent Emergency Care Procurement
- Capital Expenditure for Research & Innovation Centre Phase 2 and 21 Bed Ward at Stoke Mandeville Hospital

<b>Decision</b>	The Board is requested to note the contents of the report.		
<b>Relevant Strategic Priority</b>			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
<b>Relevant objective</b>			
<input checked="" type="checkbox"/> Improve waiting times in ED	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life	<input checked="" type="checkbox"/> Zero tolerance to bullying	
<input checked="" type="checkbox"/> Improve elective waiting times	<input checked="" type="checkbox"/> Outpatient blood pressure checks		
<input checked="" type="checkbox"/> Improve safety through clinical accreditation			
<b>Implications / Impact</b>			
<b>Patient Safety</b>	Aspects of patient safety were considered at relevant points in the meeting		
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	Any relevant risk was highlighted within the reports and during the discussion		
<b>Financial</b>	Where finance had an impact, it was highlighted and discussed as appropriate		
<b>Compliance</b>	Compliance with legislation and CQC standards were highlighted when required or relevant		
<b>Partnership: consultation / communication</b>	n/a		
<b>Equality</b>	Any equality issues were highlighted and discussed as required.		
<b>Quality Impact Assessment [QIA] completion required?</b>	No		

## Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner
- APC – Acute Provider Collaborative

## **B**

- BBE - Bare Below Elbow
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

## **C**

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRL – Capital Resource Limit
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

## **D**

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DOH – Department of Health
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

## **E**

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- EIS – Elective Incentive Scheme
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

## **F**

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

## **G**

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

## **H**

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty's Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

## I

- ICS – Integrated Care System
- ICB – Integrated Care Board

## M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

## J

- JAG - Joint Advisory Group

## K

- KPI - Key Performance Indicator

## L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

## M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

## N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme

- NED - Non-Executive Director
- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – National Health Service Improvement
- NHTLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

## O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy
- OUH - Oxford University Hospital

## P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PBR - Payment by Results
- PBR Excluded – Items not covered under the PBR tariff
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PP – Private Patients
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty
- PSIRF – Patient Safety Incident Response Framework

## Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

## R

- RAG - Red Amber Green
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

## **S**

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)
- SNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

## **T**

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

## **U**

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

## **V**

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

## **W**

- WHO - World Health Organization
- WTE - Whole Time Equivalent

## **Y**

- YTD - Year to Date