OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Nursing & Midwifery Safe Staffing
EMC Lead	Karen Bonner, Chief Nurse & Director of Infection, Prevention & Control
Author	Jose Loreto Facultad, Associate Chief Nurse
Appendices	Fill Rates Safe Staffing Exception Report; Training modules compliance & Compliance by Staff Group; SafeCare Compliance; Staffing & Quality Metrics; M03 Ward-Level Budget Report; CHPPD
Purpose	Assurance
Previously considered	EMC 13.08.2024 Q&CGC 21.08.2024

Executive summary

This briefing provides the Trust Board and Quality & Clinical Governance Committee with an overview of the Nursing and Midwifery workforce between April to June 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 4.1% at the close of Q1. This is the lowest ever vacancy factor pre and post pandemic. The staffing metrics show a stable position on the overall staffing in post against establishment and vacancies. The safe staffing fill rates for registered and unregistered workforce are well within the national threshold of 80%-100%.

However, the high vacancy rate in Maternity is identified to be an ongoing workforce risk within the Care Group. Risk mitigations are in place to maintain safer staffing and patient safety. Quality metrics remained unaffected by the vacancy position in Maternity through utilisation of temporary staffing to mitigate workforce gaps. Delays in inductions rarely meet Red Flag criteria, patient experience is not showing any trends of increase in complaints, and the maternity dashboard is aligned with national targets for key metrics.

NQB expectation 2- Right Skills: Statutory training compliance in Q1 remained stable at 91.84% however, the Care Group for Surgery & Critical Care is below the Trust target throughout the Q1 period and closes at 87.53% by the end of June 2024. The overall mandatory training compliance also remained stable at 94.23%. The Corporate Group which started below target in April 2024 however, complied above Trust target at 90.15% by the end June 2024.

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.
Upon review of the quality metrics (Appendix 4), the staffing levels during this period (June 2024) do not have a direct correlation to the level of incidents and quality metrics reported.

Key points for the Committee/Board:

1. **NOTE** information contained in this report for Q1 of FY 2024-25

2. The Q1 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.
3. Receive **ASSURANCE** that the safe staffing monitoring and any improvement plan are on track.
4. **NOTE** the progress being made about efficiency in the reduction of bank and agency usage/spend with **ASSURANCE** of maintaining safe staffing levels.

The Executive Management Committee met on 13 August 2024, considered the report, and was assured that the N&M workforce for Q1 of FY2024-25 is aligned with the NQB Standards and Expectations for Safer Staffing. A comprehensive report as feedback from the Chait and COO.

There were discussions around the staffing fill rate and temporary usage. Further discussions around vacancy factor held in ward/departmental budgets for temporary staffing utilisation as the need arise. The Chair of the Committee suggested that discussion of quality metrics triangulation with the workforce data should be undertaken at Care Group's Governance and Performance review meetings.

The Quality & Clinical Governance Committee considered this report on 21 August 2024 and requested similar reporting be devised for Allied Health Professionals (AHPs). The Committee discussed the integration of new staff and the impact of this on service delivery and, overall, took assurance from the report noting the low vacancy rate, the use of healthroster to manage nursing and midwifery staffing and the development of new national staffing and acuity tools.

Decision	The Committee is requested to take assurance from the report and seek clarification if required.

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☒ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters ☐ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	Safe staffing levels are paramount and one of the key priorities in N&M Workforce Planning to deliver safe, quality, and effective patient care
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	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.

Financial	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.
Compliance NHS Regulation Safety	1. National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 &2018) 2. Developing Workforce Safeguards (2018) 3. CQC Standards Staffing 4. Regulations of the Health & Social Care Act: Safe Care and Treatment (12) Staffing (18)(1).
Partnership: consultation / communication	Consultation with NHSE Safe Staffing Faculty Work with colleagues in BOB ICB/ICS on temporary staffing Partnership. BOB ICB collaborative working on bench marking workforce skill-mix, ratio, modelling and Acuity Dependency data. In regular communication with Workforce Leads colleagues with BOB ICS/Regional/National NHSE/I Workforce teams regarding staffing, workforce standards, recruitment, retention, and related agenda. Linkages with the CNO England Safer Staffing Faculty and Fellows
Equality	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.
Quality Impact Assessment [QIA] completion required?	None Required

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

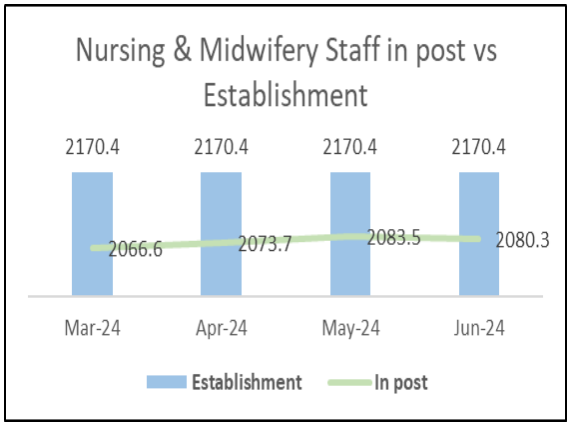
Having the right establishment and staffing in post is essential to ensuring the safe and effective delivery of patient care. The Trust meets this expectation by undertaking twice-yearly establishment reviews against which an increase in an establishment is substantiated through business planning. Table 1 below sets out the current overall nursing workforce metrics in Q1 used to monitor performance against this expectation.

	Staffing Measures	Apr-24	May-24	Jun-24	Trends
Registered	N&M Establishment WTE	2170.4	2170.4	2170.4	→
	N&M Staff in Post WTE	2073.7	2083.5	2080.3	↑
	Vacancies WTE	96.7	86.9	90	↓
	Turnover	10.6	11	11.3	↑
	Actual v Planned Hours used	90.9%	90.6%	90.5%	↓
HCA	Turover	14.3%	14.5%	15.2%	↑
	Actual v Planned Hours used	85.4%	86.2%	85.4%	↓

Table 1: Nursing Workforce Metrics (Source: Workforce Info and NStFil-National Data)

The performance metrics in Table 1 against the NQB expectation is showing stable position on the overall staffing in post. The actual vs. planned hours for registered and unregistered workforce are well within the national threshold of 80%-100%. Appendix 1 provides the overview of staffing fill rates for the month of June and corresponding exception report.

Figures 1 and 2 further show that performance against this expectation remains stable with continued increase staffing in post and reduction in vacancies.



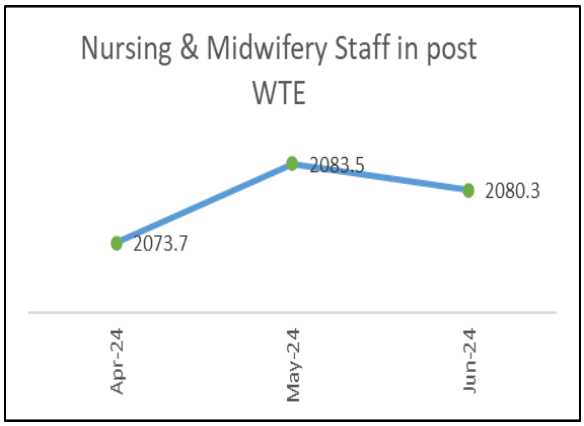
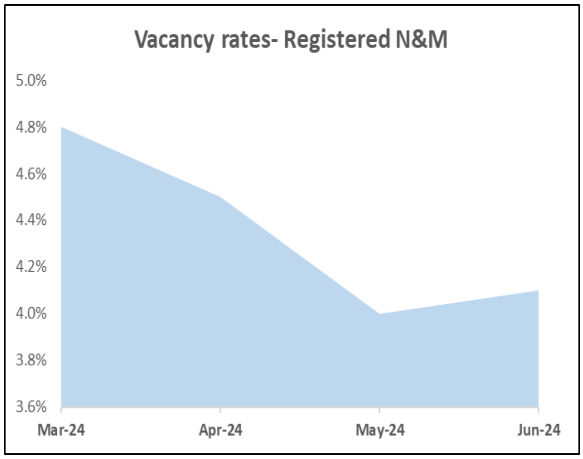


Figure 1 (Source: Workforce Informatics/PWR) Figure 2

3.2 Vacancy and Turnover

The overall registered nursing and midwifery vacancy is at its lowest at 4.1% by the end of Q1. Figures 2 and 3 illustrate the vacancy and turnover rates of registered N&M workforce. Turnover rates for registered and unregistered workforce by close of Q1 remained above 10%. There is continued collaborative working across HR/CNO Workforce and ELD teams in the reduction of leavers within 12 months.



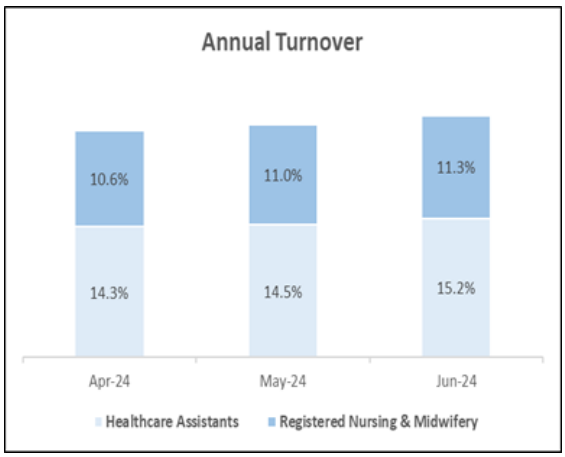
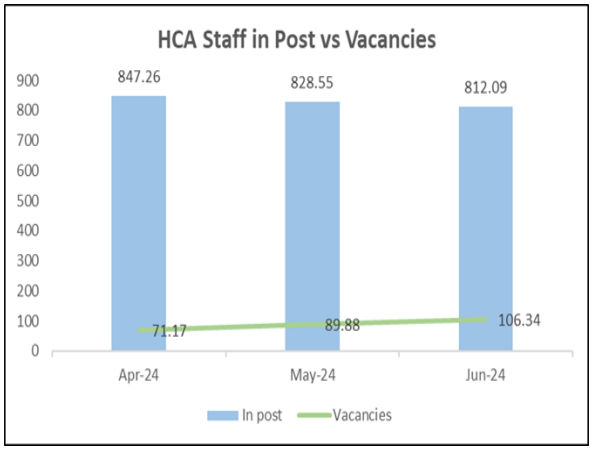


Figure 2 (Source: Workforce Informatics/PWR) Figure 3

4 Health Care Support Workers (HCSWs)

Figures 4 and 5 below illustrate the HCA vacancy position in Q1, however, the figures will need further review to ascertain accuracy wherein our international nurses who received their NMC registration and previously 'sitting' on the HCW posts had subsequently moved to allocated Band 5 vacancy. A Trust's initiative called 'Discover Careers' after-school talks programme to reach out to younger generation in local community to have a career in the healthcare is in progress.



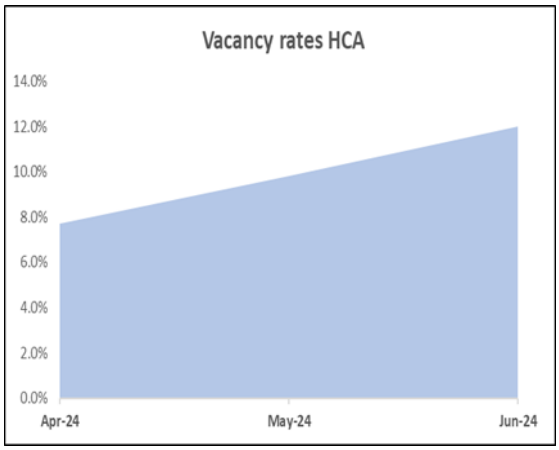
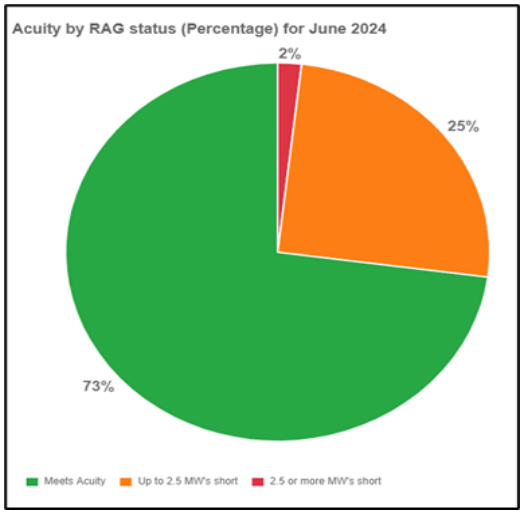


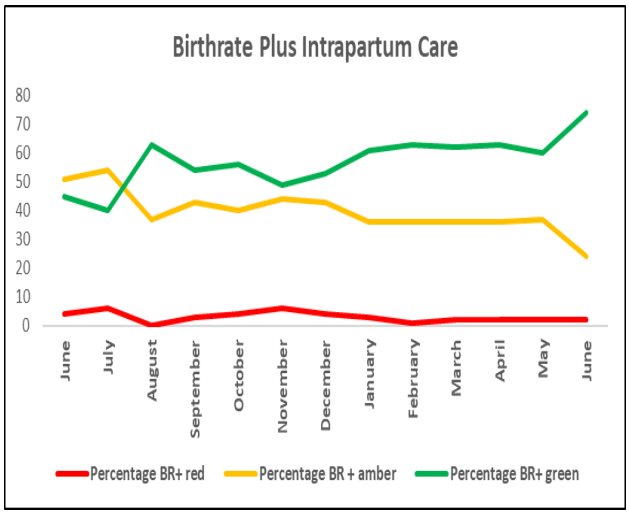
Figure 4 (Source: Workforce Informatics) Figure 5

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.

Figures 6 and 7 below illustrate that in June 2024 the red RAG rating remained at 2%. The number of times the staffing met acuity (green RAG) has increased by 13% by the end of Q1. Furthermore, this has demonstrated improved roster management despite of high vacancy amongst midwives, that led to an improved and safer staffing levels on each shift.





Figures 6 and 7: BR+ trend data (Source: BirthRate Plus®)

Risk associated with staffing shortages are assessed on a continuous basis and mitigated through the midwifery staffing escalation process. Quality metrics remained unaffected by the current vacancy position through utilisation of temporary staffing to mitigate workforce gaps. Delays in inductions rarely meet Red Flag criteria, patient experience is not showing any trends of increase in complaints, and the maternity dashboard is aligned with national targets for key metrics.

5.1 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 relating to delays in

analgesia of more than 30 minutes in times of high acuity and delay in induction of labour process.

Month	Total no. of Ref Flags	1:1 care in labour not maintained	Supernumerary status of LW coordinator not maintained	% BR+ RED	%BR+ AMBER	%BR+ GREEN
Apr-24	4	0	100%	2%	33%	63%
May-24	13	0	100%	2%	37%	60
Jun-24	9	0	100%	2%	25%	73%

Table 2: Red Flags triangulated with BR+ RAG ratings.

6 Community Nursing Service

The ACHT District Nursing Teams continue to work hard in reducing the vacancies. The vacancies are due to a range of reasons including relocation of staff, career progression, and several nurses who recently retired from the service. The teams with the highest vacancy factor are at Marlow team (6.0wte) follow by the Southern team (5.15wte). However, Amersham team has no vacancy by end of Q1.

6.1 ACHT Continence Quality Metrics

A total of 35% of contacts and access to the continence team are from A/E, 11,and direct GP referrals supporting the UEC and the admission avoidance pathway.

99% of routine District Nursing referrals are seen within 0-18weeks wherein there are only 62 waits over 18 weeks for continence referrals by the end of Q1. The DN service is in the process of reviewing the waiting list management and plan will be implemented in August. Table 3 below presents the continence KPI within Q1.

District Nursing & Continence KPIs	Target	Current	Apr-24	May-24
Operational				
No: Referrals			2954	3229
No: accepted referrals			2870	3122
Total Caseload			3625	3818
Contacts:				
Total number of first contacts (NEW)			2367	2713
Total number of Followups			22423	23470
Total nuber of unplanned contacts - UEC: Support delivery of 78% of patients being admitted, transferred or discharged within 4 hours and reducing 12hour waits			8308	8909
No of patients seen within 2-24 hr (NHS standard)	70%	95%	94.65%	93.55%
Waiting time - Referrals seen within 18wks (NHS Standard)	92%	99.9%	100.0%	99.9%
Productivity - total number of 1st contacts (Chart) %age increase decrease	110%	148%	144%	148%
Reduce DNA rate	5%	0.36%	0.43%	0.36%
Quality				
Adult community patients having blood pressure checked as part of their intervention. Core20 PLUS5 framework	90%			
Improving overall ethnicity recording- (NHS Community Objective 2024) (90%Local target)	95%	84%	83%	84%
Medication errors rate per 1000WTE budgeted staff in a community setting (NHSB)		16	114.14	101.46
Number of formal Complaints reported per 1,000WTE budgeted staff (NHSB)		1	1.00	1.00
PSIRF				
Rate of New Grade 2,3 and 4 pressure ulcers acquired whilst under care of the provider in a community setting per 1000 pateitns on caseload. (NHSB)		26	11.03	6.81

Table 3: DN continence KPI (Source: Community Nursing Monthly Staffing Report)

7 NQB Expectation 2: Right Skills

7.1 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 Q1 for Statutory Training has remained stable at 91.84%. 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 the Care Group of Surgery & Critical Care which is below the Trust target throughout the Q1 period.

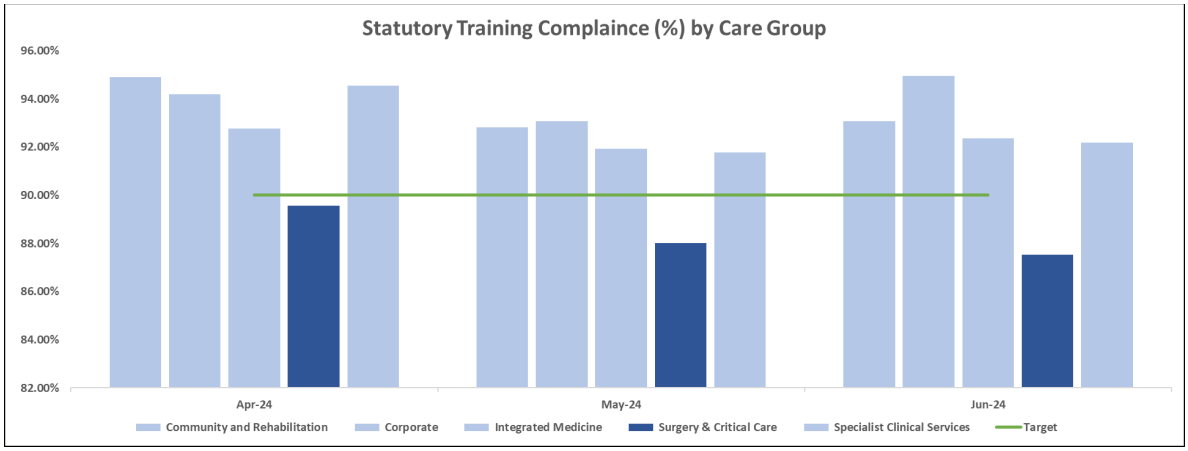


Figure 2 (Source: ELD Business Information Data)

Mandatory Training e.g., Resuscitation, Hand Hygiene, Prevent, and Dementia

Registered Nursing & Midwifery overall compliance for Mandatory Training has also remained stable at 94.23%. Figure 3 below demonstrates the breakdown of compliance at Care Group levels which have improve compliance throughout Q1 in comparison to the previous quarter. The only exception is the Corporate Group which started below target in April 2024 however, complied above Trust target at 90.15% by the end of June 2024.

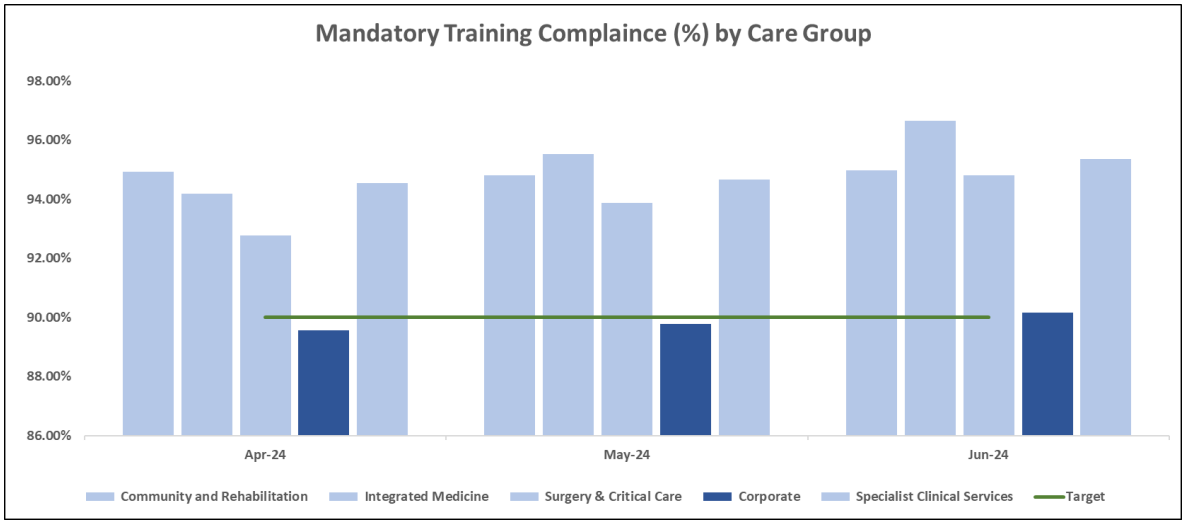


Figure 3 (Source: ELD Business Information Data)

See Appendix 2 for compliance by staff group and the breakdown the individual training modules compliance. It is clear the most significant risk is Safeguarding Adults and

Children. Instead of two separate modules, a combined learning package Level 3 Adult and Children is already available on iAspire with the amin to efficiently use of the study time and increase compliance.

8 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. See Appendix 3 for Q1 SafeCare compliance report which illustrates the aggregate percentages for the completion of: ward census of staffing on duty, patient acuity dependency, and bed occupancy.

8.1 **Quality Indicators** (See Appendix 4 Safe staffing and Quality Metrics June 2024)

Clinical areas showing lower staffing levels (Fill-Rates) below 80% of either RNs or HCAs appear to be safe wherein their quality metrics illustrate low or no harm on patient related incidents. Therefore, the staffing levels during this period (June 2024) do not have a direct correlation to the level of incidents and quality metrics reported. However, the exception is noted on MFOP Ward 8 with average staffing fill rate of 85%, having 17 reported incidents including acquired PU and falls with harm but their overall bed occupancy is 88% during this period.

8.2 **Efficient Deployment & Flexibility**

Red Flags:

Figure 4 below presents a total of 2,000 Red Flags raised during the period of Q1, of which 1,908 and 39 were resolved and reviewed respectively. There were 53 opened Red Flags of which, 3 were related to less than 2RNs on shift and mitigated; one was unplanned omission in providing medication and one where vital sign not assessed or recorded. All of which do not have link to patient safety incidents during this period. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels. In contrast to the previous report (Q4 2023/24), the one-to-one category in Q1 are differentiated according to patient needs. In Q1, 13 Red Flags raised for one-to-one mental health needs and 15 were raised on one-to-one support for eating disorder needs. Both one-to-one categories required an RMN to manage the patient(s) safely and safer staffing in general. The general one-to-one needs were also raised, utilising existing workforce within the establishment.

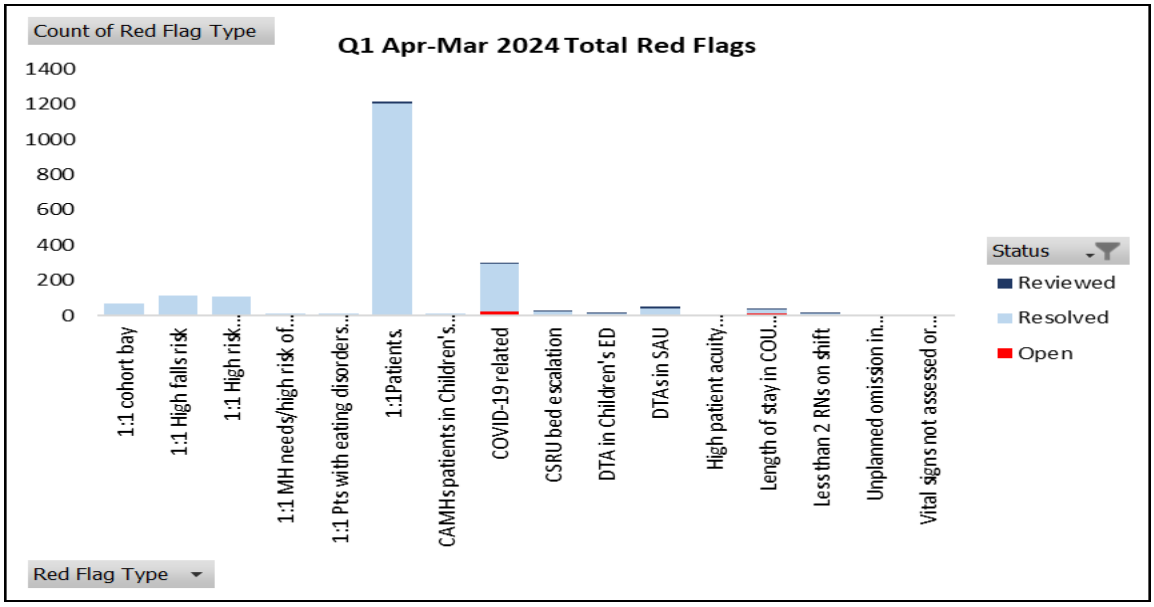
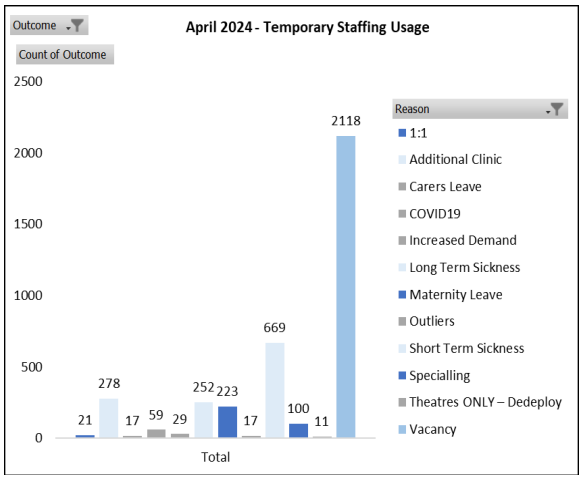
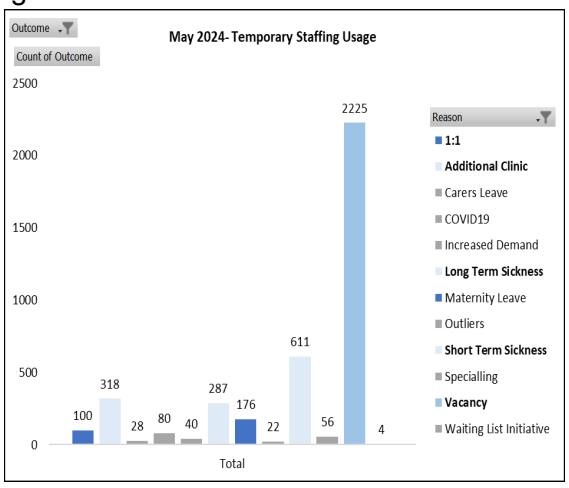


Figure 4 (Source: HealthRoster/SafeCare System)

8.3 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 Q1. As in previous quarter, the 'vacancy' reason is consistently being used to request for temporary staffing cover. In collaboration with Temporary Staffing and engagement from senior nursing teams (DoNs/Matrons/Ward Managers), a robust roster approval process was put place with aim to increase accuracy of how the requested shifts are labelled with the appropriate reason to further understand the drivers of the demand in temporary staffing usage. See Appendix 5 for M03 ward level budget report and oversight.





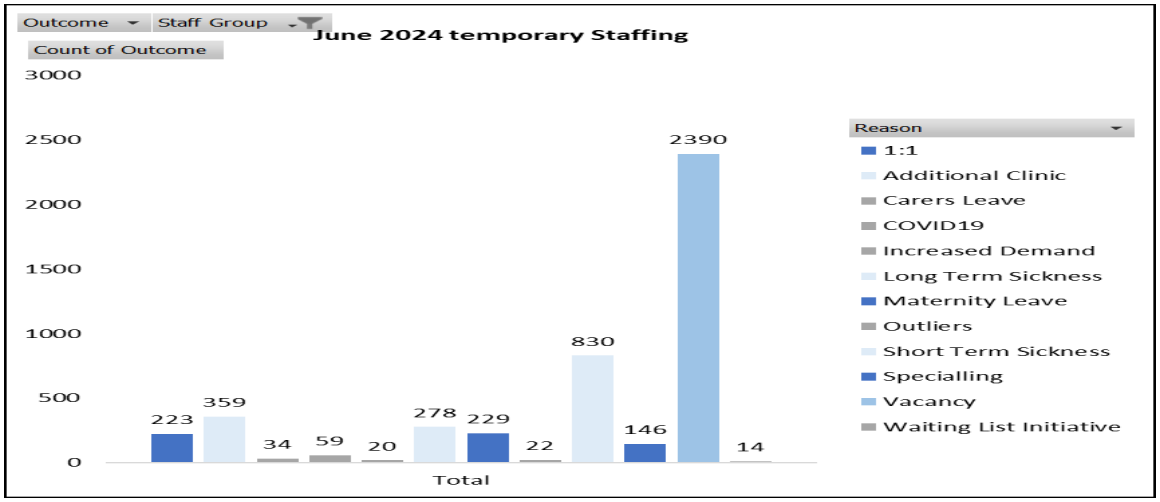


Figure 7 (Source: NHSP data informatics)

8.4 **Care Hours Per Patient Day**

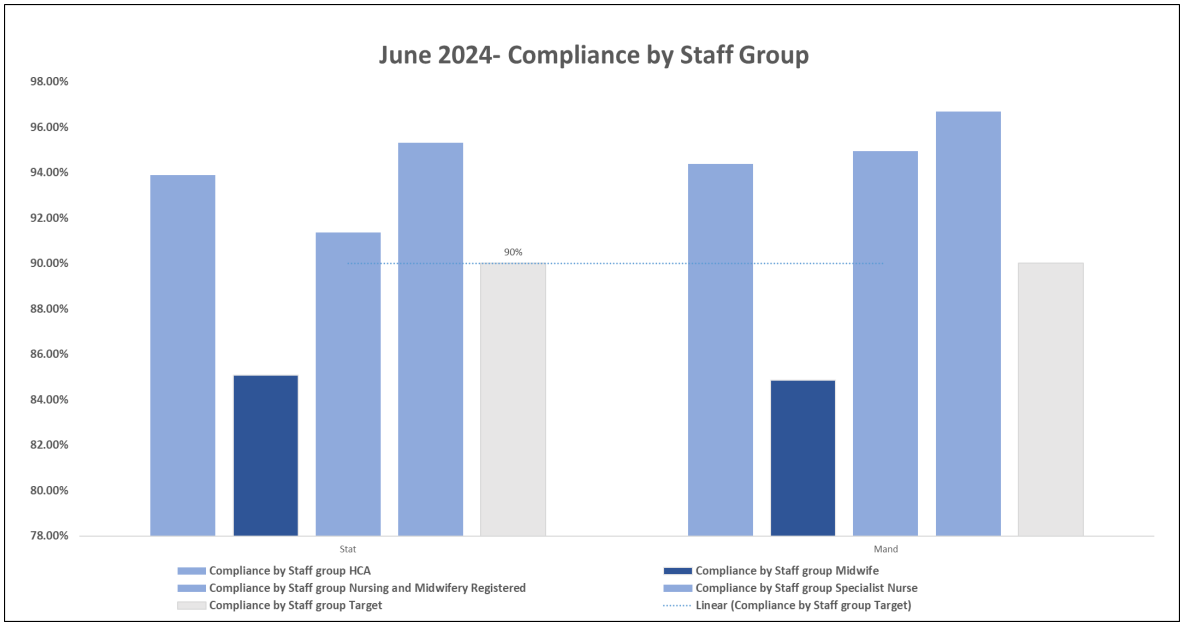
A measure of ward-level productivity and transparency on variation in staff-to-patient ratios across wards, specialities, and organisations. Low rates may indicate a potential patient safety risk. Very high rates may suggest the organisation has several unproductive wards or inefficient staff rostering processes. Appendix 5 (Model Hospital data) shows CHPPD (May 2024 data) 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. The data on the Model Hospital platform is 8.2 which is 0.5 less than what we have submitted at 8.7. We will investigate this further with NHS digital, responsible for Model Hospital data.

Appendix 1: Fill Rates- Safe Staffing Exception Report June 2024

BHT Safe Staffing Exceptions Report June 2024

	Beds	Percentage Day			Percentage Night		Care Hours Per Patient Day (CHPPD)			Action taken by Care Group where 10% or more of nursing hours did not meet agreed staffing levels	Overall % fill
		RN /RNA	HCA		RN /RNA	HCA	RN	HCA	Total		
Wycombe Hospital Site											
Ward 2a	22	93.0	75.0		99.0	100.0	4.2	1.8	5.9		90%
Ward 8- HASU	18	99.0	88.0		96.0	93.0	6.3	4.1	10.4		95%
Ward 9 - ASU	23	103	94		128	100	3..0	3.4	6.3		92%
STC Ward 12b	20	94.0	61.0		89.0	86.0	5.3	2.8	8.1	Staff redeployment within STC and manged according to the clinical activity on both wards including the Day Surgery Unit.	83%
STC Ward 12c	22	94	61		89	86.0	4.8	2.7	7.4		73%
WH Total Average		84	73		90	80					
Stoke Mandeville Hospital Site											
Florence Nightingale Hospice	12	88	75		100	100	7.1	4.2	11.3		89%
Acute Medical Unit	26	101	89		107	90	4.8	3.3	8.1		98%
Birth Centre	3	94	68		93	73	47.4	18.5	65.8	Maternity staffing mitigation and escalation in place to maintain safety	86%
Burns Unit	6	102	90		100	0	11.7	2.61	14.32	No HCA workforce during the night shifts	98%
NNU	16	100	83		103	78	9.1	1.3	10.4	Utilisation of agency staff with QIS training as per national requirement specified on BadgerNet	98%
Rothschild/Labour Ward	61	82	76		78	84	9.9	3.6	13.6		80%
St Andrew	23	94	79		99	94	7.9	4.1	12.1		92%
St David	23	73	76		95	76	1.97	2.5	4.5	Staff redeployment within Care Group	78%
St Francis	9	87	78		87	73	8.96	3.6	12.56	Staff redeployment within Care Group	83%
St George	23	88	56		98	69	2.5	2.7	5.8		77%
St Patrick	24	90	57		93	87	4.5	3.1	7.6	Staff redeployment within Care Group	80%
SAU	10	102	61		100	100	6.4	2.1	8.5		94%
Ward 1 T&O	22	98	92		98	102	3.9	3.7	7.6		97%
Ward 10	25	98	99		100	98	4.1	4.0	8.1		99%
Ward 16a	27	99	85		100	100	4.3	4.3	8.6		96%
Ward 17- Gastro	24	91	107		96	100	4.6	4.1	8.7		98%
Ward 18	11	82	58		75	63	4.6	4.3	8.9	Small bed base, staffing utilisation according to occupancy hence fill rate is lower.	69%
Ward 2 Ortho Rehab	20	95	86		100	67	3.4	2.8	6.2		87%
Ward 3 - Paediatrics	26	95	78		98	48	9.0	0.4	9.4		94%
Respiratory Support Unit	42	91	97		101	99	5.4	3.8	9.2		97%
Ward 5 – Haematology/Oncology	14	90	89		100	95	4.7	2.0	6.7		94%
Ward 6 – Endocrine/Diabetes	24	100	99		100	100	3.4	3.8	7.1		100%
MFOP- Ward 8	21	75	100		75	97	3.7	3.0	6.7		85%
MFOP- Ward 9	22	91	93		100	100	3.6	3.4	6.96		96%
St Joseph- SSFU	16	101	93		98	79	3.0	3.2	6.2		91%
SMH Total Average		89	84		93	89					
Amersham Hospital Site											
Chalfonts	22	95	87		83	96	3.0	3.3	6.3	Care Group mitigation – staff redeployment from 'green' staffing levels	90%
Waterside	21	103	85		96	89	3.4	3. 2	6.1	Care Group mitigation – staff redeployment from 'green' staffing levels	92%
BNRU	17	81	104		98	100	2.8	4.6	7.4		97%
AH Total Average		93	92		92	95					
Community											
Buckingham Hospital	12-14	100	71		100	100	4.3	3.3	7.6	Mitigation through in-shift redeployment within the Care Group	92.75%
Community Total Average		100.0	71.0		100.0 100.0						

Appendix 2: Training Modules Compliance & compliance by Staff Group



*Maternity staff group is below Trust target at 85% Statutory and 84% Mandatory compliance

Row Labels	Compliance (%)
Accessible Information Standard - 3 Year	95.4%
Adult Basic Life Support eLearning - 1 Year	91.5%
Conflict Resolution eLearning - 3 Year	96.5%
Duty of Candour for Clinical Staff - 2 Year	95.2%
Duty of Candour for Non Clinical Staff - 3 Year	100.0%
Emergency Planning and Major Incident - 1 Year	91.8%
Equality and Diversity Level 1 - 3 Year	95.5%
Fire Safety Awareness eLearning - 1 Year	90.7%
Fraud Awareness eLearning - 3 Years	96.3%
Hand Hygiene - 1 Year	94.4%
Health, Safety and Welfare - 2 Years	94.7%
Infection Prevention and Control Level 1 - 3 Years	100.0%
Infection Prevention and Control Level 2 - 2 Years	92.7%
Information Governance and Data Security - 1 Year	92.0%
Medical Devices eLearning - 3 Years	95.2%
Moving and Handling Level 1 - 3 Years	97.5%
Paediatric Basic Life Support eLearning - 1 Year	94.3%
Preventing Radicalisation Basic Awareness eLearning - 3 Yea	100.0%
Preventing Radicalisation Level 3 eLearning - 3 Years	94.0%
Safeguarding Adults Level 2 - 2 Years	94.1%
Safeguarding Adults Level 3 - 1 Year	68.6%
Safeguarding Adults Level 4 - 2 Years	75.0%
Safeguarding Children Level 2 - 2 Years	90.0%
Safeguarding Children Level 3 - 1 Year	77.9%
Safeguarding Children Level 4 - 2 Years	80.0%
Summoning Emergency Help - 1 Year	92.1%
Grand Total	92.8%

(Source: ELD Business Information Data) Individual Training Modules Compliance

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Appendix 3: SafeCare Compliance Report Q1

SafeCare Compliance 01.04.24-30.04.24			SafeCare Compliance 01.05.24-31.05.24			SafeCare Compliance 01.06.24-31.06.24		
Unit	Rank	% Overall Compliance	Unit	Rank	% Overall Compliance	Unit	Rank	% Overall Compliance
Waterside	1	100.00%	Waterside	1	100.00%	St Andrew	1	100.00%
BNRU	1	100.00%	BNRU	1	100.00%	St David	1	100.00%
Chartridge	1	100.00%	Chartridge	1	100.00%	St Patrick	1	100.00%
CSRU WH	1	100.00%	Ward 12c WH	1	100.00%	St George	1	100.00%
BCH	1	100.00%	Ward 9 Stroke WH	1	100.00%	Ward 6	1	100.00%
9 Stroke WH	1	100.00%	AMU	1	100.00%	Ward 17	1	100.00%
AMU	1	100.00%	RSU	1	100.00%	RSU	1	100.00%
RSU	1	100.00%	Short Stay AMU 2	1	100.00%	AMU	1	100.00%
Short Stay AMU 2	1	100.00%	Ward 17	1	100.00%	9 Stroke WH	1	100.00%
Ward 17	1	100.00%	Ward 18	1	100.00%	BCH	1	100.00%
Ward 18	1	100.00%	Ward 6	1	100.00%	Waterside AH	1	100.00%
Ward 6	1	100.00%	Ward 1	1	100.00%	BNRU AH	2	98.33%
Ward 1	1	100.00%	Ward 2	1	100.00%	Chartridge AH	2	98.33%
Ward 2	1	100.00%	FNH	1	100.00%	ITU WH	2	98.33%
FNH	1	100.00%	Ward 8 MFOP	1	100.00%	Ward 18	2	98.33%
Ward 9 MFOP	1	100.00%	St Andrew	1	100.00%	Ward 5	2	98.33%
St Andrew	1	100.00%	St David	1	100.00%	Ward 1	2	98.33%
St David	1	100.00%	St George	1	100.00%	Ward 11	2	98.33%
St George	1	100.00%	St Patrick	1	100.00%	Ward 16a	2	98.33%
St Patrick	1	100.00%	St Francis	1	100.00%	FNH	2	98.33%
Ward 12c WH	2	98.33%	ITU SMH	1	100.00%	Ward 8 MFOP	2	98.33%
Ward 2a WH	2	98.33%	BCH	2	98.33%	Ward 2a WH	2	96.67%
ITU SMH	2	98.33%	Ward 2a WH	2	98.33%	Short Stay AMU 2	2	96.67%
Ward 11	2	98.33%	Ward 5	2	98.33%	ITU SMH	3	96.67%
Ward 16a	2	98.33%	SAU	2	98.33%	Ward 9 MFOP	3	96.67%
Ward 8 MFOP	2	98.33%	Ward 11	2	98.33%	St Francis	3	96.67%
St Joseph	2	98.33%	Ward 9 MFOP	2	98.33%	St Joseph	3	96.67%
St Francis	2	98.33%	Ward 3	2	98.33%	Ward 12b WH	4	95.00%
Ward 3	3	96.67%	Ward 16a	3	96.67%	Ward 12c WH	4	95.00%
SAU	3	96.67%	St Joseph	3	96.67%	Ward 2	4	95.00%
Ward 5	3	96.67%	ITU WH	3	96.67%	CSRU	5	93.33%
ITU WH	3	96.67%	CSRU	4	95.16%	SAU	5	93.33%
Ward 12b WH	4	95.00%	Ward 8 Stroke WH	4	95.16%	Ward 3	6	91.67%
Ward 8 Stroke WH	4	95.00%	Ward 12b WH	5	90.32%	Ward 8 Stroke WH	7	86.67%

Appendix 4: Staffing and Quality Metrics June 2024

NHS
Buckinghamshire Healthcare
NHS Trust

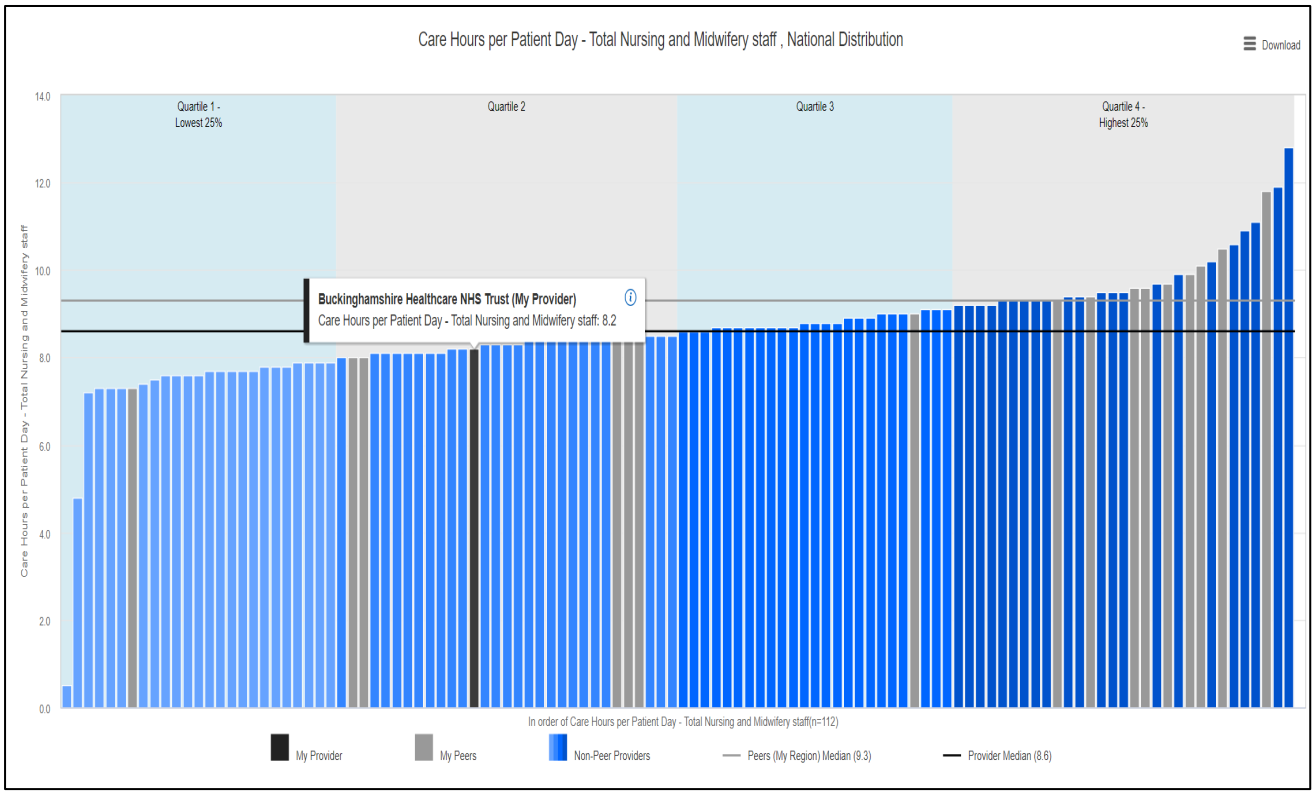
Safer Staffing and Quality Metrics Report - June 2024

					Day		Night		Staffing Report				CHPPD			Quality Indicators							
Care Group	Site	Wards	Current Establishment Beds	Ward Average Occupancy (DAY) %	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff	Planned Rota Shifts in Hours	Actual Rota Shifts in Hours	Variance (hours) and average fill rate %		Registered midwives & nurses	Care staff	Overall	Number of New Complaints	Hand Hygiene	Environment Inspection Summary	Total Number of Incidents Reportted (DATIX)	Total Number of Incidents Reported - LOW or NO HARM (DATIX)	Falls Total	Fall with Harm	HAPU Total
Community and Rehabilitation	Amersham Hospital	AH CH Ward	18	117%	95%	87%	83%	96%	4359.5	3916	-443.5	90%	3.00	3.29	6.29	0	96%	91%	14	15	3	0	3
Integrated Medicine	Amersham Hospital	Bucks Neuro Rehab	17	100%	81%	104%	98%	100%	3829.5	3705.41	-124.09	97%	2.77	4.60	7.37	0	98%	100%	9	9	6	0	0
Community and Rehabilitation	Amersham Hospital	Waterside	18	113%	103%	85%	96%	89%	4123.5	3811.33	-312.17	92%	3.16	3.15	6.31	0	92%	88%	13	13	0	0	2
Community and Rehabilitation	Buckingham Hospital	Buckingham	12	102%	100%	71%	100%	100%	2753.5	2458.75	-294.75	89%	4.30	3.29	7.59	0	100%	97%	23	17	3	0	1
Community and Rehabilitation	Florence Nightingale Hospice	Florence Nightingale	12	64%	88%	75%	100%	100%	2721.5	2423	-298.5	89%	7.09	4.18	11.27	0	100%	100%	7	7	1	0	1
Integrated Medicine	Stoke Mandeville Hospital	SM Acute Medical Unit	25	104%	101%	89%	107%	90%	6302	6146.5	-155.5	98%	4.77	3.33	8.11	0	100%	96%	0	0	13	0	2
Specialist Services	Stoke Mandeville Hospital	SM Birth Centre	#N/A	#N/A	94%	68%	93%	73%	2151.5	1843.5	-308	86%	47.36	18.48	65.84	0	No Data	100%	0	0	0	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Burns Unit	6	70%	102%	90%	100%	0%	1748	1704.5	-43.5	98%	11.71	2.61	14.32	0	0%	0%	0	0	0	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM ITU	12	78%	77%	97%	80%	89%	10911.5	8721	-2190.5	80%	48.76	8.53	57.30	0	100%	98%	18	17	1	0	2
Specialist Services	Stoke Mandeville Hospital	SM NNU	#N/A	#N/A	100%	83%	103%	78%	4839.5	4752.25	-87.25	98%	9.11	1.29	10.40	1	0%	0%	7	7	0	0	0
Specialist Services	Stoke Mandeville Hospital	SM Rothschild/Labour Ward	#N/A	#N/A	82%	76%	78%	84%	18273.25	14649.91	-3623.34	80%	9.98	3.59	13.56	2	0%	0%	31	31	1	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Andrew	23	86%	94%	79%	99%	94%	7496	6925	-571	92%	7.95	4.06	12.01	0	100%	97%	38	40	1	0	5
Community and Rehabilitation	Stoke Mandeville Hospital	SM St David	23	97%	73%	76%	95%	76%	4574	3561	-1013	78%	1.97	2.50	4.47	0	99%	99%	7	7	4	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Francis	9	64%	87%	78%	87%	73%	2051.5	1705	-346.5	83%	8.96	3.60	12.56	0	100%	100%	1	1	0	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St George	23	95%	88%	66%	98%	69%	4429.5	3415	-1014.5	77%	2.48	2.68	5.17	0	93%	100%	7	7	1	0	2
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Patrick	23	92%	90%	57%	93%	87%	6078	4851.5	-1226.5	80%	4.49	3.14	7.63	0	100%	96%	2	23	2	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM W15 Surgical Admissions Unit	10	138%	102%	61%	100%	100%	3142	2954.24	-187.76	94%	6.36	2.14	8.50	3	No Data	92%	8	7	0	0	1
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 1	22	98%	98%	92%	98%	102%	5217.25	5076.58	-140.67	97%	3.92	3.72	7.64	0	100%	99%	17	19	3	0	0
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 10 SSW	25	100%	98%	99%	100%	98%	5925.5	5852	-73.5	99%	4.12	3.95	8.07	3	90%	98%	38	38	9	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 16a	27	95%	99%	85%	100%	100%	6692	6417	-275	96%	4.26	4.25	8.51	0	No Data	84%	26	25	3	0	2
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 17 Gastro	24	100%	91%	107%	96%	100%	6326.99	6182.91	-144.08	98%	4.61	4.09	8.70	0	100%	97%	7	7	5	0	1
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 18	21	52%	82%	58%	75%	63%	4357.3	2995.08	-1362.22	69%	4.62	4.34	8.96	0	No Data	No Data	3	3	2	0	1
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 2	20	99%	95%	86%	100%	67%	4485.5	3909.75	-575.75	87%	3.40	2.82	6.22	1	95%	99%	16	15	7	0	0
Specialist Services	Stoke Mandeville Hospital	SM Ward 3	20	103%	95%	78%	98%	48%	5438.91	5113.41	-325.5	94%	9.01	0.36	9.37	1	97%	92%	12	13	0	0	0
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 4 Respiratory	42	98%	91%	97%	101%	99%	11742	11335.25	-406.75	97%	5.39	3.84	9.23	0	97%	97%	0	0	4	0	3
Specialist Services	Stoke Mandeville Hospital	SM Ward 5	14	100%	90%	89%	100%	95%	2925.5	2750.75	-174.75	94%	4.73	1.95	6.68	0	100%	86%	9	9	4	0	0
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 6 Diabetes	24	100%	100%	99%	100%	100%	5167.75	5150.5	-17.25	100%	3.38	3.84	7.21	0	100%	99%	26	26	16	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM Ward 8	25	88%	75%	100%	77%	97%	5325	4511.25	-813.75	85%	3.69	3.02	6.72	0	100%	96%	17	16	8	2	1
Community and Rehabilitation	Stoke Mandeville Hospital	SM Ward 9	22	100%	91%	93%	100%	100%	4724	4514.5	-209.5	96%	3.55	3.41	6.96	3	96%	99%	22	22	14	0	2
Community and Rehabilitation	Stoke Mandeville Hospital	St Joseph's Short Stay Frailty Unit & Discharge Loun	16	98%	101%	93%	98%	79%	3116.5	2848	-268.5	91%	3.00	3.19	6.19	1	No Data	No Data	17	18	2	0	2
Integrated Medicine	Wycombe Hospital	WH CCU 2A	22	92%	93%	75%	99%	100%	4523.25	4082.08	-441.17	90%	4.22	1.70	5.93	1	98%	92%	18	18	8	0	1
Surgery & Critical care	Wycombe Hospital	WH ITU	6	60%	70%	49%	71%	35%	5322.75	3338	-1984.75	63%	27.63	5.61	33.24	0	100%	100%	4	4	2	0	0
Surgery & Critical care	Wycombe Hospital	WH Ward 12B	20	56%	94%	61%	89%	86%	3599.5	2983.75	-615.75	83%	5.30	2.84	8.14	0	No Data	75%	6	6	0	0	0
Surgery & Critical care	Wycombe Hospital	WH Ward 12C	22	53%	58%	86%	81%	87%	3927	2884	-1043	73%	4.77	2.63	7.40	0	100%	94%	6	6	1	0	0
Integrated Medicine	Wycombe Hospital	WH Ward 8	18	90%	99%	88%	96%	93%	5079	4806.5	-272.5	95%	6.29	4.06	10.36	0	No Data	No Data	10	10	3	0	0
Integrated Medicine	Wycombe Hospital	WH Ward 9	23	98%	103%	75%	123%	83%	4735.33	4349.25	-386.08	92%	2.95	3.36	6.32	0	100%	100%	9	9	6	0	1

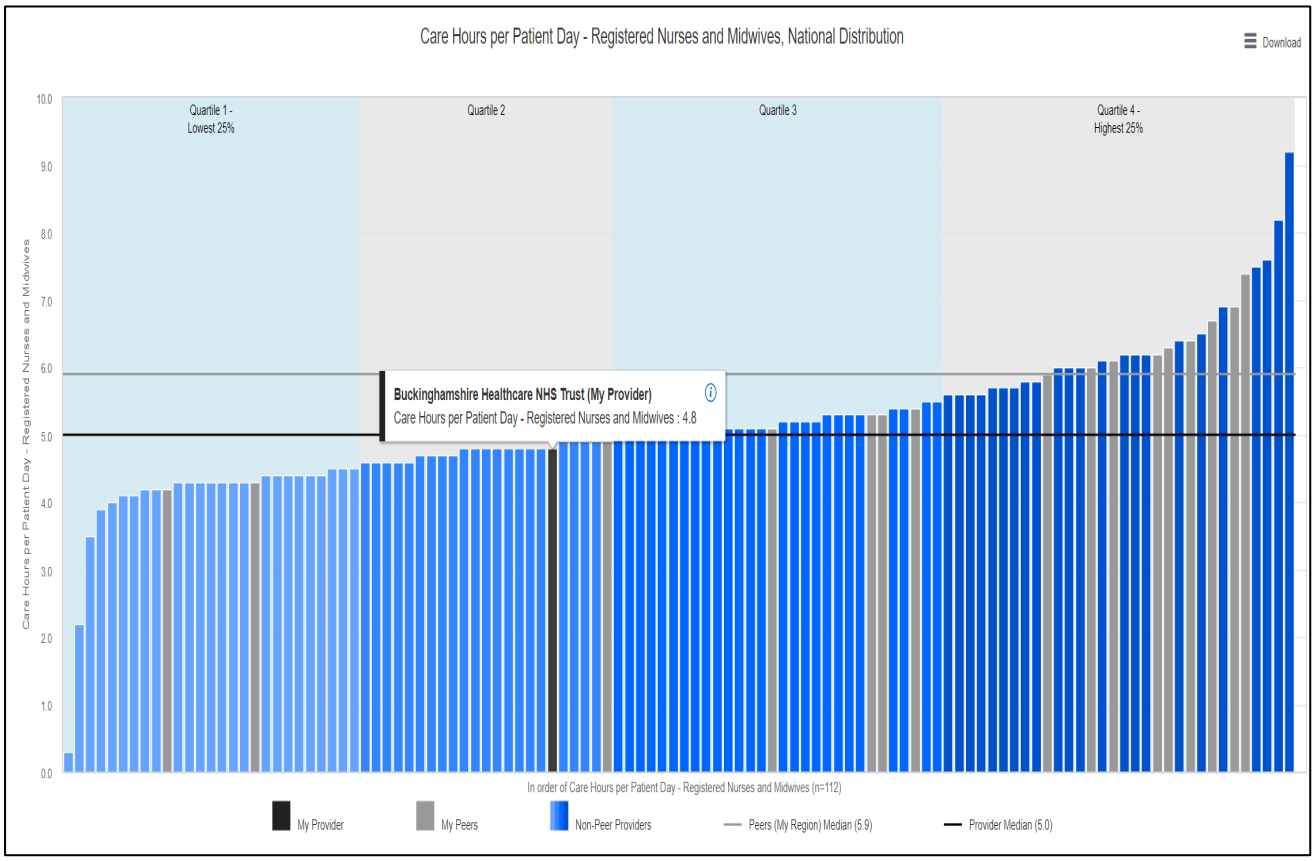
Appendix 5: M03 Ward Level Budget Report

4CCN - Level 4 Cost Centre Name	9CCN - Level 9 Cost Centre Name	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	In-month Budget (£)	In-month Actual (£)	In-month Variance (£)	WTE Budget (in-month)	WTE Actual (in-month)	WTE Variance (in-month)
Integrated Medicine	Acute Medical Unit	561,755	587,047	(25,291)	185,310	198,616	(13,306)	50.24	52.55	(2.31)
	Bucks Neuro Rehab Unit	333,405	336,894	(3,489)	109,983	114,371	(4,388)	31.72	33.52	(1.80)
	Respiratory 2 (Ward 7)	484,290	437,054	47,237	159,758	143,394	16,363	41.84	39.55	2.29
	Sm-A&E -Nursing	1,399,145	1,353,073	46,071	461,549	441,965	19,584	115.95	116.14	(0.19)
	Smh Diabetes Ward 6	441,695	443,329	(1,634)	145,706	142,566	3,140	39.94	39.84	0.10
	Smh Gastro Ward 17	432,024	507,036	(75,013)	142,516	172,416	(29,900)	40.04	46.71	(6.67)
	Smh Respiratory 1 Ward 4	575,007	596,879	(21,873)	189,693	216,334	(26,641)	49.80	56.05	(6.25)
	Sm-Short Stay (Ward 10)	513,183	523,870	(10,687)	169,288	177,401	(8,113)	45.29	47.35	(2.06)
	Ward 18	416,033	384,999	31,033	137,241	125,975	11,266	37.86	35.65	2.21
	Wh Cardiology Ward 2a	424,598	393,366	31,232	140,066	124,771	15,295	35.88	32.99	2.89
	Wh High Depend Stroke Unit-Wd8	453,968	461,458	(7,491)	149,754	155,368	(5,614)	39.05	43.07	(4.02)
	Wh Stroke Unit - Ward 9	401,797	399,865	1,932	132,545	136,695	(4,150)	37.67	36.54	1.13
	Wh Stroke/Cardiac Recev'G Unit	246,619	263,828	(17,209)	81,355	89,922	(8,567)	21.39	22.80	(1.41)
Integrated Medicine Total		**6,683,515**	**6,688,697**	**(5,182)**	**2,204,763**	**2,239,794**	**(35,031)**	**586.67**	**602.76**	**(16.09)**
Surgery And Critical Care	Day Surgery Smh	153,488	152,386	1,102	50,625	51,571	(946)	16.06	14.55	1.51
	Sm-Itu	998,884	1,073,518	(74,634)	329,304	334,158	(4,854)	83.08	82.90	0.18
	Sm-Ophthalmology Outpatients	440,718	432,320	8,398	133,922	143,847	(9,925)	44.46	44.81	(0.35)
	Sm-Ward 1 Trauma	387,862	458,427	(70,565)	127,711	164,378	(36,668)	36.79	44.52	(7.73)
	Sm-Ward 11 Burns	232,485	226,208	6,277	76,736	74,216	2,520	19.66	18.56	1.10
	Sm-Ward 15-Surgical Asses Unit	344,469	317,839	26,631	113,716	101,421	12,295	31.09	26.21	4.88
	Sm-Ward 2 Trauma	364,109	375,749	(11,640)	119,955	125,687	(5,732)	35.62	34.35	1.27
	Sm-Wd16a-Gensur/Gynae-Surg.Flr	507,334	597,770	(90,436)	167,185	190,036	(22,851)	49.67	53.44	(3.77)
	Wh Day Surgery	203,367	184,828	18,539	67,176	63,727	3,448	22.29	19.77	2.52
	Wh-Itu	463,238	434,398	28,840	152,910	138,773	14,137	37.75	32.62	5.13
	Wh-Urology Wd12c & Diagnostics	345,335	306,236	39,099	114,144	97,353	16,791	31.34	28.22	3.12
	Wh-Ward 12b	296,404	280,857	15,547	97,856	93,810	4,046	28.76	25.84	2.92
Surgery And Critical Care Total		**4,737,693**	**4,840,534**	**(102,842)**	**1,551,240**	**1,578,977**	**(27,737)**	**436.57**	**425.79**	**10.78**
Community And Rehabilitation	Acht - Amersham	328,657	315,829	12,828	109,489	103,201	6,288	26.12	27.85	(1.73)
	Acht - Aylesbury	385,214	372,304	12,910	147,620	126,438	21,183	31.51	32.77	(1.26)
	Acht - Buckingham	309,926	310,159	(233)	119,407	103,516	15,891	27.66	26.78	0.88
	Acht - Marlow	333,864	309,187	24,677	89,415	95,333	(5,918)	29.12	25.89	3.23
	Acht - Night Service	78,930	60,150	18,780	29,109	19,961	9,148	5.86	4.21	1.65
	Acht - Southern	316,141	321,888	(5,748)	92,800	109,272	(16,473)	27.30	27.46	(0.16)
	Acht - Thame	285,032	271,933	13,099	96,999	86,281	10,718	24.27	21.51	2.76
	Acht - Wycombe	364,916	382,037	(17,121)	111,331	123,847	(12,516)	33.43	32.41	1.02
	Buckingham Hospital	232,299	234,234	(1,935)	76,928	82,621	(5,693)	22.46	22.02	0.44
	Chartridge Ward	369,146	368,582	564	122,162	124,578	(2,416)	33.81	32.60	1.21
	Day Procedures & Dischrge Unit	313,063	329,751	(16,688)	103,523	125,367	(21,844)	28.41	30.78	(2.37)
	Olympic Lodge	141,862	129,901	11,961	46,750	- 95,689	142,439	48.26	- 0.84	49.10
	Palliative In House Nursing	254,013	239,757	14,256	84,094	81,888	2,206	21.66	20.82	0.84
	Sm - Acute Med Ward 9	421,851	413,432	8,419	139,725	140,051	(326)	42.22	38.09	4.13
	Smh - Mfop Ward 8	455,860	447,173	8,687	150,907	155,900	(4,992)	42.44	43.10	(0.66)
	Sm-St Andrews Ward	1,163,921	1,144,279	19,642	385,209	379,713	5,495	104.98	99.84	5.14
	Sm-St David'S & St George'S Wd	735,916	664,327	71,589	243,558	225,641	17,917	70.40	62.72	7.68
	Sm-St Francis Ward	230,591	206,587	24,004	76,348	64,783	11,566	19.35	15.37	3.98
	Waterside Ward	347,536	363,608	(16,072)	115,040	115,379	(340)	32.90	32.50	0.40
Community And Rehabilitation Total		**7,068,736**	**6,885,118**	**183,618**	**2,340,414**	**2,168,082**	**172,332**	**672.16**	**595.88**	**76.28**
Specialist Clinical Services	Sm - Ward 3 Paediatrics	518,177	527,748	(9,571)	170,936	182,547	(11,611)	38.33	42.82	(4.49)
	Sm-Paeds-Neonatal Unit	568,099	582,591	(14,492)	181,030	190,390	(9,360)	44.68	42.82	1.86
	Sm-Ward 5	315,688	310,493	5,195	104,139	101,133	3,007	27.46	25.52	1.94
	Childrens Ed & Cou	507,209	523,338	(16,129)	167,318	182,655	(15,337)	37.05	39.85	(2.80)
Specialist Clinical Services Total		**1,909,174**	**1,944,170**	**(34,996)**	**623,423**	**656,724**	**(33,301)**	**147.52**	**151.01**	**(3.49)**
Grand Total		**20,399,117**	**20,358,520**	**40,598**	**6,719,840**	**6,643,577**	**76,263**	**1,842.92**	**1,775.44**	**67.48**

Appendix 6: CHPPD – All Nursing & Midwifery Staff, Trust at 8.2



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



OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

25 September 2024

Agenda item	Private Board Summary Report
Board Lead	Chief Executive Officer
Type name of Author	Senior Trust Board Administrator
Attachments	None
Purpose	Information
Previously considered	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 31 July 2024.

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

- Standards of Behaviour and Conduct Report
- Digital Health Programme Update
- Data Security & Protection Toolkit
- Acute Critical Care Transfer Service
- ICB Operating Model
- Healthcare Support Worker Review

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

Relevant Strategic Priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☒

Relevant objective

☒ Improve waiting times in ED ☒ Improve elective waiting times ☒ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☒ Outpatient blood pressure checks	☒ Zero tolerance to bullying

Implications / Impact

Patient Safety	Aspects of patient safety were considered at relevant points in the meeting
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any relevant risk was highlighted within the reports and during the discussion
Financial	Where finance had an impact, it was highlighted and discussed as appropriate
Compliance	Compliance with legislation and CQC standards were highlighted when required or relevant
Partnership: consultation / communication	n/a
Equality	Any equality issues were highlighted and discussed as required.
Quality Impact Assessment [QIA] completion required?	No

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	IPC Annual Report 2023-24
Board Lead	Karen Bonner, Chief Nurse & Director of Infection Prevention & Control
Author	Jo Shackleton, Deputy Director of Infection Prevention Control and contributions from members of the Infection Prevention Control Committee
Appendices	None
Purpose	Information
Previously considered	Infection Prevention Control Committee 16.07.2024 EMC 06.08.2024 Q&CGC 18.09.2024

Executive Summary

The Buckinghamshire Healthcare NHS Trust's (BHT) IPC Annual Report for 2023/24 underscores the organisation's commitment to patient safety through rigorous infection prevention and control (IPC) practices. Adhering to Care Quality Commission (CQC) regulations, specifically the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, BHT integrates IPC into service planning and patient care, which is particularly crucial given the increasing complexity of patient needs.

Despite staffing shortages, BHT has maintained high Infection Prevention and Control (IPC) standards. The report outlines the Trust's proactive measures, including the initiation of a back-to-basics campaign compliance with the National IPC manual and the early adoption of the Patient Safety Incident Response Framework (PSIRF). However, challenges persist, particularly related to the built environment, particularly adequate isolation facilities, and the prevention of cross-infection, especially airborne transmission.

The report highlights specific areas of concern and achievement:

- Reduced C. difficile (CDI) rates: Successful antimicrobial stewardship and collaborative efforts have decreased CDI cases.
- Proactive measures: The Trust has implemented a back-to-basics campaign and adopted the PSIRF to enhance patient safety.
- Collaboration: Partnerships with the ICB and other organisations foster a more integrated approach to patient care.
- Rising E. coli cases: The increase in E. coli cases, particularly linked to lower urinary tract infections, requires focused attention on catheter management.
- Infrastructure challenges: The Trust's ageing facilities and lack of isolation rooms hinder effective IPC practices.

In summary, although the Trust has successfully reduced certain infections, ongoing challenges persist in areas such as E. coli. In the upcoming year, increased efforts in infection prevention control will be required, as well as measures to prevent airborne infections to minimise cross-infection and outbreaks.

This report was considered by the Executive Management Committee on 6 August 2024. Amendments suggested by the Committee were incorporated into the version presented to the Quality & Clinical Governance Committee on 18 September 2024.

Decision	The Board are requested to note the annual report for information.

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact	
Patient Safety	Healthcare-associated infection prevention is the cornerstone of patient safety. Infection Prevention & Control Risk. The Trust will manage the risks related to infection prevention and control to reduce the transmission of infection in our hospitals.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards
Financial	It is accepted that hospital-acquired infections carry both human and financial costs. This paper does not have any financial implications.
Compliance	Health and Social Care Act 2008 Care Quality Commission
Partnership: consultation/communication	Health and Social Care Act 2008 Care Quality Commission Guidance from UKHSA and NHSE CQC IPC Board Assurance Framework
Equality	Safeguarding patient well-being necessitates the equitable application of infection prevention measures. It is crucial to recognise how ethnicity, gender, and age influence infection risk. This awareness allows for designing effective IPC protocols that address the diverse needs of all patient populations.
Quality Impact Assessment [QIA] completion required?	N/A

Infection Prevention and Control Annual Report

1st April 2023 - 31st March 2024

Executive Summary

This Annual Report highlights Buckinghamshire Healthcare NHS Trust's (BHT) commitment to patient safety through robust infection prevention and control (IPC) practices. It also demonstrates adherence to the Care Quality Commission (CQC) regulations, specifically the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 12 (2)(h) and regulation 15 (2).

The Trust's proactive approach to IPC, integrated into service planning and patient care delivery, underscores its commitment to patient safety. The increasing complexity of patient needs due to an ageing population and higher co-morbidities further highlights the importance of preventing Healthcare-Associated Infections (HCAIs) and antimicrobial resistance.

The Infection Prevention Control Team (IPCT) is expanding its collaborative efforts with the Integrated Care Board (ICB) and other partners across the Integrated Care System (ICS), placing a strong emphasis on sharing information and best practices to enhance patient care.

During 2023/24, the Trust responded to concerns about the high number of E. coli cases (79) by conducting a deep dive. It was identified that the main source was lower urinary tract infections. Prevention of urinary tract infections through appropriately managing indwelling urinary catheters will be a priority next year. The trust has made notable progress in reducing C. difficile (CDI) cases, with only 36 cases identified against a target of 49. The ongoing commitment to antimicrobial stewardship remains strong, and significant strides have been made in decreasing CDI rates through effective collaboration among IPC, antimicrobial stewardship, and clinical colleagues, providing a sense of security about our efforts in reducing CDI rates.

A back-to-basics campaign was launched, which focused on hand hygiene, cleaning, screening programs, vascular access devices, and urinary catheter care. The early adoption of the Patient Safety Incident Response Framework (PSIRF) is a significant milestone in improving the ability to learn from incidents and implement preventive measures.

Despite many successes, persistent challenges are related to the built environment. Specifically, there is a lack of available single rooms for appropriate isolation of infection risk and measures to prevent airborne infections and minimise cross-infection and outbreaks.

This 2023/24 Infection Prevention and Control (IPC) Annual Report was written on behalf of Karen Bonner, Chief Nurse and Director of Infection Prevention and Control.

Author: Jo Shackleton – Deputy Director of Infection Prevention Control

Infection Prevention Control Annual Report 2023/24

Infection Prevention Control Annual Report 2023/24

This Annual Report follows the format of the Code of Practice (known as the Hygiene Code 2015), as required by the Health & Social Care Act (2008) and demonstrates the Trust's compliance with the requirements of the Hygiene Code.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems should use risk assessments to assess how susceptible service users are and any risks their environment and other service users may pose.

Governance and Monitoring

The Trust Chief Executive Officer is ultimately responsible for IPC. The Chief Nurse, who also serves as the designated Director of IPC, reports to the Trust Board on all IPC matters.

A successful business case by the IPCT has enabled the expansion of its team. The team works collaboratively and aims to maintain close relationships with external regulations, UKHSA and colleagues across the ICS, providing valuable clinical and operational expertise throughout the Trust

Infection Prevention Control Team (IPCT)

IPCT currently consists of:

- Deputy Director of Infection Prevention Control: (1 WTE)
- Infection Control Doctor (0.1 WTE)
- Matron IPC (1WTE)
- IPC Built-in the Environment and redevelopment Lead (1 WTE) vacant
- Infection Prevention & Control Specialist: (3 WTE)
- Infection Prevention & Control Specialist: (3 WTE)
- Infection Prevention & Control Epidemiologists Surveillance (1 WTE)
- Infection Prevention & Control Administrator (1 WTE)

Surgical Site Infection Surveillance Team (SSIS)

- Surgical Site Surveillance Specialists (1 WTE)
- Surgical Site Infection Surveillance Coordinator (1 WTE)

Antimicrobial Stewardship Team

- Antimicrobial Stewardship Lead- Consultant Microbiologist (0.2 PA)
- Lead Anti-Infectives Pharmacist (0.6 WTE for antimicrobial activities)
- Specialist Antimicrobial Pharmacist (0.8 WTE for antimicrobial activities)

The teams are critical in safeguarding patients by preventing infections and ensuring optimal antibiotic use. Key activities include:

- **Education and Training:**
  - Provide expert advice and guidance to staff, patients, and visitors on infection prevention practices.
  - Deliver training programs for staff on all aspects of IPC, including hand hygiene.

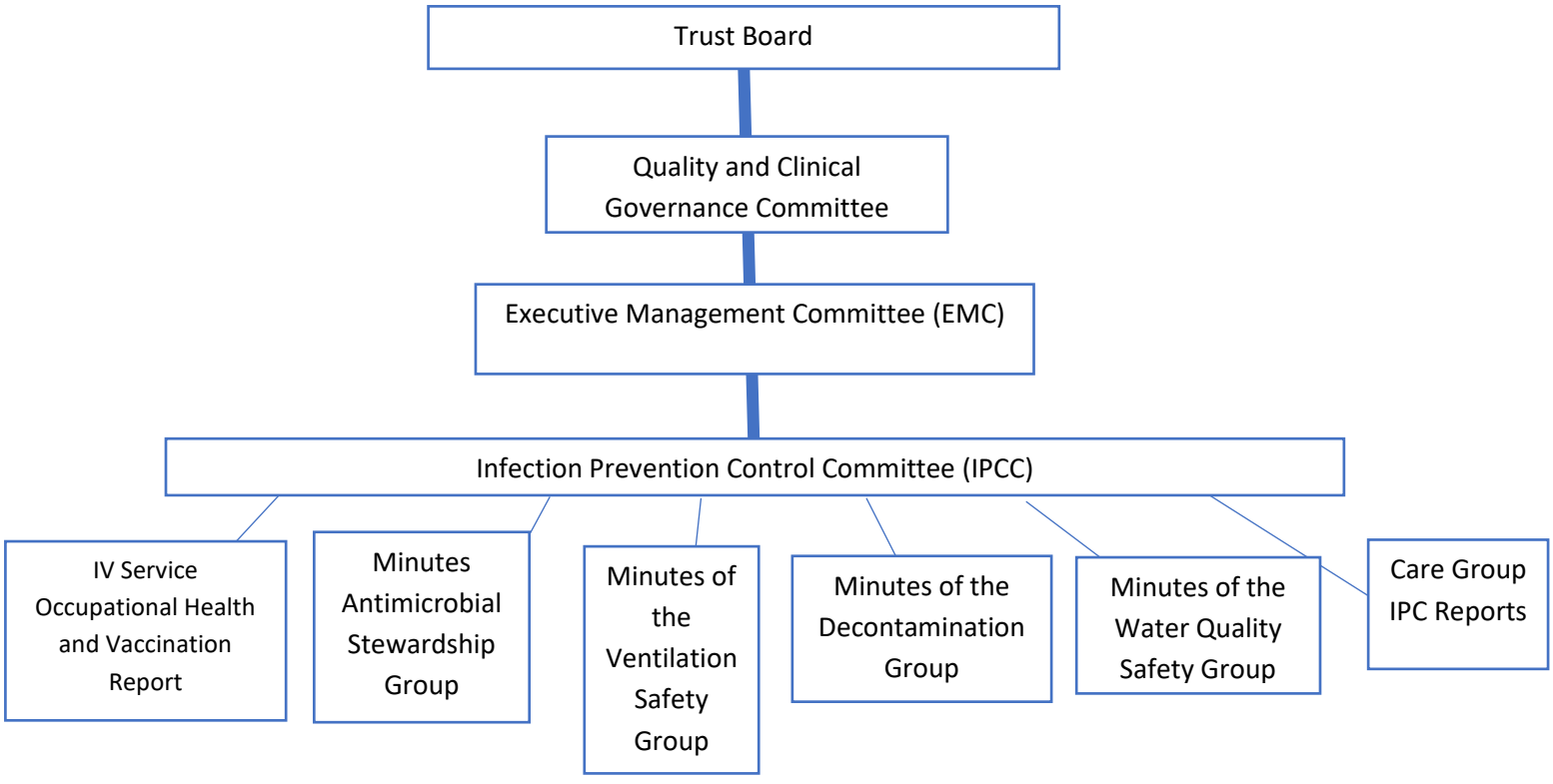
- **Surveillance and Monitoring:**
  - Participate in the surveillance, investigation, and management of healthcare-associated infections (HCAIs) and infectious diseases.
  - Maintain a robust surveillance system to monitor progress on controlling HCAIs and inform evidence-based action.
- **Policy and Guidance:**
  - Ensure that current legislation and trust policies on IPC are implemented and adhered to.
  - Develop and maintain up-to-date IPC policies and procedures readily available on the Trust's intranet.
  - Advise and assure the Trust Board on IPC legislation, implementation, and compliance.
- **Antimicrobial Stewardship:**
  - Promote responsible antimicrobial use through education and monitoring.
  - Ensure safe, appropriate, and cost-effective application of antibiotics.
- **Additional Services:**
  - Conduct IPC audits and report compliance.
  - Provide advice and support on vascular access procedures.
  - Analyse infection trends and recommend changes to improve practice.

Committee Structures and Assurance Processes

IPC Reporting Structure

The diagram in Figure 1 illustrates the current reporting structure for IPC.

Figure 1 IPC Governance Structure and Assurance Process 2023/24



Trust infection prevention and control committee (IPCC)

The IPCC oversees IPC across the Trust (Figure 1). It reports to the Executive Management Committee (EMC) and the Trust Board through the Quality Clinical Governance Committee (QCGC), ensuring transparency and accountability. External stakeholders from the UK Health Security Agency (UKHSA) and the Integrated Care Board (ICB) participate in quarterly IPCC meetings, fostering collaboration on IPC matters. Additionally, lay partners provide valuable patient-centred perspectives.

Risk Register

The IPCC proactively identifies and manages risks related to IPC. In 2023/24, key concerns included estate limitations impacting limited side room capacity, ventilation and water supply, the potential for poor practices in vascular access devices, and staffing constraints within the IPC team. These risks are monitored and reviewed quarterly at IPCC meetings. The Chief Nurse/Director for IPC maintains the Risk Register for IPC. The register is updated every quarter, and there is currently one live risk associated with reduced staffing within the IPC team. Risks for the built environment are held on the property service risk register and care group risk registers.

Infection Prevention Board Assurance Framework

The IPC Board Assurance Framework (BAF) provides a comprehensive framework for assessing IPC practices. The BAF outlines 95 Key Lines of Enquiries (KLOEs) across ten domains. Progress is regularly reported to the IPCC to address areas needing improvement. Notably, not all KLOEs are currently rated green. Actions are underway to address the amber partial complaint and non-compliance red-rated KLOEs.

Patient Safety Incident Response Framework

The PSIRF is a contractual requirement and will be mandatory for providers of NHS-funded care starting April 2024. The IPC, IV/OPAT and SSI teams began using PSIRF for all infection-related incidents in January 2024. The IPC team has been an early adopter of PSIRF within the Trust and the Integrated Care System (ICS). The Root Cause Analysis (RCA) process ceased and was replaced by a clinical review undertaken by the IPCT and IV/OPAT. Care groups can use the PSIRF data IPCT provides for their HCAI prevention plans to focus on specific areas for improvement. Quality improvement projects are then driven by the identified learning and thematic reviews, escalating concerns via IPCC.

Back to Basics Campaign

A successful "Back-to-Basics" campaign has been implemented, focusing on standard IPC precautions, including Hand hygiene, appropriate use of clinical hand wash sinks and cleaning.

Mandatory Surveillance of Healthcare-Associated Infections to UK Health Security Agency (UKHSA).

Cases of identified infections are reported to UKHSA as part of mandatory HCAI surveillance. The table shows the submission for the Trust for 2023/24.

Figure 2 BHT HCAI (YTD) Cases

Mandatory reportable infections	Q1	Q2	Q3	Q4	Total Cases	Trajectory for the year	Total cases Year-end threshold 23/24

C.difficile (all hospital-associated cases, HOHA + COHA)	7	13	9	7	36	**49**	**73%**
Meticillin-resistant Staphylococcus aureus (all healthcare-associated cases, HOHA + COHA)	2	0	0	1	3	0	200%
Methicillin-sensitive Staphylococcus aureus (all healthcare-associated cases, HOHA + COHA)	6	4	5	5	20	**N/A**	**N/A**
E. coli (all healthcare-associated cases, HOHA + COHA)	20	17	20	22	79	**62**	**122%**
Klebsiella spp. (all healthcare-associated cases, HOHA + COHA)	6	7	10	7	30	**32**	**94%**
P. aeruginosa (all healthcare-associated cases, HOHA + COHA)	6	3	2	6	17	**11**	**189%**

* HOHA = Healthcare onset healthcare-associated (samples taken >= 48 hours into a patient's admission)

**COHA = Community onset healthcare-associated (samples taken < 48 hours into a patient's admission and where the patient was an inpatient at the reporting Trust in the 28 days prior to the sample collection date

Healthcare-Associated Infection (HCAI) Investigations

Clostridium Difficile

The Trust places paramount importance on preventing Clostridium difficile infections (CDI). In the 2023/24 period, the national threshold for Trust-attributed CDI cases was 49, and 36 were identified. One significant risk faced was ensuring the availability of isolation rooms for all CDI patients. Each CDI case is reviewed, considering factors such as antibiotic use, medical conditions, and infection prevention practices, including appropriate placement of individuals, utilisation of personal protective equipment (PPE), adherence to hand hygiene protocols, and cleaning procedures.

The Antimicrobial Stewardship Group develops and updates guidelines to promote narrow-spectrum antimicrobials wherever possible. It collaborates with the South-Central Antimicrobial Network (SCAN) group to update and promote primary care guidelines. Responses to lapses in care identified antimicrobial prescribing as a concern and have been followed up with specific conversations with those involved, changes to guidelines/patient pathways or, more broadly, through education and training or communications.

The Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICB continued to support antimicrobial stewardship priorities through the General Practice Prescribing Quality Scheme (PQS) 2023/2024, which includes an option to undertake Antimicrobial Stewardship Audits focusing on the prescribing of 4Cs (Co-amoxiclav, Cephalosporins, Clindamycin and Quinolones).

Prior to the introduction of PSIRF in January, regular meetings were conducted with various healthcare professionals through multidisciplinary peer reviews. A focus on high-risk patient populations revealed an increase in CDI among individuals with pre-existing gut conditions, undergoing chemotherapy, or

requiring antibiotics for other infections. Looking ahead to 2024/25, the Trust remains committed to collaborating with ICB and system partners to gain deeper insights into CDI risk factors. This collaborative effort will emphasise refining CDI sample collection procedures, enhancing environmental cleaning practices, and identifying potential risk factors for early intervention.

Figure 3 BHT C. Difficile (YTD) Cases April 2021- March 2024

	2021/22 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2022/23 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2023/24 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)
Table	2021/22	2022/23	2023/24
Total C Difficile	56	47 ↓	36 ↓
HOHA (Hospital Onset Healthcare Associated)	47	31 ↓	29 ↓
COHA Community Onset Healthcare Associated)	9	16 ↑	7 ↓

Gram-Positive Blood Stream Infections (GPBSI)

The NHS in England monitors bloodstream infections, known as bacteraemia, from two Gram-positive bacteria, MRSA and MSSA.

Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia

There has been a noted upward trend in the number of healthcare-associated MRSA bloodstream infections (BSI) from 2022/23 to 2023/24 (Figure 4), with three healthcare-associated bloodstream infections (HA-BSI) reported in 2022/23 and a further three in 2023/24.

Figure 4 BHT Number of Cases of GPBSI by Organism HOHA (Hospital Onset Healthcare Associated) COHA Community Onset Healthcare Associated)

	2021/22 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2022/23 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2023/24 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)
MRSA	**1**	**3** ↑	**3**
MSSA	**33**	**21** ↓	**20** ↓

Each case was reviewed in detail to identify the source of bacteraemia, key outcomes, and related learnings from each post-infection review.

Methicillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia

In 2023/24, there were 20 hospital-associated methicillin-susceptible Staphylococcus aureus (MSSA) bloodstream infections (BSI), a decrease from 21 cases in 2022/23 and 33 cases in 2021/22. While no national threshold exists for MSSA BSI, each case undergoes review. The IV Service/OPAT team further evaluates cases related to vascular access devices to identify relevant learnings.

Gram-Negative Blood Stream Infections (GNBSI)

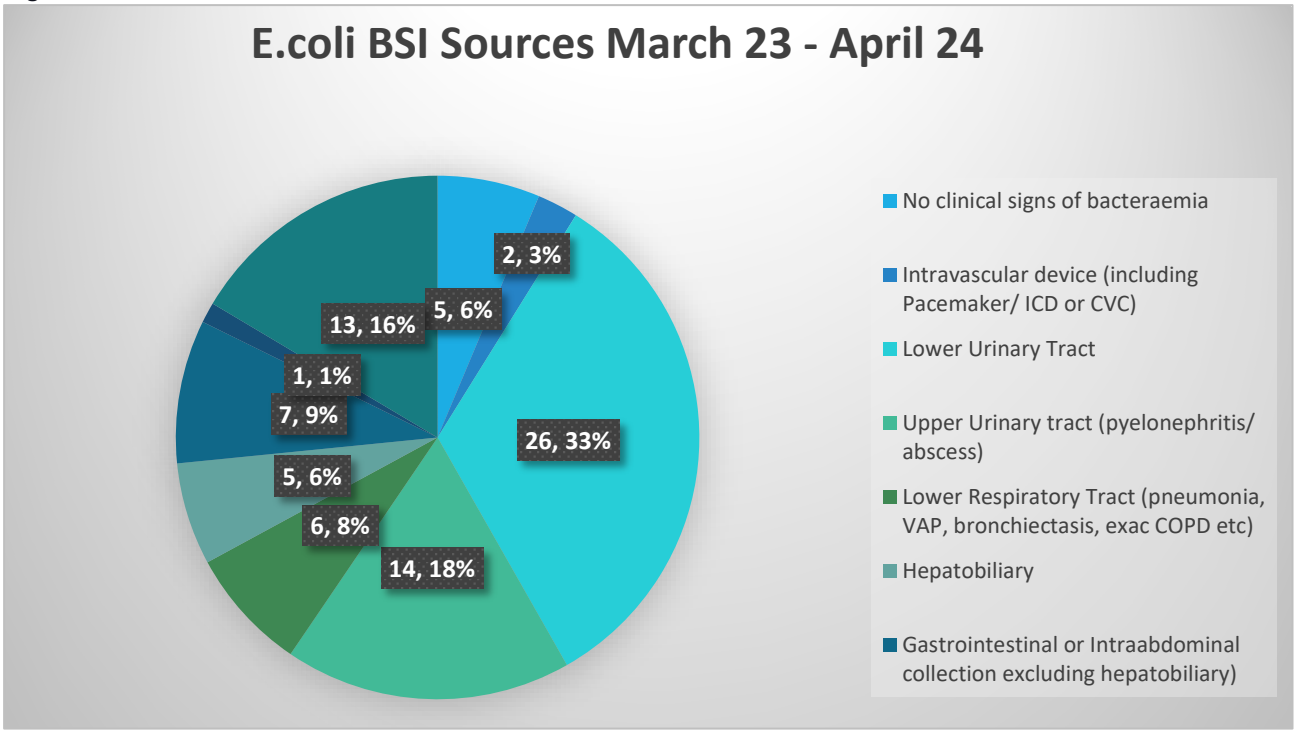
The NHS in England monitors bloodstream infections, known as bacteraemia, from three Gram-negative bacteria: E. coli, Klebsiella, and Pseudomonas. NHS England sets national targets for Gram-negative bacteraemia. According to Figure 2, the national threshold for Trust-attributed E. coli cases was 62, but 79 were identified. For Klebsiella, the national threshold was 30, but 32 cases were identified. For Pseudomonas, the national threshold was set at 17, but only 11 cases were identified. These infections are less responsive to IPC measures as they are often associated with urinary tract infections (UTIs), urinary tract catheterisation, or compromised immune systems.

Figure 5 BHT Number of Cases of GNBSI by Organism

	2021/22 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2022/23 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2023/24 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)
E. coli	85	64 ↓	79 ↑
Klebsiella	36	37 ↑	30 ↓
Pseudomonas aeruginosa	7	24 ↑	17 ↓
TOTAL	62	125 ↑	126 ↑

As shown in Figure 5, E. coli is the most prevalent pathogen causing bacteraemia in community and healthcare settings. Bacteraemia usually occurs as a complication of other infections, with urinary tract infections being the most common source (33%) Figure 6. It is suggested that UTIs are linked to urinary tract instrumentation, such as catheter insertion and maintenance.

Figure 6: Escherichia Coli BSI Sources



In 2023/24, 30 Trust apportioned Klebsiella bacteraemia cases compared with 37 cases in 2022/23. The target is no more than 32 cases.

Pseudomonas aeruginosa, unlike E coli or Klebsiella, is an environmental organism and not part of our normal flora. It is naturally highly resistant to antibiotics and is considered an opportunistic pathogen. This means it is unlikely to cause infection in healthy people but can take advantage of situations where the patient is debilitated by illness or treatment and infected after broad-spectrum antibiotic use. One of the significant problems with this organism is creeping increases in resistance leading to difficulties in treating some infections. In 2023/24, the Trust had 17 cases of Trust apportioned Pseudomonas aeruginosa compared with 24 in 2022/23.

Quality of blood culture collection

Blood cultures serve as the primary method for diagnosing Blood Stream Infections (BSI), with the critical need to distinguish between pathogenic microorganisms and contaminants. Contaminants, introduced during collection or processing, signal potential issues with blood culture collection techniques, with a surveillance threshold typically set at three per cent.

Implementing the NHSE' Improving the Blood Culture Pathway (2023) has improved awareness of key aspects surrounding blood cultures and is now part of the Trust's sepsis meetings. Regular audits are being conducted within microbiology to monitor volume improvements and time from sample to lab.

Notably, the rate of contaminants was 1.7 per cent (12-month average) over 2023/24, **down from 2.3 per cent** in 2022/23, reflecting improvement in collection and processing practices.

Vascular access devices (VAD)

Figure 7 shows data collected via the OPAT/IV service monthly for insertion and incidence of infections for vascular access devices (VADs)

Figure 7: VAD Infection data

Year	VAD insertions (CVAD / Midlines)	VAD bacteraemia (including peripheral VAD)
2023/2024	1080	22 Declared

Neonatal intensive care units (NICU) 2023/24 had 0 CLABSIs at BHT.

Carbapenemase-producing Enterobacterales (CPE) surveillance

CPE are Gram negative bacteria which are so resistant to antibiotics that even our last line of defence, carbapenem antibiotics, are ineffective. Infections with these organisms are extremely difficult, and sometimes impossible, to treat. Identification of CPE has been relatively uncommon –at BHT. However, following an update of the Trust's policy to reflect changes to national guidelines on CPE, there has been an increase in the identification of patients who are considered high-risk and need to be screened for carriage on admission. PCR testing has reduced the need for multiple swabs to only one, which has improved the patient experience as well as the opportunity for a continuous improvement plan

Surgical Site Infections (SSI)

The UK Health Security Agency (UKHSA) leads the National Surgical Site Infection Surveillance (SSIS) programme to monitor infections associated with specific surgical procedures. The Trust has signed up to undertake surveillance retrospectively and submit data to the July-September 2023 (Q3) mandatory surveillance programme for Total Hip Replacements (THR), Total Knee Replacements (TKR) and Fractured Neck of Femurs cases undertaken at Stoke Mandeville and Wycombe Hospital.

For 2023/24, BHT reinstated mandatory surveillance in orthopaedic surgery which previously cease in 2021. SSI rates following orthopaedic surgery (knee/hip) surpassed the UKHSA national benchmark figure, with reported cases in hip patients and flagged SSIs in knee patients. SSI impose a significant burden, negatively impacting clinical outcomes by impeding wound healing and rehabilitation while also incurring financial and time costs for the Trust, notably in terms of bed days and lost operation time and causing morbidity and distress in patients. The Trust's SSI rates for THR and TKR significantly exceed national benchmarks:

- National THR rate: 0.6% vs Trust rate: 6.3% (1 SSI in 16 surgeries)
- National TKR rate: 0.4% vs Trust rate: 1.3% (1 SSI in 75 surgeries)

A surgical site infection surveillance team was established in April 2024. This team will focus on working with the Care Group for Surgery and Critical Care to ensure that high-risk surgical procedures, such as orthopaedic surgery, are aligned with NICE guidelines on SSI prevention and treatment (NG125).

Living With COVID-19

NHS England and UKHSA guidance has continued to be reviewed and updated during 2023/24. The Trust's response continues to be led by the IPC lead and IPCT, and the Trust follows the recommended national guidance. The point-of-care testing (POCT) available in our emergency area has greatly assisted in identifying the symptomatic cases at the point of admission. POCT testing will continue to be available in emergency areas all year.

Challenges of Living with COVID-19

The persistent demand of COVID-19 continues to be challenging due to managing fluctuating case numbers. Figure 8 shows the number of monthly cases per NHS England's definition of potential where COVID-19 was acquired.

Figure 8: COVID cases categorised by NHS England definition April 22-March 23

BHT COVID Case by NHS England Definition					
23-24	Community 0-2 days after admission	Indeterminate 3-7 days after admission	Probable 8-14 days after admission	Definite 15+ days after admission	Totals
Apr-23	30	14	12	15	71
May-23	20	19	9	19	67

Jun-23	6	2	4	8	20
July -23	15	2	4	9	30
Aug-23	15	19	15	20	69
Sept-23	26	10	8	16	60
Oct-23	40	41	23	21	125
Nov -23	22	14	7	16	59
Dec- 23	48	19	22	35	124
Jan-24	52	14	23	26	115
Feb-24	11	2	4	5	22
March-24	11	5	6	13	35
Totals	**296**	**161**	**137**	**203**	797

Learning from hospital-acquired COVID-19 infections in BHT

Engineering controls are critical in minimising the risk of hospital-acquired COVID-19 infections. These measures focus on isolating or removing hazards to reduce airborne transmission within healthcare settings. The lack of adequate ventilation and side rooms presents significant challenges in controlling hospital-acquired infections, particularly COVID-19.

Influenza

Figure 9 shows the number of monthly cases per NHS England's definition where Influenza was likely to have been acquired.

Figure 9: Influenza cases categorised by NHS England definition Oct 23-March 24

BHT FLU Case by NHS England Definition					
23-24	Community 0-2 days after admission	Indeterminate 3-7 days after admission	Probable 8-14 days after admission	Definite 15+ days after admission	Totals
Oct-23	4	3	0	0	7
Nov -23	7	0	0	0	7
Dec- 23	22	0	0	1	23
Jan-24	53	9	9	11	82
Feb-24	25	4	5	6	40
March-24	11	0	2	5	18
Totals	**122**	**16**	**16**	**23**	177

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Environmental IPC and decontamination

Cleaning services

Cleaning services and monitoring arrangements are delivered through the Chief Estates and Facilities Officer, who was newly appointed to this role in March 2024. The designated board

nominee responsible for estates and facilities services ensures that effective arrangements exist throughout the Trust, as stated in the National Standards of Healthcare Cleanliness 2021.

The National Cleanliness Standards
In setting cleanliness standards, the Trust uses the National Standards of Healthcare Cleanliness 2007 as its reference point until the updated standards are implemented. The Property Services department is responsible for the operational cleaning services for our 11 sites, with a mixture of in-house and contracted services managing and delivering those services.

Monitoring arrangements
Monitoring is conducted per The National Standards of Healthcare Cleanliness 2007 requirements. A programme of audits is in place to monitor the performance and effectiveness of the service being delivered and to validate the achievement of cleaning standards.

Patient-led assessments of the care environment (PLACE)
The Department of Health and Social Care and the NHS Commissioning Board require all hospitals, hospices, and independent treatment centres to undertake an annual PLACE.

PLACE assessments aim to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact the patient experience of care, which include cleanliness, the condition, appearance and maintenance of healthcare premises, the extent to which the environment supports the delivery of care with privacy and dignity, how well the needs of patients with dementia are met, how well the needs of patients with a disability are met and the quality and availability of food and beverages.

IPC in the built environment (water, ventilation, and decontamination)
The Estates Team and the PFI partners maintain the Trust's water systems across the leading hospital sites and satellite properties. Water safety is crucial in healthcare settings and challenges for the Trust, including the ageing estate, water systems, and complexities in maintenance amidst operational pressures. The multidisciplinary Water Safety Group (WSG) meet every quarter, and its purpose is to develop and implement the Water Safety Plan (WSP), ensuring the safety of water used across all premises and aligning with relevant technical guidance and standards. The Group identifies hazards, assesses risks, monitors control measures, and develops incident protocols through regular meetings and collaboration, contributing to ongoing improvement efforts. Supported by risk registers, independent experts, site-based authorised persons, and subcontractors, the WSG maintains accountability and strives to minimise associated risks effectively, with close involvement from clinical representatives. Provisions for water safety are independently audited by experts who provide the Trust's third-party Authorised Expert for water safety.

Sterile Services Department

The Sterile Services Department (SSD) adheres to the standards outlined in HTM 01-01 for decontaminating surgical instruments, ensuring best practices throughout the decontamination cycle. A scheduled surveillance audit of ISO13485 by the external body BSI in July 2023 yielded no non-conformances. The SSD team collaborates with the IPC team to provide supplementary advice and expertise. Surgical sets are electronically tracked and traceable, with individual high-value or high-risk instruments laser-marked for enhanced traceability and accountability. Any non-conformance is reviewed and actioned with the corrective and preventative action process per the requirements in ISO13485, including reporting to the Medicine and Healthcare Regulatory Agency. All issues are reviewed at the appropriate clinical governance monthly meetings, and any action

plans are taken at the Decontamination Group and Infection Prevention Control Committee for oversight.

Endoscopy Decontamination Units (EDU)

Endoscopy facilities across the Trust maintained accreditation against ISO 13485, as evidenced by internal and external audits conducted through the quality management system. An independent external auditor performs yearly audits aligned with the Institute of Healthcare Engineering and Estate Management (IHEEM) standards, with participation in the Joint Accreditation of Gastroenterologists (JAG) process. The Trust currently does not have an Authorised Person (AP) for decontamination within the retained estate. Mitigation is in place, and a long-term plan is under development by the Associate Director of Estates to address this issue. Although a lack of an authorised person (AP) for some time poses a risk, competent persons perform weekly water testing and are trained and signed off to ensure compliance with HTM 01-06 standards.

CJD and NICE 666 risk management

Policies and procedures are in place to ensure full compliance with NICE 666 guidance for managing instruments used with high-risk tissue and health safety executive (HSE) requirements. In 2023/24, no patients were identified as having Creutzfeldt-Jakob Disease (CJD).

Other Decontamination Areas

Medical devices outside designated SSD and EDUs also undergo decontamination, with staff trained and assessed as competent for local high-level disinfection and equipment monitoring. Laboratory sterilisers, subject to HTM 01-01, undergo regular testing and audits by independent authorising engineers to ensure compliance.

Medical Devices

The IPC team assesses pre-acquisition questionnaires for medical devices and decontamination leads to ensure compliance with safety requirements. The Medical Device Committee oversees medical devices, and the IPC team is a member.

Decontamination Group

The Decontamination group meeting now includes an audit of a pre-agreed area. It will be part of the group's work plan for the upcoming year as part of continued surveillance and monitoring, including an audit of a pre-agreed area. The group process provides assurance reports, including potential incidents, and supports and oversees action plans and associated risks to be monitored and reviewed. Additional auditing is underway with the support of one of the third-party providers of manual decontamination products. It will include refresher training for all those who undertake the process. Part of the decontamination group process is receiving timely assurance reports, including any potential incidents, and supporting and overseeing action plans and associated risks to be monitored and reviewed. All derogations will also be subject to review and approval by the group before implementation.

Capital projects

IPC plays a vital role in the Trust's capital program, which includes building works, water safety, and ventilation. The Health Building Note 00-09 (HBN 00-09) is used to assess the risk of infection in the built environment, especially in healthcare sectors. The guidelines cover distinct stages of a capital project, from the initial concept to post-project evaluation, focusing on measures to control dust and

other aspects that may require attention. If needed, other HTMs and HBNs are consulted. Changes in personnel and increased building works have caused potential delays due to non-compliance with relevant guidelines and review of designs, which can cause flaws that increase the risk of healthcare-associated infections (HCAIs).

Following the IPC team's restructuring in 2023, a funded post has been established to provide expert advice throughout the conceptual phase to complete redevelopment works, facilitating better communication and understanding of IPC requirements. This post is yet to be recruited to.

Ventilation Safety Group

Ventilation safety is crucial in healthcare settings, due to an ageing estate, lack of ventilation systems, and complexities in maintenance has increased risk. To address these issues, a multidisciplinary Ventilation Safety Group (VSG) has been established to develop and implement the Ventilation Safety Plan (VSP). The VSG plays a pivotal role in ensuring ventilation safety across all Trust premises, aligning with relevant technical guidance and standards.

The Estates team continues to conduct routine inspections and maintenance on all ventilation systems, formal validations on all Theatres and Critical Areas in compliance with HTM 03-01 Part B, and undertakes remedial work where required.

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.

Antimicrobial Stewardship Group (ASG)
The ASG, in conjunction with IPCC, is responsible for antimicrobial use to ensure their safe, appropriate, and economical use in line with optimal antimicrobial stewardship (AMS) principles to improve patient outcomes from infection while minimising negative consequences such as HCAI and the development of antimicrobial resistance (AMR). The ASG is responsible for producing the annual AMS programme. Its other functions are to review policies and clinical guidelines, AMS performance targets, review clinical incidents, support formulary applications and research and development.

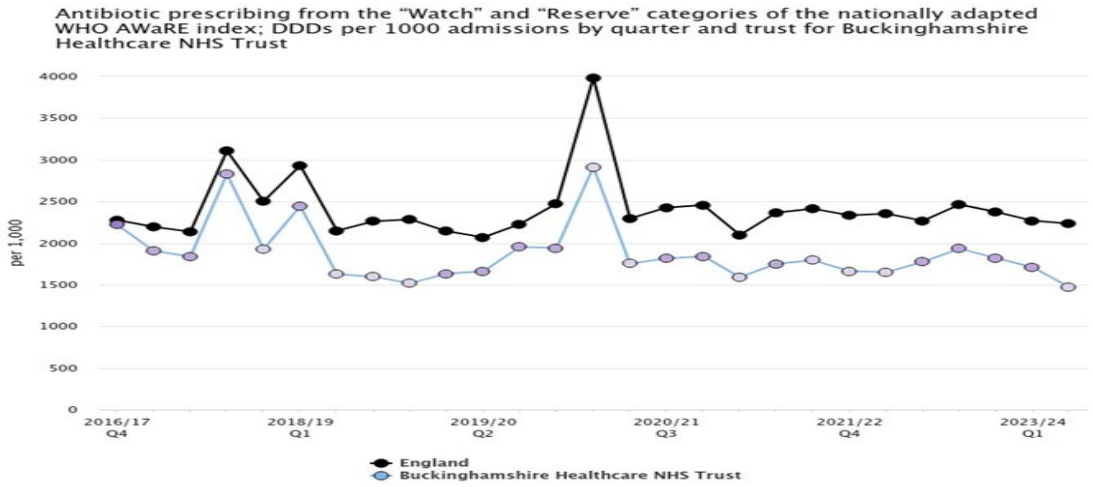
AMS Programme
The AMS programme outlines the key areas for development aligned to the UK's five-year national action plan (NAP) for 2019-2024 for tackling Antimicrobial Resistance (AMR), the UK's 20-year vision for AMR, standard contract requirements and CQUINs relating to antimicrobial use. The comprehensive programmes include:

- Antimicrobial management within the Trust
- Operational delivery of antimicrobial stewardship (prescribing and surveillance)
- Clinical governance and risk management for antimicrobial prescribing
- Education, training, and public engagement
- Collaboration (Integrated Care System, Regional and Global)

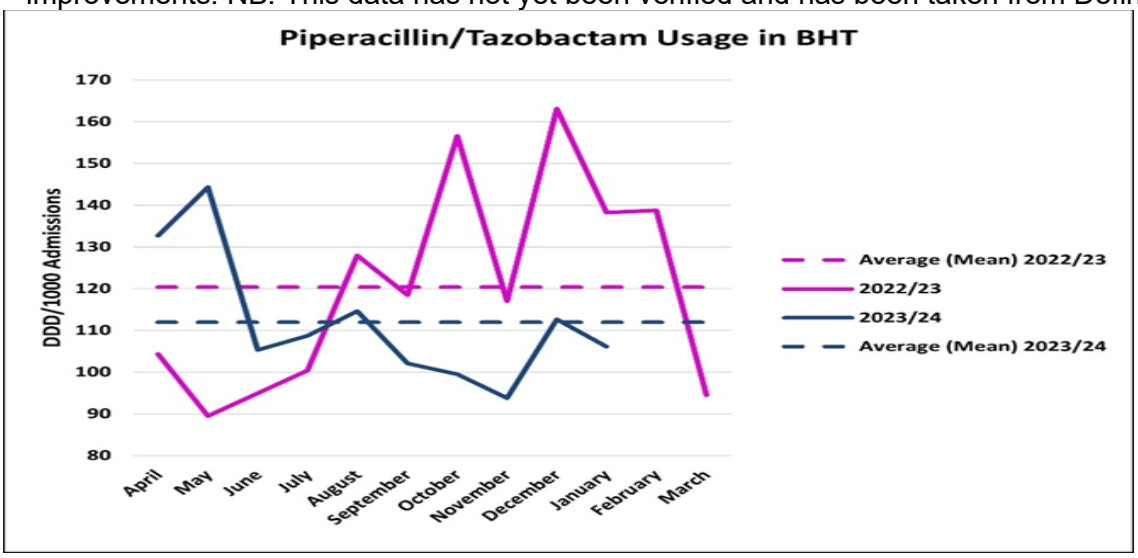
The 2023/24 AMS Programme identified 4 key priority areas of focus:

1. **Reduce the use of "Watch" and "Reserve" antibiotics (part of the National Standard Contract).** For BHT, the latest data (available up to Q3 2023/24) indicates the achievement of an 18.7% reduction in "Watch" and "Reserve" antibiotics compared to the 2017 baseline. This exceeds the national target set of 6.5% - The graph below shows DDDs/1000

admissions for BHT compared to the average in England and is taken from the AMR local indicators - produced by the UKHSA:



2. **Reduce the use of Tazocin by 10% by the end of 2023/24 compared with 2022/23.** This year, we achieved a reduction of 6.7%, not quite meeting this target, but steadily showing improvements. NB. This data has not yet been verified and has been taken from Define®.



3. **To improve the documentation of penicillin allergy and opportunities for challenge and de-labelling**

The Trust's allergy policy was updated in October 2023, and the penicillin challenge guideline was launched in November 2023 to de-label patients with an unconfirmed spurious penicillin allergy. To date, the penicillin allergy delabelling team has seen 12 patients, and 11 patients have been successfully delabelled.

4. **CQUIN03 timely appropriate IV to oral switch (IVOS)**

The target is to achieve <40% of patients prescribed IV antibiotics suitable for oral administration. This has been achieved consistently for every quarter, whereby 100 set audit records were submitted. The following results have been achieved:

Q1 – 18% (verified)
Q2 – 17% (verified)
Q3 – 20% (verified)
Q4 – 12% (unverified)

AMS audits/projects

To support the improvement of systems and processes for effective AMS, the following audits/projects were undertaken or completed during 2023/24:

- Prophylactic antibiotic prescription for catheter changes in patients with spinal cord injury at the NSIC – QIP 4th cycle.
- Antibiotic Care Bundle Audit in A&E.

Criterion 4: Provide suitable, accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion

Information for Service Users, Visitors and Carers

IPCT collaborates closely with clinical site managers, ward leads, staff, and facilities services. The team attend daily bed meetings to support patient placement and cleaning requirements. Infection Prevention Control Patient Activity summary (PAS) flags are added for all newly identified infections to ensure prompt identification and management.

For each newly diagnosed patient with certain infections, the IPC team conducts in-person visits, providing information leaflets, discussing diagnoses, and addressing any questions from patients and clinical staff.

The IPC Team collaborates with the communications team to update staff on new guidance via email and staff bulletins. A dedicated IPC section on the Trust's intranet site is regularly updated, mainly when new guidance is implemented. During 2024/25, we will be looking to review and update the information on the Trust's website regarding hospital IPC.

The IPC team monitors all Clostridium difficile (CDI) and potential CDI infections daily and reviews affected patients in-depth weekly. Concerns are escalated to medical teams, wards, and consultant microbiologists. Consultant microbiologists contact GPs when patients are diagnosed with CDI, potential CDI, MSSA, MRSA, and Gram-negative bloodstream infections.

The IPC Team works closely with the IPC team in the Integrated Care System to identify the needs of the local population and develop collaborative strategies for integrated care. Monthly review meetings are held to share learning, raise concerns, and discuss systemwide priorities.

Communications will be a priority for the IPC team in 2024/25.

Criterion 5: Ensure that people who have, or develop, an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people

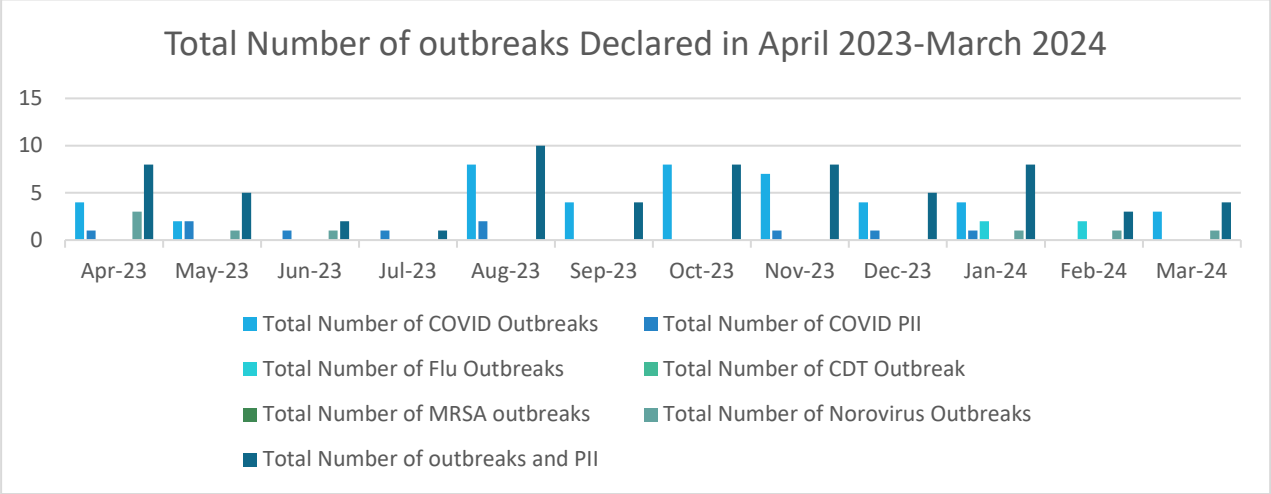
Patient Alerts and Surveillance of Alert Organisms e.g., MRSA, C. difficile

IPCT is alerted to new infections through a manual system integrated with t pathology reporting systems. Microbiology Consultant's report alerts and correspond via email to IPCT and call the correspondence clinician. Out-of-hours, the site team is included in these correspondences to maintain continuous oversight.

Managing Outbreaks of Infection

Figure 10 shows the number of monthly incidences of declared outbreaks by infection.

Figure 10 Number of Outbreak of Infection Declared in BHT April 22-March 23



Incidences

Tuberculosis (TB)

In April 2023, a delay in diagnosing a tuberculosis (TB) case at Stoke Mandeville Hospital led to the potential exposure of patients and staff in Ward 4 and the Acute Medical Unit (AMU). Contact tracing identified 22 contacts who may have been exposed; eight contacts of all patients had passed away before any action could be taken, while the remaining 14 were provided with information about TB screening. Of those 14, eight patients were screened, and no active TB cases were detected, bringing the incident to a close.

National Outbreak Measles

In January, UKHSA declared a national measles outbreak. BHT formed a measles response group to ensure robust processes for identifying and managing suspected measles cases. Two cases were identified in March 2024, leading to extensive contact tracing and immunity checks. Gaps in readiness and handling were identified, prompting actions to verify staff immunity and improve contact tracing protocols.

A measles case was identified in a child admitted to Ward 3 in May 2023. Initially placed in a bay, the child was moved to a single room where appropriate transmission-based precautions were taken. Three contacts were identified and monitored during incubation; none developed measles symptoms.

Meningococcal Meningitis

In May, a meningococcal meningitis exposure involving colleagues from the Emergency Department (ED) and Intensive Care Unit (ICU). The patient's initial symptoms were atypical, complicating the application of transmission-based precautions. Affected colleagues, including those from the ED, security team, and ICU, were assessed and provided with antibiotic prophylaxis as needed.

Increase in MRSA Cases

Since April 2022, the Trust has seen a rise in MRSA cases, particularly at Stoke Mandeville Hospital. Four MRSA bloodstream infection cases were reported between April 2022 and April 2023, and all inpatients were at Stoke Mandeville hospital. Specialist areas, such as the spinal and ICU units, reported higher MRSA prevalence. The IPCT with IPC ICB and NHS England IPC conducted a deep dive to identify gaps and improve infection prevention and control measures. Action plans are being developed and monitored at care group performance meetings and reported to the Infection Prevention Control Committee (IPCC).

Mortality Case of Infection

Between September 2022 and May 2023, there was a rise in hospital-onset COVID-19 infections (HOHAs), leading to an increase in mortality rate. Out of 215 confirmed cases, 34 resulted in death (16% mortality rate). A retrospective clinical notes review found that most deceased patients were elderly with multiple underlying conditions. Four cases were identified where more aggressive COVID-19 treatment could have been offered. This led to a review and temporary change in the COVID-19 contact testing policy.

Suspected Middle East Respiratory Syndrome (MERS) Case

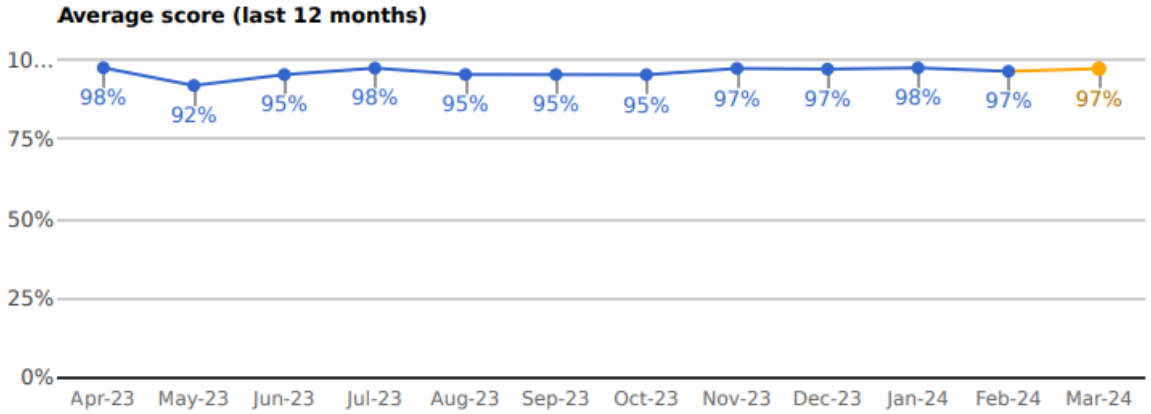
In February 2024, a patient with a travel history presented with respiratory symptoms at the ED. The MERS PCR test was negative, but the incident highlighted delays in identifying potentially infectious patient actions, including reviewing contractor infection reporting practices, enhancing staff training, revising the ED triage process, conducting MERS pathway testing, and improving communication protocols.

Audit Programme to Ensure Key Policies are Implemented

The annual audit program demonstrated compliance with key IPC policies, including Hand Hygiene and Personnel and Protective Equipment.

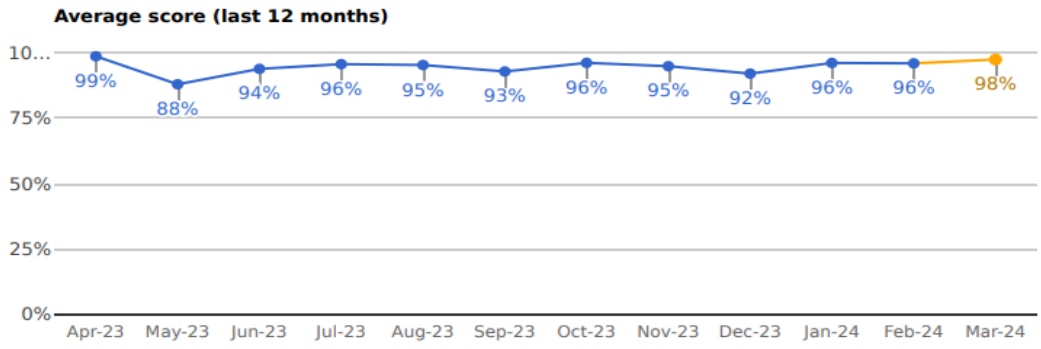
Figure 11: Audit compliance with hand hygiene and PPE audit

Hand Hygiene Audit Compliance



PPE Audit Compliance

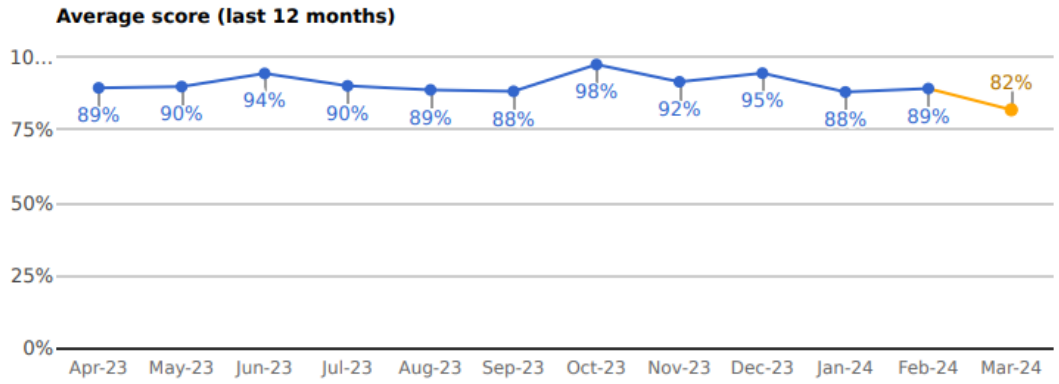
Figure 12: PPE Audit Compliance



Peer-reviewed infection prevention and control audits

IPC peer review audits are conducted as part of the ward accreditation program to assess compliance with the National IPC manual.

Figure 13: Ward Accreditation Audit Scores



Research and Innovation

A prospective multicentre randomised study called the Camstent study is being conducted to investigate if a catheter coated with a patented polymer could reduce the prevalence of bacteriuria compared to uncoated catheters used in standard care.

Patients undergoing long-term catheterisation at the National Spinal Injuries Centre) based at Stoke Mandeville Hospital are ideal candidates to participate in the study. To date, 82 patients have participated, with the first being recruited in August 2021. Stoke Mandeville continues to be the largest recruiting site, thanks to the patients of the NSIC and their willingness to help with research. The trial is scheduled to end in August 2024.

Criterion 6: All care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

The IPC team continued to provide education training sessions for clinical and non-clinical staff, both face-to-face and via e-learning. Overall, compliance with mandatory IPC training over the year has remained in line with the target for clinical staff, but further work needs to be done to bring compliance for other training to the same level. Compliance is part of the yearly appraisal review process for all staff members.

Figure 14: Mandatory Training Compliance as of March 2024

Mar-24	Fit testing compliance	Hand Hygiene Compliance	IPC Mandatory Compliance (1-3)	Food Safety Mandatory Compliance
Corporate	69.07%	85.64%	96.89%	68.24%
Surgery & Critical Care	64.02%	86.40%	83.33%	82.72%
integrated Medicine	62.68%	86.69%	93.09%	78.60%
Specialist Clinical Services	55.48%	86.42%	94.01%	78.13%

Community and Rehabilitation	72.70%	86.80%	96.04%	80.34%

The IPC team reviewed the educational recommendations outlined in the National IPC Educational Framework 2024. This new framework aims to guide the design and delivery of IPC education for staff to ensure safe and effective care. It will help improve the skills and expertise of our existing workforce and benefit all learners, educators, patients, and populations. The framework has minimum expected learning outcomes, with the opportunity to develop additional ones. It is in incremental order and structured into three tiers (tier 1, tier 2, and tier 3). The implementation of the framework will form part of the IPC work plan for 2024-2025.

Criterion 7: Provide or secure adequate isolation facilities.

Approximately 24% of all beds are single rooms, and less than 10% of single rooms have en-suite facilities. The reduced side room capacity significantly impacts the ability to isolate all patients who should be isolated according to national guidelines. Therefore, a risk assessment is completed to assist with decision-making when side room capacity is low. The concept of cohorting nursing patients is used during the high prevalence of certain infections such as Flu A, COVID-19, or RSV, which the IPCT continues to suggest, support, and provide guidance on when necessary. To mitigate this, the Trust has 5 Redi rooms and a mobile "pop-up" isolation facility which can be deployed.

Criterion 8: Secure adequate access to laboratory support as appropriate.

The microbiology laboratory provides a full range of microbiology and serology services. It continues to expand the test range on offer, for example, the introduction of molecular testing for carbapenemase-producing organisms and MRSA and rapid testing of positive blood cultures. Future developments include using remote blood culture units to aid the sepsis pathway in the Trust. Developing a new pathology reporting system (WinPath Enterprise) is nearing completion; it will require enhancements for IPC. The microbiology department is working towards UKAS accreditation under ISO15189:2022 standards; this has not been achieved. Difficulties have been experienced due to staffing issues within the laboratory staff and Microbiology Consultants, but there is commitment and plans to resolve these problems. Point-of-care testing continues to provide a service for Influenza and COVID-19 testing and RSV in children.

Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that help to prevent and control infections.

Policies and Guidance

The IPC team has a rolling programme highlighting policies needing yearly updates to align with annual reviews and the Trust's overarching Governance policy, which outlines the responsibility, auditing, and monitoring of IPC policies to ensure adherence and compliance with changes. However, not all required policies have been written or updated during the review. The policy and manual are available for staff to view on the Trust intranet.

Criterion 10: Providers have a system in place to manage the occupational health needs of colleagues in relation to infection.

Immunisation COVID and Flu

The staff autumn-winter vaccination programme, offering COVID-19 and Flu vaccines, started in September 2023 and ceased in January and March '24, respectively. Since September, the team has given over 16,000 vaccines to various Buckinghamshire residents or BHT colleagues.

The vaccine team supports the Occupational Health Department with the staff Flu programme, and this year, they have also run a very successful Peer Vaccinator campaign, training and recruiting 55 vaccinators, who range from pharmacists to nurses to physiotherapists. This has made it easier for all colleagues to access the Flu vaccine, and vaccines administered by Peer vaccinators have increased this year to over 1600 vaccines. Nationally, uptake is at pre-pandemic levels, with BHT being well above the national COVID-19 and Flu uptake averages. Aside from vaccination, the team has also sought declines from colleagues to try to understand the reasons for not receiving the vaccine with the 52.7% uptake rate, the 80% CQUIN Target has been reached by seeking permission and using the declines.

The team will now move to planning and implementing the vaccination campaigns for the coming year and will build on the success of 2023/24.

COVID-19 Risk Assessments

National recommendations on COVID risk assessments continue to be in place post-pandemic. All new employees complete a risk assessment as part of the pre-employment documentation, and compliance is recorded. High-risk assessments are escalated to the Occupational Health team for advice. Further assurance for employee advice is provided through the Occupational Health new starter health questionnaire and the on-employment management referral and self-referral routes.

Fit Mask Testing

Central NHS Funding for fit mask testing ended in April 2023. Responsibility was transferred to Occupational Health. Staff are in place to provide the service alongside peer testers based in clinical environments. Compliance with the legislative requirement for testing and the recommendation on re-testing is monitored.

Fit mask testing has matured during the year, and we are working with our local NHS partners to develop long-term plans for testing in the post-pandemic future.

Lateral Flow Testing and Isolation

Routine LFT ended in April 2023 for colleagues. Symptomatic testing and isolation of colleagues is currently restricted to colleagues in contact with seriously immunosuppressed patients.

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Annual Workforce Equalities Report FY23-24
Board Lead	Bridget O'Kelly, CPO
Author	Rhea Kankate, EDI Manager
Appendices	Annual Workforce Equalities Report 23-24
Purpose	Approval
Previously considered	EMC 20.08.2024

Executive summary

This report provides an update on our Equality, Diversity and Inclusion work during FY2023-24.

Over the past five years, we have seen overall improvement in addressing race and disability disparities, with data showing a general reduction in inequalities compared to 2019, despite some year-to-year fluctuations.

The report includes details about how we are meeting our annual Public Sector Equality Duty obligations for our colleagues, alongside an overview of our Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay Gap (GPG) programmes.

- WRES - Continuous improvements have been made in relation to representation of BME colleagues in the workforce, however underrepresentation in leadership roles remains an area of development. An increase in the relative likelihood of BME colleagues entering formal disciplinary processes compared to white colleagues, and the disparity between BME colleagues and white colleagues experiencing bullying and harassment are targeted areas for development.
- WDES – This is our fifth consecutive year of increasing disability declaration rates and third consecutive year of parity in recruitment outcomes for disabled and non-disabled colleagues. Disparity between disabled and non-disabled colleagues experiencing bullying and harassment, and underrepresentation in leadership roles are areas for development.
- GPG – There has been a reduction in the mean and median fixed pay gap between men and women, although a pay gap still remains in favour of men.

We have made progress this year toward building a more diverse and inclusive environment for our colleagues, patients, and visitors. Looking ahead, we are dedicated to addressing the inequalities our colleagues face and remain committed to building a sense of inclusivity and belonging within the Trust. We especially acknowledge the growing diversity of our workforce, as a result of our successful international recruitment, and we value the contributions these new colleagues make to both their peers and our patients, as well as our obligation to support and develop them.

Progress against f/y 2023/24 objectives:

For f/y 2023/24 set 2 objectives in line with our WRES and WDES data. We have achieved the first objective fully and partly achieved the second:

1. *Improve representation of BME colleagues in AfC Band 8+ roles by 2%.* BME representation in AfC Band 8+ was 18.4% in 2022/23, which has increased by 2.1% to 20.5% in 2023/24.
2. *Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year.* Whilst we have reduced the percentage of BME

colleagues experiencing bullying and harassment from colleagues by 3.2%, from 26.0% in 2022/23 to 22.8% in 2023/24, more work is required to improve the experiences of disabled colleagues, and reducing bullying & harassment is a Trust and EDI Objective for 2024-26.

We have set ourselves two objectives for 2024-26:

- Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- Create a working environment that eliminates the conditions in which bullying and harassment occur.

We have made significant progress in achieving the six high impact actions outlined in the NHSE EDI Improvement Plan, published in June 2023. The outstanding actions are pulled through into our EDI Action Plan 2024-26.

Key points discussed at the Executive Management Committee meeting on 20 August 2024 which have been reflected:

- Committee discussed the importance of having EDI objectives for all managers as the Executive team have set EDI objectives in line with the NHS EDI Improvement Plan, and we will scope how to address this.
- This year we will be completing the EDS2 (Equality Delivery System) to inform our EDI objectives for the next years.

Decision	The Board is requested approve the report for publication		
Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐
Relevant objective			
☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☒ Zero tolerance to bullying	
Implications / Impact			
Patient Safety	Ensuring our staff work in an environment where they feel they belong and can safely raise concerns is essential for morale which leads to improved patient care and outcomes.		
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	Principal Risk 7: Failure to deliver our People priorities Disengaged colleagues, high turnover, and poor quality of care		
Financial	Risk of disengaged colleagues which impacts retention & sickness absence leading to increase temp colleague spend		
Compliance Select an item. **Staffing**	NHS People promise NHSE ED&I Improvement plan Gender Pay Gap requirements NHS Workforce Race Equality Standard (WRES)		

	NHS Workforce Disability Equality Standard (WDES)
Partnership: consultation / communication	Report has gone to Networks, EDI Operational Group, and EDI Strategic Committee
Equality	This annual report covers all areas of our equality, diversity and inclusion work. Included are our WRES & WDES action plans, key KPIs in ensuring we meet ED&I standards across the Trust in addition to our gender pay gap reporting.
Quality Impact Assessment [QIA] completion required?	N/A

NHS
Buckinghamshire Healthcare
NHS Trust

Annual Equalities Workforce Report 2023-2024

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Executive Summary

Buckinghamshire Healthcare NHS Trust

As a publicly funded organisation, Buckinghamshire Healthcare NHS Trust (BHT) is required to publish information annually on how it has met the Public Sector Equality Duty (PSED) and taken steps to eliminate unlawful discrimination, advance equality of opportunity for people with protected characteristics and foster good relations between those who share protected characteristics and those who do not. The information provided demonstrates how we have considered how our services and activities, both as an employer and a service provider, affect people with different protected characteristics.

This report provides assurance to the Trust Board and to the Public that BHT is meeting its PSED obligations and continuing to promote an inclusive culture across the organisation. The report summarises our workforce equality, diversity and inclusion activity in 2023/24 alongside our PSED requirements and Equality Standards data. A separate report is published annually in relation to the PSED requirements for our service users.

Meeting the PSED Standards

1. Part of meeting the PSED requirements is publishing information relating to employees who share protected characteristics. Our workforce data relating to protected characteristics of our colleagues is contained within this report. For the fourth consecutive year, we have reduced the number of colleagues with ‘undisclosed’ status on various protected characteristics. This is reflective of efforts to cleanse our workforce data and ensure we capture accurate demographic profiles of our workforce.
2. Equality objectives for the Trust were renewed in 2022/23 to reflect the NHS EDI Improvement Plan 6 high impact actions (HIAs), which all NHS organisations are encourage to meet. We have made significant progress against these 6 HIAs and we are committed to implementing the remaining HIAs as part of our duties and importantly, in line with our values as a Trust. A supporting action plan is included at the end of this document.
3. We are required to publish information on work we undertake to eliminate discrimination and foster equal opportunities for those with protected characteristics. Analysis and recommendations relating to our Equality Standards are contained within this report.

Executive Summary Continued

Buckinghamshire Healthcare NHS Trust

What is our Equalities Data telling us?

Workforce Race Equalities Standard (WRES): In 2023/24, our data shows a slight decline in recruitment parity, with white colleagues now 1.26 times more likely to be appointed from shortlisting compared to BME colleagues (deterioration from 1.15 in 2022/23), despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles. BME representation within the Trust continues to grow, now making up 37.8% of our workforce. Following this increase in the diversity of our workforce, we need to do more to increase representation in leadership roles, which is at 20.4% (of Band 8a% positions held by BME colleagues), and is an EDI Objective for f/y 2024-25. The likelihood of BME colleagues entering formal disciplinary processes has increased, deteriorating from 0.96 in 2022/23 to 1.48 in 2023/24 and a review of ER processes to target this disparity is pulled through into our EDI Action Plan. While there has been some improvement in the experiences of bullying and harassment reported by BME colleagues, disparities with white colleagues persist. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Workforce Disability Equality Standard (WDES): The representation of disabled colleagues has increased for the fifth consecutive year, highlighting ongoing work to increase psychological safety and empower colleagues to declare. However, underrepresentation in leadership roles remains, with disabled colleagues making up 5.2% of the workforce but only 4.4% of those in Bands 8a+. Recruitment parity for disabled and non-disabled colleagues has been maintained for the third year consecutive. While there has been some improvement in the experiences of bullying and harassment reported by disabled colleagues, disparities with non-disabled colleagues remains prevalent. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Gender Pay Gap (GPG): Progress has been made in reducing the gender pay gap, with the mean hourly fixed pay gap decreasing from 26.9% in 2022/23 to 22.9% in 2023/24, and the median hourly fixed pay gap improving from 15.5% to 13.9%. The mean bonus gap also saw improvement, decreasing from 25.5% in 2022/23 to 21.0% in 2023/24. Despite these positive trends, a higher proportion of male colleagues continue to occupy roles in the top pay quartile, particularly in Medical & Dental positions, which contributes to the overall gender pay gap. We are confident that male and female colleagues are paid equally doing equivalent jobs across the Trust and our aim is to reduce the gender pay gap throughout the organisation. However, we accept that this may take several years to achieve.

Executive Summary Continued

Buckinghamshire Healthcare NHS Trust

Progress against f/y 2023/24 objectives

For f/y 2023/24 set 2 objectives in line with our WRES and WDES data. We have achieved the first objective fully and partly achieved the second:

- Improve representation of BME colleagues in AfC Band 8+ roles by 2%
  - BME representation in AfC Band 8+ was 18.4% in 2022/23, which has increased by 2.1% to 20.5% in 2023/24.

- Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year
  - Whilst we have reduced the percentage of BME colleagues experiencing bullying and harassment from colleagues by 3.2%, from 26.0% in 2022/23 to 22.8% in 2023/24, more work is required to improve the experiences of disabled colleagues.
  - The percentage of disabled colleagues experiencing bullying and harassment from colleagues has remained statistically similar in 2023/24 (21.5% in 2022/23, 21.8% in 2023/24).
  - The percentage of disabled colleagues experiencing bullying and harassment from managers was 15.0% in 2022/23. This has reduced by 1.0% to 14.0% in 2023/24, and reducing bullying & harassment is a Trust Objective for 2024-26.

Objectives for f/y 2024/25

We are committed to meeting the national NHS EDI Improvement Plan by the required deadline of 2026 and implementing the six high impact areas to embed EDI work further into the organisation. Details of our progress against these areas is documented on pages 42-47. In keeping with these six areas, we have set two priority Equalities Objectives for BHT which also take into consideration our equalities data and progress to date. Our two priority objectives for the next financial year will be:

1. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
2. Create a working environment that eliminates the conditions in which bullying and harassment occur. (This objective is a 2 year objective in line with the Trust Objective for 2024-26)

An associated Action Plan to achieve these objectives is included at the end of this document.

Introduction

Buckinghamshire Healthcare NHS Trust

The Trust's Equality, Diversity and Inclusion journey began in earnest in 2010, with the introduction of the Equality Act and then the launch of the Public Sector Equality Duty (PSED). Through the PSED and the Equality Delivery System (EDS2) the Trust has strived to improve the experience at work for Trust colleagues.

In 2015 the Workforce Race Equality Standard was introduced, with specific measures and goals to enable improvements in the working lives of our Ethnic Minority colleagues. Then in 2017, the Trust began to report on the Gender Pay Gap, as a way of ensuring that we are both remunerating women fairly and enabling their progression to more senior roles in BHT. In 2019, our newest Equality Standard was introduced. The Workforce Disability Equality Standard aims to improve the workplace experience of colleagues who have a Long-Term condition or a Disability and contains specific measures and goals to enable this.

The Trust previously reported on its compliance with the Public Sector Equality Duty in October 2023.

This Report focusses on our colleagues and covers the f/y 2023/24. It encompasses the information required to meet our Equality Duties in relation to our workforce for 2023/24. The data contained within the report is taken from the national Electronic Staff Record (ESR) system as of 31 March 2023, unless otherwise specified. This report also highlights our work in Equality, Diversity and Inclusion throughout the year, and the work we have undertaken to achieve progression.

A separate report will be published in relation to our PSED requirements for our patients.

What is the Public Sector Equality Duty?

Buckinghamshire Healthcare NHS Trust

The Public Sector Equality Duty (PSED) came into force across the UK in 2011 and is related to the Equality Act 2010. It means that public organisations have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. It requires that public bodies have due regard to the need to:

- Eliminate unlawful discrimination, harassment & victimisation
- Advance equality of opportunity for people with Protected Characteristics
- Foster good relations between people with and without Protected Characteristics

Special Duties:

To ensure transparency, and to assist in the performance of this duty, PSED Special Duties also require public organisations to publish:

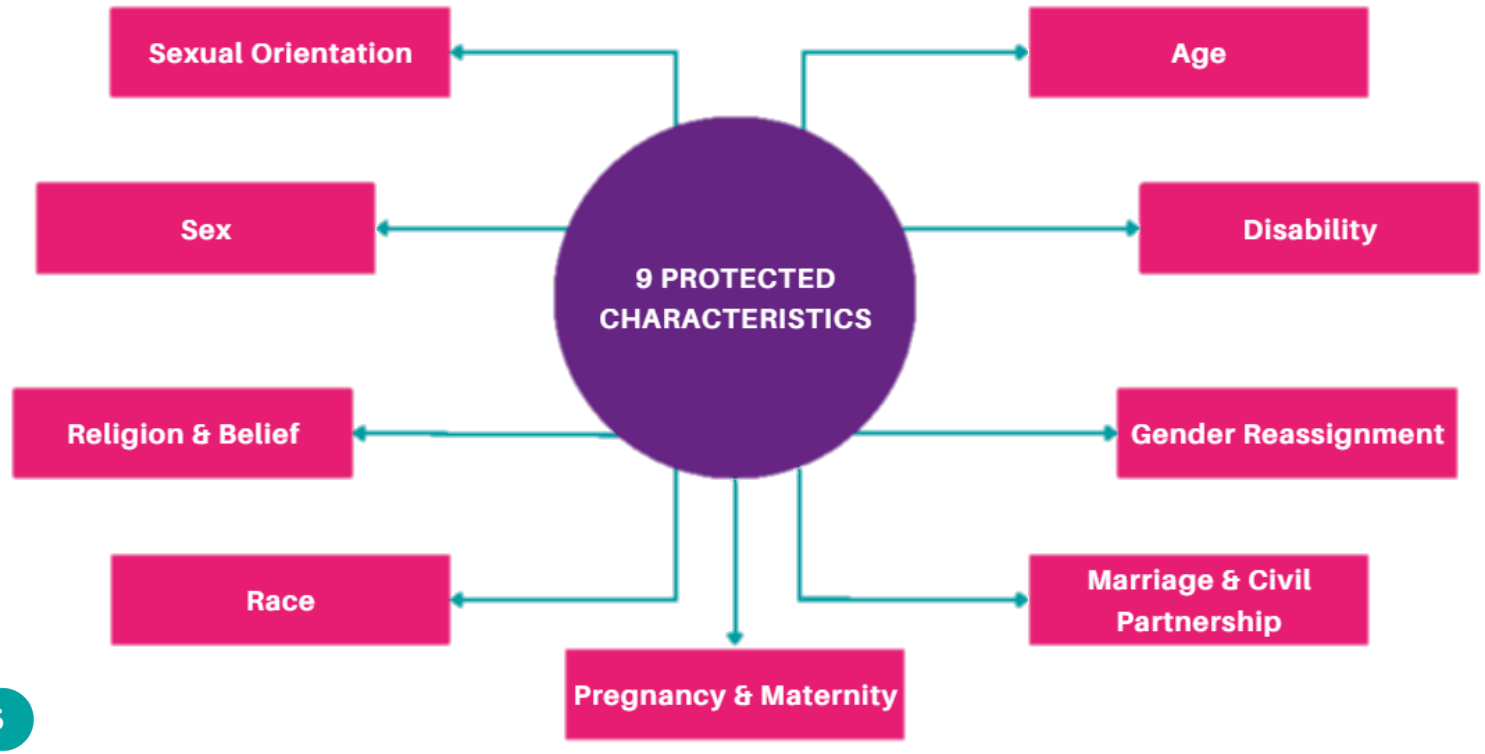
OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

- Information to demonstrate their compliance with the Equality Duty, at least annually
- Equality objectives, at least every four years
- Information relating to employees who share Protected Characteristics
- Information relating to service users who share protected characteristics

The Nine Protected Characteristics

Buckinghamshire Healthcare NHS Trust

There are nine Protected Characteristics which are covered by the Equality Act 2010 and the Public Sector Equality Duty. Our report provides an overview of our data and activities in relation to some of these characteristics.



OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Progress Against f/y 2023-24 Previous Objectives

Buckinghamshire Healthcare NHS Trust

2023/24 Objective	Progress
Improve representation of BME colleagues in AfC Band 8+ roles by 2%	Achieved. BME representation in AfC Band 8+ was 18.4% in 2022/23. This has increased by 2.1% to 20.5% in 2023/24.
Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year	Partly achieved. Percentage of BME colleagues experiencing bullying and harassment from colleagues was 26.0% in 2022/23. This has reduced by 3.2% to 22.8% in 2023/24. Percentage of disabled colleagues experiencing bullying and harassment from colleagues has remained statistically similar in 2023/24. (21.5% in 2022/23, 21.8% in 2023/24). Percentage of disabled colleagues experiencing bullying and harassment from managers was 15.0% in 2022/23. This has reduced by 1.0% to 14.0% in 2023/24. Reducing bullying & harassment is a Trust Objective for 2024-26.

Our f/y 2024-25 Equality, Diversity & Inclusion Objectives

Buckinghamshire Healthcare NHS Trust

We are required to set new Equality Objectives for the next financial year in line with our PSED requirements.

In line with national requirements, we have used the NHS EDI Improvement Plan to identify our objectives for this financial year.

We are committed to meeting these objectives across the lifetime of this plan and continuing to embed equity and inclusion across our organisation.

This year we will also be completing the EDS2 (Equality Delivery System).

	When	Measure
Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	March 2025	WRES Indicator 1
Create a working environment that eliminates the conditions in which bullying and harassment occur.	March 2026 (This is a 2 year objective in line with the Trust Objective for 2024-26)	WRES Indicator 5 WDES Indicator 4ii WDES Indicator 4iii

*page 30
**page 31
***page 35

Buckinghamshire Healthcare NHS Trust

Section 1: EDI Progress 2023-2024

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

This section contains a snapshot of some of our activities undertaken this year in support of equality, diversity and inclusion.

Networks

Buckinghamshire Healthcare NHS Trust

Our networks support and foster an inclusive environment for colleagues. The networks provide a platform for colleagues and are vital in cultivating an authentic and accepting environment in the Trust.

Networks have executive sponsors who advocate at board and senior meetings. The sponsors mentor network chairs, shape objectives, and communicate the mission to increase awareness and membership.

In 2022/23, we set two objectives for our networks for 2023/24, which we have achieved:

1. Membership Growth and Enhanced Allyship: We have celebrated a variety of diversity and inclusion events that have attracted new members and fostered increased allyship. Including, Black History Month, Pride Month, South Asian Heritage Month, Windrush Day.

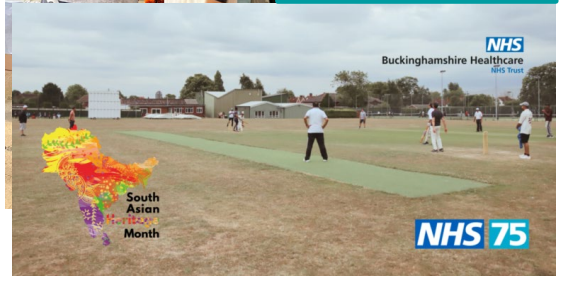
2. Improved Network Structure: Our Networks have incorporated Terms of Reference and have set objectives with their network sponsor for the 2024/25 year.

Engagement and Events

BHM Interview Series with BHT Colleagues

Remembrance Day at Stoke Mandeville, Wycombe, and Amersham Hospitals

Embrace Network's Cricket Match for SAHM



EDI Stall at BHT Connecting Event for New Starters

Embrace Network's Diwali Celebrations

Kalinga Network's annual SportsFest

In recognition of achieving the Defence Employer recognition Scheme Gold award, the Armed Forces Covenant was re-signed

Policies and Practices

Buckinghamshire Healthcare NHS Trust

The EDI team are members of policy review committees – HR Policy Group and Trust wide Policy Sub-Group – to review both new and updated policies and the associated Equality and Quality Impact Assessments (EQIAs). This process is instrumental in ensuring that policies undergo evaluation from an EDI perspective, aiming to pre-emptively identify and address any potential biases or discriminatory elements against protected characteristics prior to ratification, ensuring the Trust is fostering inclusivity.

The EDI team work on a consultation basis to provide specialist EDI perspectives and advice when approached by colleagues across the Trust.

This year, a Standard Operating Procedure (SOP) for Inclusive Learning was developed by the Talent for Care Team Lead in consultation with various specialists within the Trust, including the EDI Officer and the Disability Network. The primary objective of the SOP is to establish clear guidelines for coordinating training and development initiatives tailored to colleagues within BHT who require additional learning support. By adhering to these guidelines, the Trust aims to ensure that all colleagues receive inclusive and equitable training opportunities.

Training

Buckinghamshire Healthcare NHS Trust

The EDI team has successfully implemented bespoke interventions and sessions across the Trust, with a focus on key areas such as neurodiversity and microaggressions. In addition to these interventions, the EDI team has provided consultation services, offering support and advice to managers and teams on topics including Equality Law, autism, neurodiversity, and bullying and harassment.

Regular EDI training delivers:

- 3 Peaks Leadership Programme
- Bands 2-4 Development
- EDI and Human Rights statutory training
- EDI corporate induction

During Race Equality Week, the EDI Officer facilitated a training and informational session for Shirley Parsons, a local recruitment consultancy. Shirley Parsons has been instrumental in supporting a return-to-work programme in partnership with Brookside, providing brain injury patients with CV writing sessions and mock interviews. To educate their colleagues on Race Equality Week, an inclusivity session was conducted as part of their Corporate Social Responsibility (CSR) schedule.

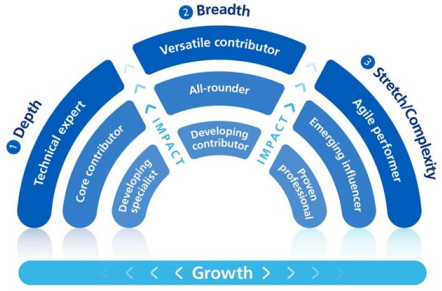
Talent Management

Buckinghamshire Healthcare NHS Trust

Scope for Growth has been implemented within the Trust and involves training line managers with the skills to conduct culturally sensitive career conversations and to recognise unconscious biases that may affect underrepresented groups, including BME and disabled colleagues. This initiative aims to ensure all colleagues have equal opportunities for career development and personal growth.

Developing Me, Developing You, aims to reduce disparities among BME and white colleagues through a structured Reverse Mentoring and Talent Management initiative. Through pairing Band 7 colleagues from BME backgrounds with senior sponsors in mentoring relationships, this programme fosters career progression and promotes diverse perspectives within the Trust. By nurturing these mentoring relationships, we strive to cultivate an inclusive workplace culture that values the diverse talents and viewpoints of all colleagues.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK



Recruitment

Buckinghamshire Healthcare NHS Trust

The Trust maintains its Level 2 ‘Employer’ Disability Confident status, emphasising inclusive recruitment practices.

- A guaranteed interview scheme for disabled applicants meeting essential criteria.
- Job advertisements include statements about flexible working to attract a diverse and inclusive workforce.

The Trust has achieved the Defence Employer Recognition Scheme Gold Award.

- A guaranteed interview scheme for Armed Forces Community applicants meeting essential criteria.
- Grants additional leave for military Reserves and Cadet Force Adult Volunteers to fulfill Ministry of Defence training commitments.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS Activities

NHS
Buckinghamshire Healthcare
NHS Trust

The EDI Team are members of the BOB ICS Inclusion Group to collaborate with EDI leads across the system and share best practices.

BHT leads the Empowerment Passport scheme within BOB ICS, providing licenses to colleagues with disabilities or long-term health conditions.

Two members of the Leadership and Organisational Development Team completed the Cultural Intelligence Programme to become accredited cultural intelligence facilitators.

They are qualified to deliver cultural intelligence training within the Trust and the wider BOB ICS.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Buckinghamshire Healthcare NHS Trust

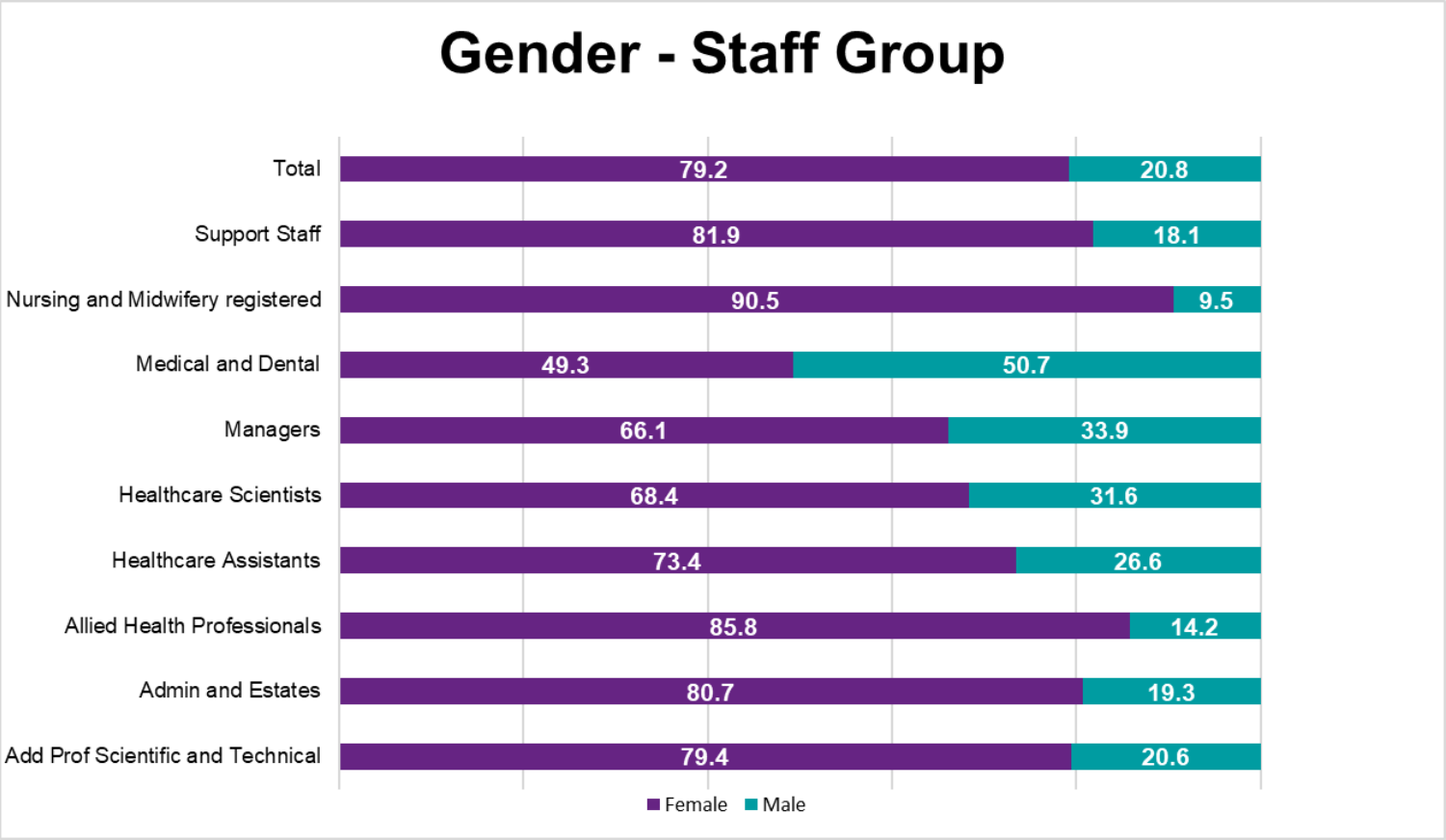
Section 2: Workforce Information

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

In keeping with our PSED requirements, this section contains an overview of our workforce data in relation to some of the protected characteristics.

Gender

Buckinghamshire Healthcare NHS Trust



The Trust's gender profile remains predominantly female at 79.2%.

The gender profiles for staff groups remain consistent with national NHS workforce statistics, where female colleagues make up a higher percentage, except within Medical and Dental where male colleagues tend to make up a higher percentage.

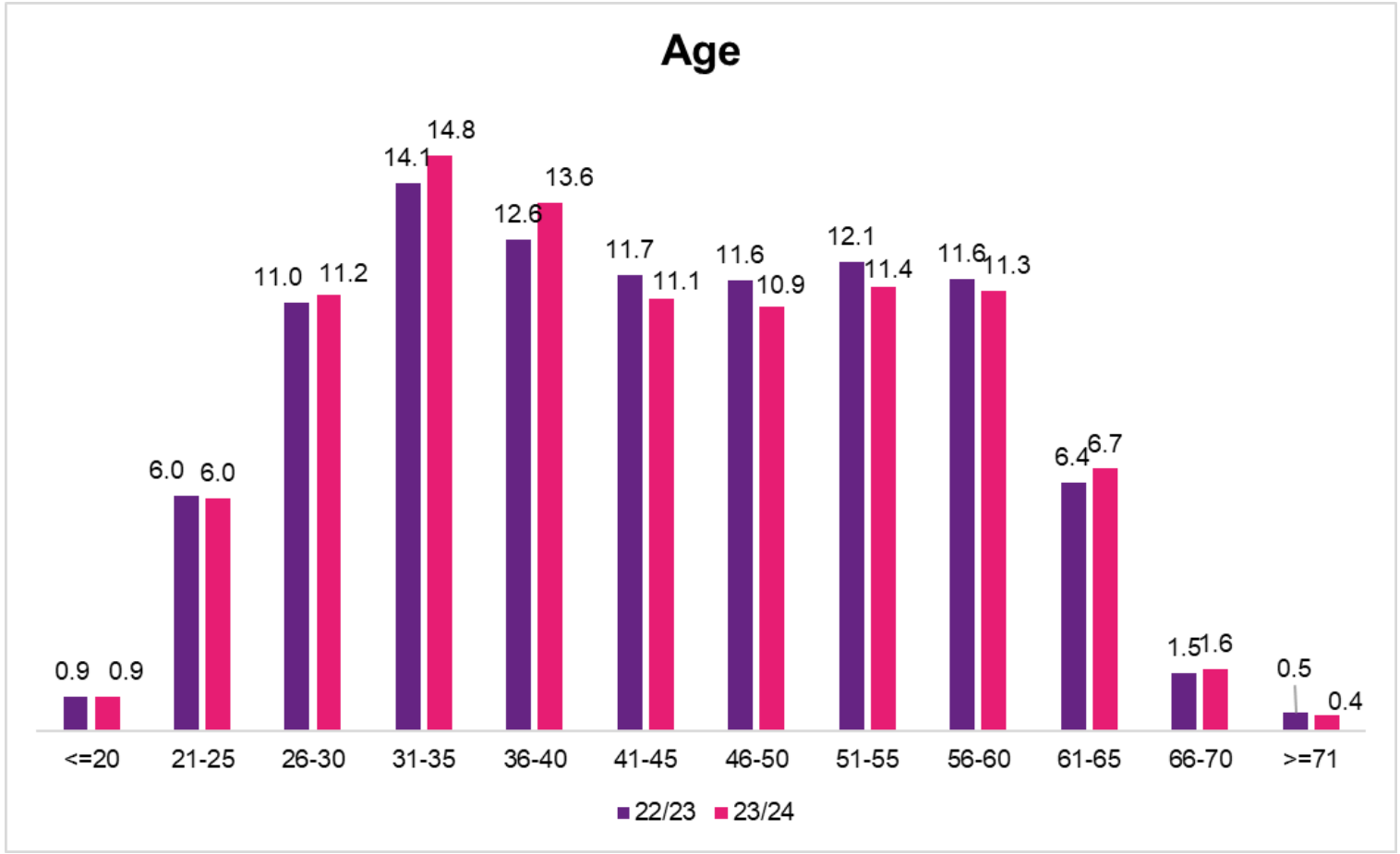
OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Age

Buckinghamshire Healthcare NHS Trust

The age distribution of colleagues has remained predominantly consistent, without significant fluctuations year over year.

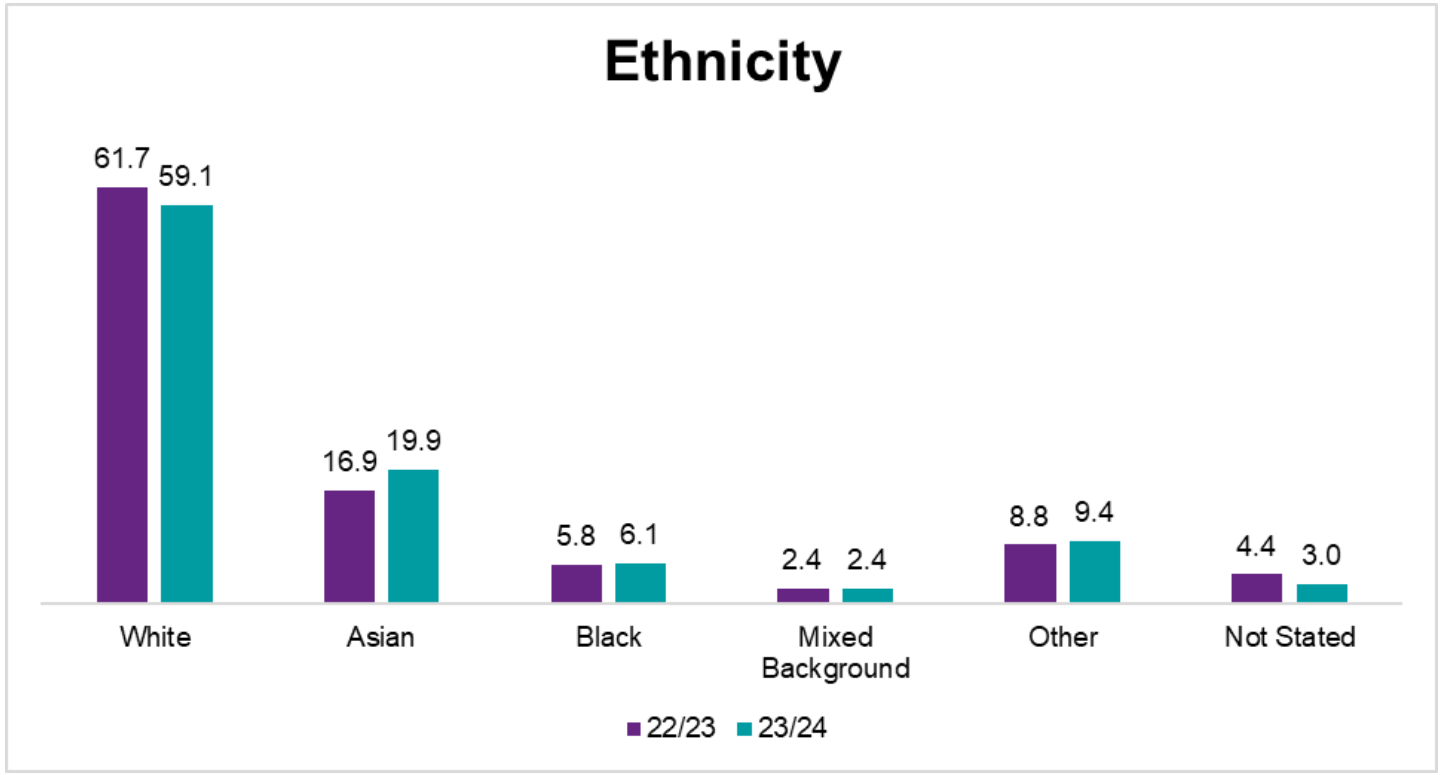
The Trust's largest age group continues to be 31-35, and ongoing work into the workplace experiences for younger colleagues is underway, including career development and training.



OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Ethnicity

Buckinghamshire Healthcare NHS Trust

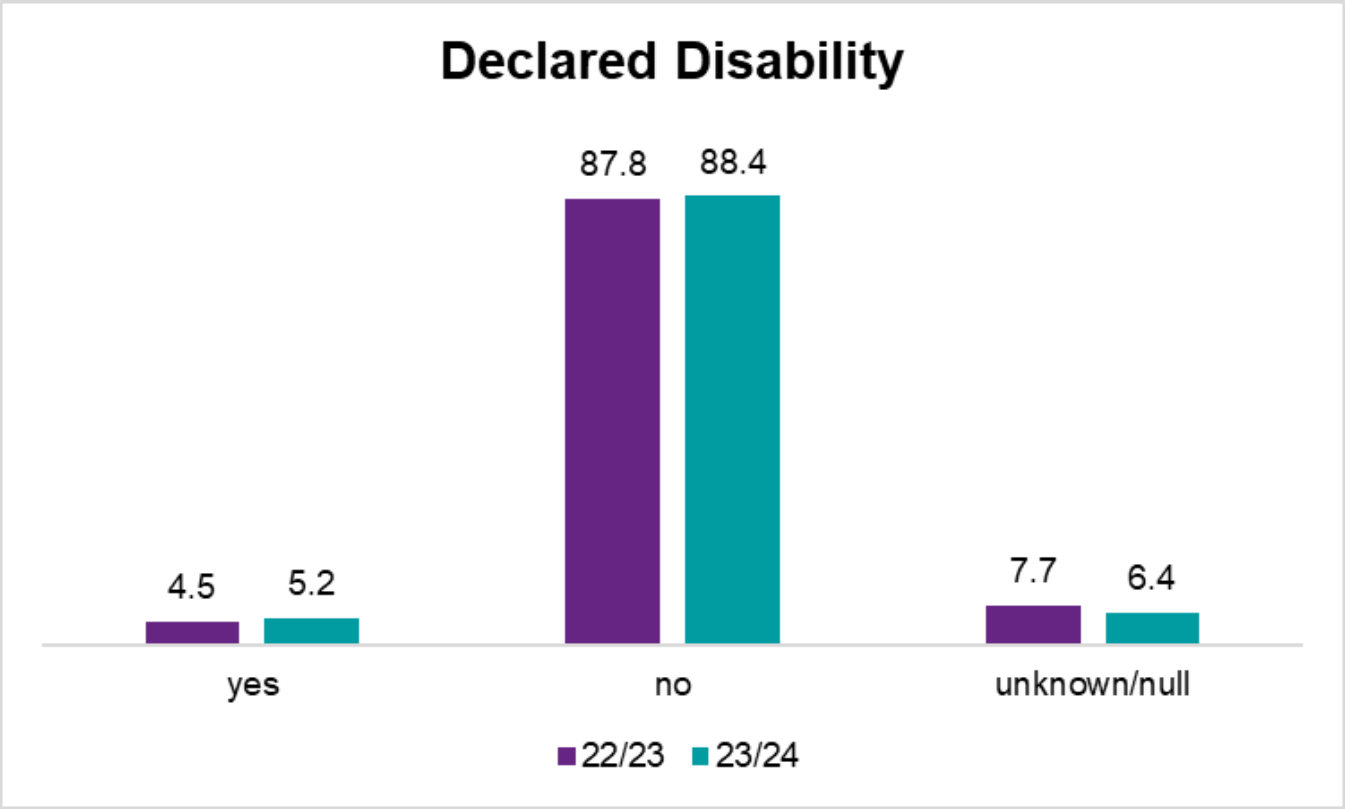


The percentage of Asian colleagues has increased by 3%. This change reflects our successful recruitment for internationally recruited nurses, from South India and the Philippines.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Disability Declaration

Buckinghamshire Healthcare NHS Trust



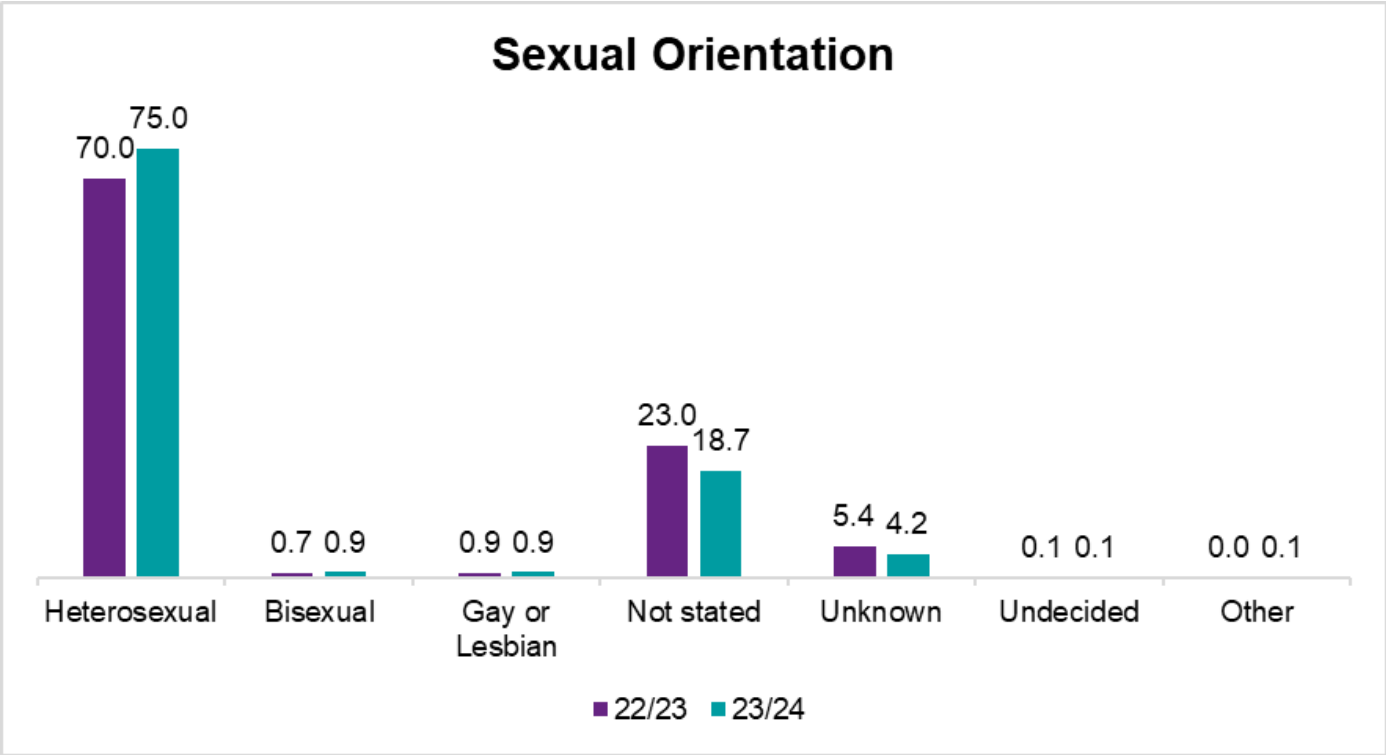
The data indicates an increase in the percentage of colleagues declaring a disability. The 'unknown/null' category decreased, reflecting better reporting and data accuracy, and suggesting that colleagues are feeling psychologically safer to declare their disability.

This is the fifth consecutive year of increasing declaration rates, as a result of targeted work such as easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Sexual Orientation

Buckinghamshire Healthcare NHS Trust



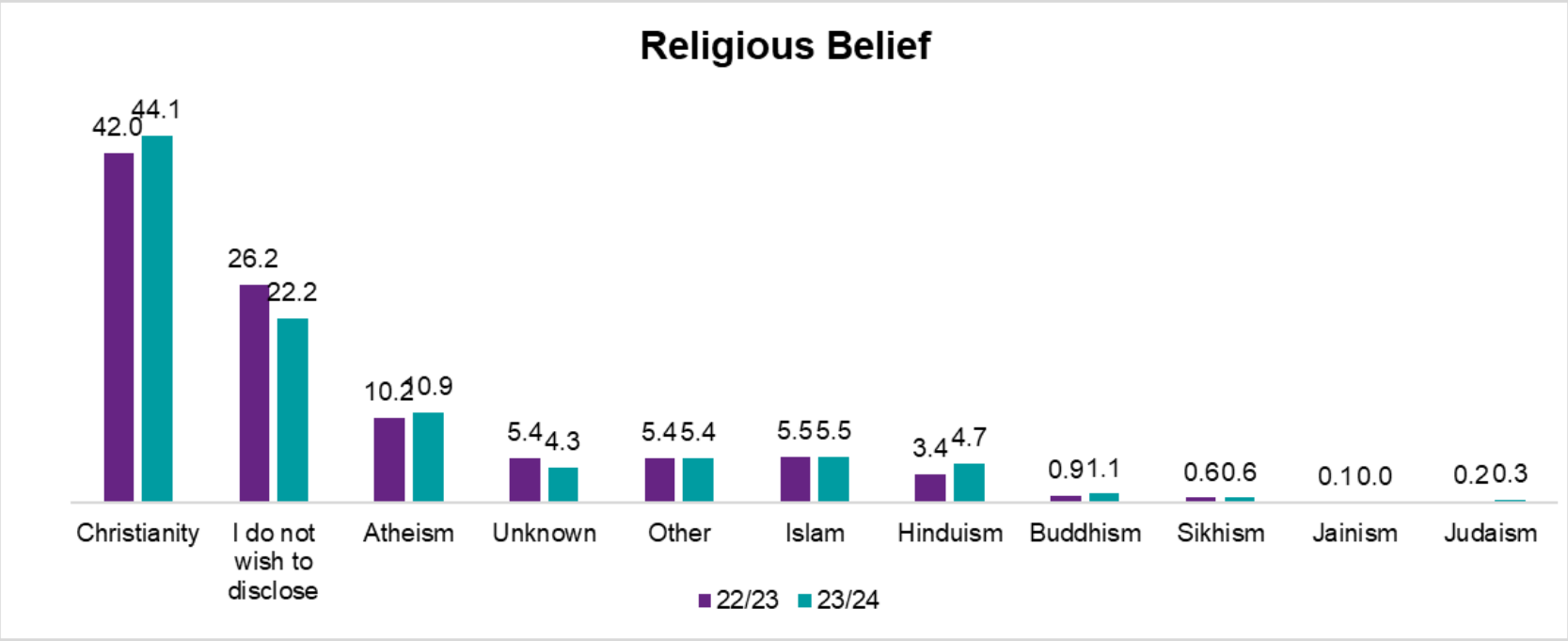
There has been an increase in declaration for heterosexual colleagues and a reduction in the 'Not Stated' category.

The percentages of bisexual, gay and lesbian colleagues is in line with disclosure from the Staff Survey 2023 respondents.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Religion & Belief

Buckinghamshire Healthcare NHS Trust



The largest religious belief of our colleagues is Christianity, which is reflective of national NHS workforce statistics.

The religious belief profiles are in line with disclosure from the Staff Survey 2023 respondents.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Armed Forces

Buckinghamshire Healthcare NHS Trust

BHT signed the Armed Forces (AF) Covenant in November 2019 committing to fair treatment for those who serve, or have served in the military, and their families. The AF Covenant is a promise from the nation, committing to do all we can to ensure that they are treated fairly and not disadvantaged in their day-to-day lives. This includes offering injured servicemen and women and bereaved families extra support where appropriate.

The 2021 census showed that 15,128 (3.4%) individuals had previously Served in the UK Armed Forces in Bucks, indicating circa 34,000 of the population belong to the extended AF community. The BHT AF Network currently has 72 members comprising of Reserves, Cadet Force Adult Volunteers, Veterans, AF family members and AF advocates.

Recently funding has been released from the BHT Charitable fund to part fund salary for a Defence Medical Welfare Services, Welfare Officer position. This individual will be able to support colleagues and patients of the AF community to access support where necessary from a host of wider Service and Veteran charities.

Buckinghamshire Healthcare NHS Trust

Section 3: The Equality Standards

This section contains an overview of our latest data in relation to our Equality Standards.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Introduction to the Equality Standards

Buckinghamshire Healthcare NHS Trust

As part of our PSED obligations, the Trust is required to report annually on the following Equality Standards and to use the outputs to inform an Action Plan to address inequalities.

The Equality Standards are:

- **Workforce Race Equality Standard (WRES)** – This was introduced in 2015 and is designed to measure and enable improvement of the working lives of colleagues from an ethnic minority background.

- **Workforce Race Disability Standard (WDES)** – This was introduced in 2019 and is designed to measure and enable improvement of the working lives of colleagues with disabilities and/or long-term conditions in keeping with the Equality Act 2010.

- **Gender Pay Gap Reporting (GPG)** – This is an annual exercise designed to measure the gap in pay between male and female colleagues and is designed to enable organisations to close this gap through appropriate actions.

Workforce Race Equality Standard (WRES)

Buckinghamshire Healthcare NHS Trust

Implementation of the Workforce Race Equality Standard (WRES) is a requirement for all NHS Provider organisations. BHT is expected to show progress against 9 indicators which measure whether or not employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Summary of WRES Progress in 2023/24

In the 2023/24 period, BHT continued its commitment to improving race equality.

Recruitment outcomes remain at near parity (when a measure falls between 0.8 and 1.2), with the relative likelihood of white colleagues being appointed from shortlisting compared to BME colleagues deteriorating marginally from 1.15 in 2022/23 to 1.26 in 2023/24, despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles.

This is our fifth consecutive year of increasing BME representation within the Trust, a reflection of our successful recruitment of international nurses. Following this increase in the diversity of our workforce we need to do more to increase representation in leadership roles, which is at 20.4% (of Band 8a% positions held by BME colleagues), and this is an EDI Objective for f/y 2024-25.

The increased likelihood of BME colleagues entering the formal disciplinary process has deteriorated from 0.96 in 2022/23 to 1.48 in 2023/24. Ongoing work in underway in this area. A new Resolution Policy, amalgamating the previous Grievance and Dignity and Respect Policies, was introduced in March 2024. This policy highlights our commitment to resolving issues at work informally and ensures colleagues have tools, advice, and support to address issues early, wherever possible. Analysis into the demographic data of colleagues entering the disciplinary process is underway to identify and understand the drivers and support necessary. A targeted action to review ER processes is outlined in EDI Action Plan.

Additionally, while the percentages of bullying and harassment have improved for BME colleagues, a disparity between white and BME colleagues remains evident. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Perceptions of equal opportunities for career progression among BME colleagues improved for the fourth consecutive year, as a result of targeted talent management strategies and training opportunities.

WRES Indicator 1 Progress - Workforce Representation Bands 1 to VSM

Buckinghamshire Healthcare NHS Trust

		2022/23			2023/24			
		White %	BME %	Unknown %	White %	BME %	Unknown %	increase in BME %
WRES Indicator 1 - Percentage of colleagues in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM	AfC up to band 7	63.3	32.1	4.5	60.1	36.8	3.0	4.7
	AfC bands 8a to VSM	76.1	18.4	5.5	75.2	20.5	4.4	2.1
	Number of colleagues in workforce %	61.7	33.9	4.4	59.1	37.8	3.1	3.9

The percentage of BME colleagues in the Trust increased, as well as BME representation in up to Band 7, and Bands 8a+. The percentage of BME colleagues up to Band 7 is representative of the overall BME workforce. However, the percentage of BME colleagues in Bands 8a+ is not representative of the overall BME workforce.

This is the fifth consecutive year of increasing BME representation in the Trust, reflecting our successful recruitment of internationally recruited nurses.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

WRES Progress f/y 2023/24

Buckinghamshire Healthcare NHS Trust

	2022/23	2023/24	Commentary
WRES Indicator 2 - Relative likelihood of White colleagues being appointed from shortlisting compared to BME colleagues	1.15	1.26	Deterioration in figure, despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles. Inclusive recruitment is an EDI Objective for f/y 2024-25, and a working group has been created in collaboration with the Recruitment Team to consider innovative and sustainable ways in to make our recruitment processes more inclusive.
WRES Indicator 3 - Relative likelihood of BME colleagues entering the formal disciplinary process compared to White colleagues	0.96	1.48	Deterioration in figure. The overall number of cases is low, so small variations in numbers affects the overall figure. An established Employee Relations Triage is in place which approves cases before they are referred to a formal investigation. All cases submitted to the panel are anonymised to eliminate unconscious bias. Targeted action to review ER processes outlined in EDI Action Plan.
WRES Indicator 4 - Relative likelihood of White colleagues accessing non-mandatory training and CPD compared to BME colleagues	0.86	0.78	Parity between groups.
WRES Indicator 5 - % of BME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.49	30.15	Improvement in percentage. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.

WRES Progress f/y 2023/24

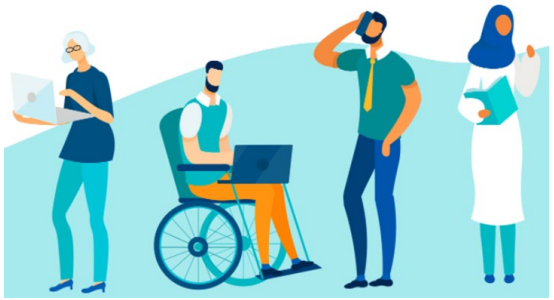
Buckinghamshire Healthcare NHS Trust

	2022/23	2023/24	Commentary
WRES Indicator 6 - % of colleagues experiencing harassment, bullying or abuse from colleagues in last 12 months	25.96	22.81	Improvement in percentage. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WRES Indicator 7 - % of colleagues believing that trust provides equal opportunities for career progression or promotion	50.53	53.5	Improvement in percentage.
WRES Indicator 8 - % of colleagues experiencing discrimination at work from their managers / team leader or other colleagues in the last 12 months	15.38	12.28	Improvement in percentage. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WRES Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce	BME Board Voting %	BME Board Voting %	The board's voting membership is no longer representative of the overall BME workforce at 37.8%.
	50	27	

Workforce Disability Equality Standard (WDES)

Buckinghamshire Healthcare NHS Trust

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which requires all NHS organisations to compare the workplace and career experiences of colleagues with a long term condition (LTC) or disability as defined by the Equality Act 2010, and those without a LTC or disability. The WDES enables BHT to better understand the experiences of our disabled colleagues and supports positive change for all existing employees by creating a more inclusive environment for disabled people working and seeking employment in the NHS. Year on year comparisons enables us to measure progress against the indicators of disability equality.



Summary of WDES progress in 2023/24

During the 2023/24 period, progress was made in several areas under the WDES.

Representation of disabled colleagues in the workforce has increased, for the fifth consecutive year, highlighting our ongoing work to increase psychological safety and empower colleagues to declare their disabilities, including easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network. There is an underrepresentation of disabled colleagues in leadership roles (Bands 8a+). Disabled colleagues make up 5.2% of our overall workforce, yet only 4.4% of Bands 8a+. This suggests that more work is urgently required to achieve equal representation and progression pathways into leadership positions for disabled colleagues and is an EDI Objective for f/y 2024-25.

Parity in recruitment outcomes for disabled and non-disabled colleagues is maintained for the third consecutive year, reflecting the impact of our Disability Network and easier access to reasonable adjustments.

Although there was an improvement in the percentage of disabled colleagues who experienced bullying and harassment, disparities compared to non-disabled colleagues remain. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26. There was also an increase in the number of disabled colleagues reporting these incidents, to over 50%, reflecting a growing confidence in the reporting process and an increase in psychological safety.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

WDES Indicator 1 Progress - Workforce Representation Bands 1 to VSM

Buckinghamshire Healthcare NHS Trust

		2022/23			2023/24			
		Non-Disabled %	Disabled %	Unknown %	Non-Disabled %	Disabled %	Unknown %	increase in disabled %
WDES Indicator 1 - Percentage of colleagues in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM	AfC up to band 7	88.5	4.8	6.7	88.9	5.6	5.5	0.8
	AfC bands 8a to VSM	88.5	3.3	8.2	89.1	4.4	6.5	1.0
	Number of colleagues in workforce %	87.8	4.5	7.7	88.4	5.2	6.4	0.7

There percentage of colleagues with a declared disability increased, as well as representation in up to Band 7, and Bands 8a+. The percentage of colleagues with a declared disability up to Band 7 is representative of the overall workforce with declared disabilities. However, colleagues with a declared disability in Bands 8a+ is not representative of the overall workforce with declared disabilities.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

This is the fifth consecutive year of increasing representation of disabled colleagues in the Trust, as a result of targeted work such as easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network.

WDES Progress f/y 2023/24

Buckinghamshire Healthcare NHS Trust

	2022/23	2023/24	Commentary	
WDES Indicator 2 - Relative likelihood of non-disabled colleagues being appointed from shortlisting compared to Disabled colleagues	1.14	1.19	Deterioration in figure however parity between groups is maintained.	
WDES Indicator 3 - Relative likelihood of Disabled colleagues entering the formal capability process compared to Non-Disabled colleagues	0	0	No change.	
WDES Indicator 4a - % of disabled colleagues who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public	32.57	28.73	Improvement in percentage.	Disparity between disabled and non-disabled colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WDES Indicator 4a - % of disabled colleagues who experienced at least one incident of harassment, bullying or abuse from: Managers	15.06	14.04	Improvement in percentage.	
WDES Indicator 4a - % of colleagues who experienced at least one incident of harassment, bullying or abuse from: Other colleagues	21.48	21.8	Minimal deterioration in percentage.	
WDES Indicator 4b - % of disabled colleagues saying they, or a colleague, reported their last incident of bullying, harassment or abuse	48.38	52.99	Improvement in percentage.	

WDES Progress f/y 2023/24

Buckinghamshire Healthcare NHS Trust

	2022/23		2023/24		Commentary
WDES Indicator 5 - % of disabled colleagues who believe that their organisation provides equal opportunities for career progression or promotion	56.61		54.4		Deterioration in percentage. Inclusive recruitment is an EDI Objective for f/y 2024-25, and a working group has been created in collaboration with the Recruitment Team to consider innovative and sustainable ways in to make our recruitment and retention processes more inclusive.
WDES Indicator 6 - % of disabled colleagues who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	20.62		24.31		Deterioration of percentage.
WDES Indicator 7 - % of disabled colleagues satisfied with the extent to which their organisation values their work	40.51		40.84		Improvement in percentage.
WDES Indicator 8 - % of disabled colleagues saying their employer has made adequate adjustment(s) to enable them to carry out their work	Number	391	Number	461	Deterioration in percentage but improvement in number of colleagues accessing reasonable adjustments.
	%	77.24	%	75.27	
WDES Indicator 9a - Staff Engagement score (0-10)	Disabled		Disabled		Improvement in score.
	6.71		6.73		
WDES indicator 10 - Percentage difference between the organisations' Board voting membership and its overall workforce	Disabled Board Voting %		Disabled Board Voting %		No change.
	0		0		

Gender Pay Gap Reporting f/y 2023/24

Buckinghamshire Healthcare NHS Trust

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to all public sector employers with 250 employees or more, which means that BHT must report its Gender Pay Gap data annually, by 30 March each year. However, understanding the Gender Pay Gap and the drivers behind it is also an important tool, which helps us determine how we can enable the closing of our Gender Pay Gap. This is crucial to increasing inclusivity within BHT through achieving parity between male and female colleagues in the Trust. This is the sixth year that the Trust has produced its Gender Pay Gap report.

	Difference between male and female colleagues			
	Mean		Median	
	2023	2024	2023	2024
Hourly fixed pay	26.9%	22.9%	15.5%	13.9%
Bonus Pay Gap	25.5%	21.0%	0%	0%

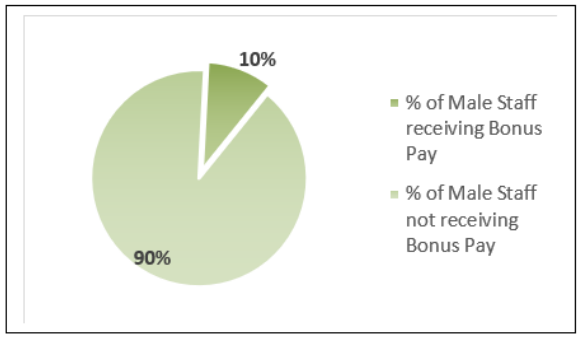
The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are widely different, with the mean being higher than the median, it can be inferred that the dataset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

Our analysis indicates a significant reduction in the gender pay gap. The mean hourly fixed pay gap decreased from 26.9% in 2022/23 to 22.9% in 2023/24. Similarly, the median hourly fixed pay gap improved from 15.5% to 13.9% over the same period. Additionally, the mean bonus gap showed a positive trend, decreasing from 25.5% to 21.0% this year. These improvements reflect our ongoing efforts to address pay disparities and promote equity within the organisation.

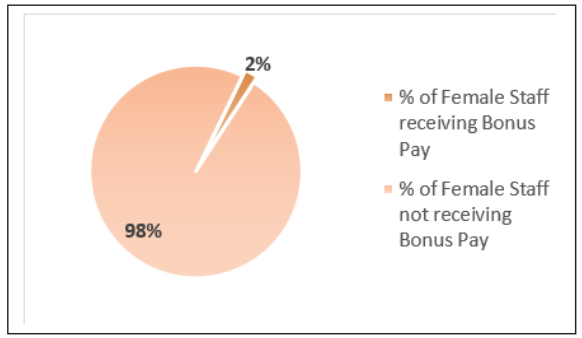
Proportion of colleagues receiving a bonus

Buckinghamshire Healthcare NHS Trust

10%



2%



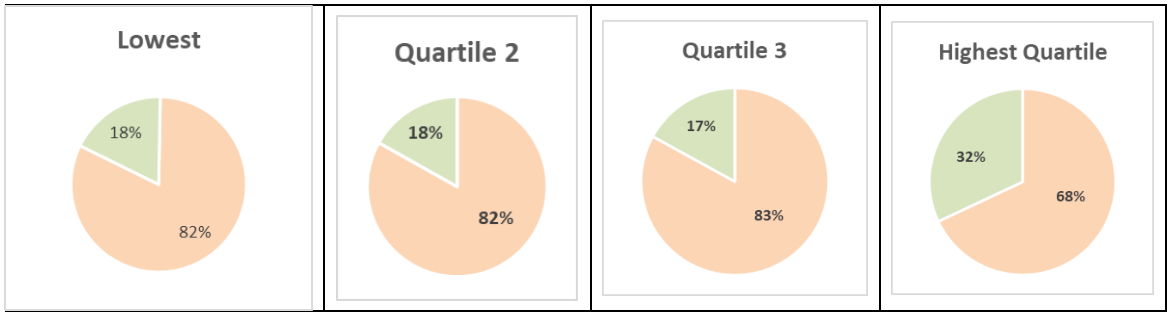
This shows an 8% difference in the number of male and female colleagues who received a bonus for their performance in 2023/24.

Only certain medical colleagues, within our Trust, receive pay that is classified as bonus pay. Bonus Pay applies to fewer than 4% of all our colleagues employed. A bonus pay element is awarded as a result of recognition of excellent clinical practice over and above contractual requirements and has no gender bias.

2023/24 was the last year of new payments associated with Local Clinical Excellence Awards (LCEAs). As per 2022/23, no agreement had been reached at a National Level between NHS Employers, the British Medical Association (BMA) and the Hospital Consultants Specialists Association (HCSA) on a new scheme in respect of LCEAs. In the absence of an agreement being reached, schedule 30 of the terms and conditions – consultants (England) 2003, sets out the contractual provisions that take effect from 1 April 2022. These provisions were confirmed in 2017 when the interim LCEA arrangements were agreed and were to take effect in the absence of an agreement being reached on a new set of arrangements. The provisions require organisations to continue to invest in and run annual LCEA rounds but with a greater degree of flexibility about how they do this. At BHT, the Joint Negotiating Consultative Committee (JCNC) requested that for 2023/24, equal distribution of awards should be considered. This is in recognition of the disruption to SPA and Clinical activity due to the various industrial actions. As such all consultants that met the qualifying criteria for an award received an equally distributed payment (pro-rata for less than full time consultants).

Pay Quartiles

Buckinghamshire Healthcare NHS Trust



	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4	
	Female	Male	Female	Male	Female	Male	Female	Male
Allied Health Professional	0	0	100	16	214	39	197	31
Medical	0	0	46	30	42	37	309	361
Nursing & Midwifery	13	0	561	51	998	124	429	43
Administrative and Clerical	597	92	312	79	80	47	20	28

The above images illustrate the gender distribution across the Trust in four equally sized quartiles. In order to create the quartile information all colleagues are sorted by their hourly rate of pay, this list is then split into 4 equal parts (where possible).

This demonstrates that in quartile 1, 2 and 3 the split between male and female colleagues is consistent, however in the highest quartile there are more male colleagues than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the Medical and Dental group when compared to the other quartiles; this is countered by a greater proportion of female colleagues in the Allied Health Professional, and Nursing staff groups, as is consistent with national NHS statistics on gender distribution in staff groups.

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

Drivers of the Gender Pay Gap

Buckinghamshire Healthcare NHS Trust

Detailed analysis of our data highlights that the gender pay gap is driven by the below factors:

- **Quartile 4 roles -** A relatively higher proportion of male colleagues are in roles which fall into the top quartile of pay when compared to the average workforce (33% of male colleagues in quartile 4 posts compared to 21% male colleagues in the BHT workforce).
- **Medical & Dental roles -** A higher proportion of male colleagues than female colleagues are in Medical and Dental consultant roles (54% male colleagues, 46% female colleagues). There is also a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post, this is influencing our gender pay gap.

The Trust will continue to consider how we can encourage more female applicants to apply for consultant roles and progress into more senior management positions.

We will continue to address this through the Trust's talent management approach, and through the implementation and monitoring of inclusive recruitment processes.

However, the legacy of a higher proportion of male consultants is influencing the current imbalance, which will remain up until the point this cohort retires.

High Impact Action 3 in the NHS EDI Improvement Plan outlines the implementation of the Mend the Gap review recommendations, an independent review into gender pay gaps in medicine in England commissioned by the Department of Health and Social Care in 2017. This is pulled through into the EDI Action Plan 2024-26 and will support with closing the gender pay gap.

NHS
Buckinghamshire Healthcare
NHS Trust

Section 4: EDI Action Plan

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS EDI Improvement Plan

Buckinghamshire Healthcare NHS Trust

We have made progress this year in our pursuit of developing a more diverse and inclusive organisation for our colleagues, patients, and visitors. We have seen an increase in the representation of both BME and disabled colleagues for the fifth consecutive year, diversifying our population and Buckinghamshire county residency through our international recruitment programmes. The richness of diversity, culture, heritage, and backgrounds of our workforce is something we are extremely proud of and is an asset for us at BHT. In light of the recent violence and civil unrest in England, we want to reaffirm our commitment to supporting our BME colleagues and we have taken targeted action to provide safe spaces for colleagues to share their experiences and feelings, and updated policies, practices, and communication on violence, aggression and harassment. We are dedicated to ensuring that BHT remains a place where all individuals feel safe, valued, and respected, with a zero tolerance for abuse.

As we look forward, we are deeply committed to reducing the inequalities which our colleagues are experiencing and remain steadfast in our aim to embed inclusivity and belonging within our organisation and local communities. The work we undertake to achieve our objectives will be evidenced-based and rooted in the experiences of our networks. It will also be informed by national metrics and action plans such as NHS England EDI Improvement Plan, WRES and WDES.

In 2022/23 we developed an EDI Action Plan to support us in achieving our EDI Objectives, and we have updated this to reflect the significant progress we have made in 2023/24 and to integrate our plans for 2024-26. The action plan has been based on the national NHS EDI Improvement Plan published in June 2023, which uses the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion. The six high impact actions within the plan are designed to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. We are committed to meeting the national NHS EDI Improvement Plan by the required deadline of 2026.

The following pages contain an overview of the six high impact actions with success metrics, and our EDI Action Plan. The Plan is intended to be an iterative document, which will be adapted as we achieve our objectives or if evidence suggested an alternative intervention would be more suitable.

NHS England High Impact Actions

Buckinghamshire Healthcare NHS Trust

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25

Key
Achieved
Partly Achieved/In Progress
Planned

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
HIA 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process	Executive team have set EDI objectives.	Achieved	March 2024
	Board members should demonstrate how organisational data and lived experience have been used to improve culture	Colleague and patient stories are shared at Board meetings. 96 senior leaders completed the Allyship Development Programme, and executives sponsor the networks.	Achieved	March 2024
	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework	Cycle of twice a year (progress report March, year and EDI report in Oct)	Achieved	March 2024
HIA 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation	Initiatives in place: Developing Me, Developing You programme Scope for Growth TM programme Exec succession plan Leadership Board Board Affiliate Peaks programme Implemented talent management programmes and training will be evaluated.	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Implement talent management initiatives by June 2024. Evaluate progress by March 2025.
	Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes. Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.	Initiatives in place: Bright futures NHS Choices College Local GMTS Apprenticeships Armed Forces Community A working group dedicated to inclusive recruitment and career progression has been created in collaboration with the Recruitment Team to deliver end-to-end support for underrepresented groups.	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	March 2026

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
HIA 3: Develop and implement an improvement plan to eliminate pay gaps.	Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce	The Mend the Gap recommendations will be reviewed, and an action plan created with the relevant leads.	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Scope the requirements for an improvement plan to eliminate pay gaps by March 2025 for development and implementation by March 2026.
	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards	Gender Pay Gap data is already collected and analysed annually. Data analysis capability currently being identified to support work with ESR to capture disability & race pay gap.	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	March 2026
	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns	New Flexible working policy implemented.	Achieved	March 2024
HIA 4: Develop and implement an improvement plan to address health inequalities within the workforce.	Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework	Wellbeing conversations are conducted by managers; reasonable adjustments are accessible via Occupational Health.	Achieved	October 2023
	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare	Supporting opportunities Bucks initiatives and being recognised as a cornerstone employer in: 1 Widening Opportunity 2 Building Future Skills 3 Raising Quality.	Achieved	April 2025

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25

NHS Buckinghamshire Healthcare

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
HIA 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.	Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options	IENs are presented information on the workplace, community and relevant legislation both from the Trust and their agencies. Regular contact is maintained between the IEN and trust throughout the recruitment process. IEN's also receive a detailed welcome pack with a range of guidance, signposting and information.	Achieved	March 2024
	Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback	The International team has a thorough onboarding process involving the Wellbeing and Education teams, whilst also supporting the IENs Line Manager. The trust also work with a Social Prescriber to assist IENs integration. Turnover rates for IENs were 3.9% sine 2021 which is significantly lower than the Trust average for nursing.	Achieved	March 2024
	Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety	Line Managers and IENs are both supported with the integration and given guidance on potential cultural differences and expectations. Listening events are held to share learning and experiences. Cultural celebration events are held at ward and trust wide levels.	Achieved	March 2024
	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression	IENs are supported in their careers by their Line Managers and Preceptorship team. Personal Development Plans are discussed at appraisal highlighting training that can support career progression. We have a number of IENs who have now progressed to Band 6 & 7 roles.	Achieved	March 2024

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
HIA 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year.	5 year trend analysis on workforce equalities data completed to identify trends. Staff Survey data analysed to identify trends and what demographics/protected characteristics are disproportionately impacted in order to target supportive interventions. Bullying and Harassment taskforce is in place and progressing.	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	Reduction targets set by March 2024, data reviewed by July 2024. Interventions implemented by March 2026.
	Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this	An established Employee Relations Triage is in place which approves cases before they are referred to a formal investigation. All cases submitted to the panel are anonymised to eliminate unconscious bias. Review ER processes in collaboration with HR.		Highlighted in 2023/24 WRES data, review to be completed by March 2025.
	Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it	A domestic abuse policy is in place and all colleagues are able to access support within the Trust, including through the Safeguarding Team, Wellbeing Team and Freedom to Speak up Guardian.	Achieved	June 2024
	Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff	FTSUG Service established across BHT and expanded to increase outreach. FTSUG data is reviewed against all protected characteristics to ensure equality of access and reported in line with governance processes.	Achieved	March 2024
	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence	The Managing Unacceptable Behaviours, Violence & Aggression Policy, EDI Policy and Standards of Behaviours and Conduct Policy each contain clear information on the extensive wellbeing support available to colleagues who experience these types of behaviours.	Achieved	March 2024
	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	FTSUG, Safeguarding, Union representation, Wellbeing, TRiM	Achieved	March 2024

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Response to 2024 Riots
Board Lead	Bridget O'Kelly, Chief People Officer
Author	Karon Hart, Director of Workforce and Wellbeing
Appendices	NHSE Letter - NHS Response to 2024 Riots Social Media Guidance – available in the Reading Room
Purpose	Information
Previously considered	EMC 17 September 2024 (Response to 2024 Riots)

Executive summary

On 12 August 2024, NHS Trusts received a letter from NHS England in response to the 2024 riots (please see appendix 1).

Buckinghamshire Healthcare NHS Trust recognises the impact of the riots, general civil unrest, and associated behaviours and narratives, had for many of our patients, colleagues, their families and communities.

We echo NHS England's position with a zero-tolerance approach to any form of abuse in our organisation. Acts of racism, discrimination, violence and aggression are not acceptable, and incidences are dealt with appropriately.

Ensuring our colleagues are safe, supported and listened to, is an organisational priority and by providing this environment, we are able to deliver safe patient care and services.

Following the rise of civil unrest and hate crimes NHS England grouped the 7 main areas of concern within their response letter and BHT has considered each of these areas in our response to the 2024 riots and this paper sets out the actions we have and continue to take.

BHT has key services and initiatives in place that enabled us to respond quickly to the impact of the civil unrest and associated impact.

Decision	The Board is requested to note the paper.

Relevant strategic priority

Outstanding Care ☐	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective

☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☒ Zero tolerance to bullying

Implications / Impact

Patient Safety	Aligns with ensuring our patients are during their care
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 6: Failure to deliver our People priorities
Financial	n/a

Compliance Select an item. **Dignity and Respect**	This paper is in line with our commitment to No Excuse for Abuse #Be Kind and our BHT CARE values
Partnership: consultation / communication	This paper reflects collaborative working with internal colleagues, with staff side, with Buckinghamshire Strategic partners, and other regional and national NHS bodies
Equality	Type in This work is in place to address any concerns raised in response to inequality and the policies and protocols in place to support equality
Quality Impact Assessment [QIA] completion required?	Not required

1 Position

1.1 On 12 August 2024, NHS Trusts received a letter from NHS England in response to the 2024 riots (please see appendix 1.1).

1.2 Buckinghamshire Healthcare NHS Trust recognises the impact of the riots, and associated behaviours and narratives, had for many of our patients, colleagues their families and communities.

1.3 The Trust endorses and echoes NHS England's position with a zero-tolerance approach to any form of abuse in our organisation. Acts of racism, discrimination, violence and aggression are not acceptable, and incidences are dealt with appropriately.

1.4 Ensuring our colleagues are safe, supported and listened to, is an organisational priority and by providing this environment, we are able to deliver safe patient care and services.

1.5 Following the rise of civil unrest and hate crimes NHS England grouped the 7 main areas of concern within their response letter (appendix 1) BHT has considered each of these areas in our response to the 2024 riots and this paper sets out the actions we have and continue to take.

2 BHT Actions and responses

Summary of our actions and responses, grouped according to the 7 points in NHSE letter

i. Ensuring staff can access the support they need.

<u>In place</u>

BHT have key services and initiatives in place that enabled us to respond quickly to the impact of the civil unrest and associated impact on colleagues. For example:

- Dedicated in house wellbeing service with counsellors and other psychological support options.
- Programme of work to mitigate, manage, report and support incidents of violence, aggression and racism. This includes:
    - Datix reporting (including link to wellbeing support and Thames Vally Police reporting line if required)

- A weekly forum, available to all colleagues and where appropriate actions and support are in put in place.
- Active staff networks
- Dedicated FTSU team

Additional response

- Chief Executive Officer issued communication to all colleagues.
- Chief Nurse and Director of Workforce and Wellbeing hosted a listening event provided for all colleagues to feedback on impact and highlight what further what support they need. Almost 200 colleagues attended, and we received feedback on the positive culture this opportunity created.
- Webinars open to whole organisation to remind colleagues on support available and how to access, with the details of increased actions and resources in place to address concerns and follow up comms, including signposting to local and national support lines and NHSE links.
- We increased the rapid access capacity of the wellbeing team (either by drop in to the wellbeing HUB or by phone)
- We support line managers to support their own colleagues the wellbeing team put in place 'how to have a wellbeing conversation' training.
- Enabled mangers to support colleagues to work form home/ change their start and/or finish times to travel at 'safer' times (outside of the times that civil unrest had been publicised as likely to happen particularly in London)

ii. **Involve staff networks in organisational response**

In place

- The EDI Team and Embrace Network chair are involved in the Bullying and Harassment taskforce to address this Trust Objective.
- Networks are supported by Executive sponsors, ensuring commitment to inclusivity and representation at the highest levels.
- Network chairs participate in the monthly EDI Operational Group meetings, allowing concerns and insights to be consistently integrated into decision-making processes.
- The EDI Team attends network meetings to provide ongoing support and address any issues raised by network members.

Additional Response

- Staff Network chairs and the EDI Team reached out to network members to communicate available support avenues and identify key points of contact.
- Network chairs were invited to participate in the civil unrest meetings, where they were able to voice their concerns and contribute directly to the Trust's response strategies.
- Additionally, the EDI Team offered the opportunity for network-specific listening events, and regular network meetings are ongoing, providing further opportunities for members to discuss their experiences and suggestions.

iii. **Refusal to treat patients**

In place

We have a policy in place, Managing Violence, Aggression and Unacceptable Behaviour (MVAUB) which includes zero tolerance of abuse to colleagues for incidents of patients displaying unacceptable behaviour. Via this policy we instigate the relevant escalation process, as appropriate, which can include a yellow and red card action being issues to patients or visitors.

This policy is currently concluding a full review process, including alignment with NHSE Violence prevention and reduction standard.

Additional response

There were no incidents of unacceptable behaviour of patients towards colleagues during the civil unrest period wherein we have refused treatment.

iv. Consistency in approach to social media policies

In place

We have a social media policy in place (reviewed this year) that was ratified and agreed in collaboration with staff side colleagues.

In all cases of concern, where colleagues behave in a way that may bring the organisation into disrepute, we apply our local policy (which is aligned to the to the additional document provided by NHSE in appendix 2) and action is taken in accordance with this.

v. Consistency in our approach to dealing with staff involved in civil unrest, or other racism-related activities outside of the workplace

In place

BHT Standards of conduct and behaviour policy in place and applied consistently. Our policy reflects NHS Employers advice and guidance for a robust and proactive approach to applying local disciplinary policies where staff are allegedly involved in discriminatory behaviour, inside or outside of work.

Including onward referral to professional regulators where appropriate and where an internal investigation suggests criminal acts may have taken place, reporting concerns to the police. N.B. A paper on this policy is also being considered at EMC on 17.9.24.

vi. **Improving our own progress in addressing key EDI concerns**

In place

- We have seen an increase in the representation of BME colleagues for the fifth consecutive year. Our international recruitment programme has diversified our BHT population and Buckinghamshire County residency.
- Our BHT action plan is based on the national NHS EDI Improvement Plan published in June 2023, which uses the latest data and evidence to identify

six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

- We have made significant progress in achieving the six high impact actions outlined in the NHSE EDI Improvement Plan, published in June 2023. The outstanding actions are pulled through into our EDI Action Plan 2024-26.
- An overview of the six high impact actions with success metrics, and our EDI Action Plan are detailed in the Annual Equalities Workforce Report f/y2023-2024
- We are committed to meeting the national NHS EDI Improvement Plan by the required deadline of 2026.

Additional response

- In response to the violence and civil unrest, we reaffirmed our commitment to supporting our BME colleagues and ensuring that BHT remains a place where all individuals feel safe, valued, and respected, with a zero tolerance for abuse.
- We worked in collaboration with our staff networks and we provided safe spaces for colleagues to share their experiences and feelings and offer support/ action to address as appropriate.

vii. Working closely in partnership with our trade unions

In place

We have strong ongoing relationships with our staff side representatives and we have regular meetings, including monthly formal committee to share information, review policies and discuss any key issues arising.

Additional response

Our staff side chair (Unison) was invited, alongside other union representatives, to webinars/ listening events and consulted regarding relevant communications. They were also invited to feedback any relevant concerns raised to them that needed support (within confidentiality boundaries)

Working closely in partnership with our system partners

During the period of civil unrest, our Chief Executive Officer and Chief Operating Officer met daily with colleagues from the police, Council and other partners to track local intelligence about potential threats in the county.

Whilst there were no known immediate risks, an all-user email was sent from our CEO (9/8/24) that disseminated this information, including a specific police email address set up for public sector colleagues to report any intelligence that might have been relevant, including racist or inflammatory social media posts they may have seen.

Further to this, BHT issued the following statement on national tensions made jointly by Buckinghamshire Strategic Partners, for which BHT is a one of the partners. Other partners include Thames Valley Police, Buckinghamshire Fire and Rescue Service, Paradigm Housing, Red Kite Housing, Fairhive Housing and Bucks New University.

We in Buckinghamshire stand united in our commitment to fostering a culture of peace and respect. Violence has no place in our society, and we will not tolerate any actions that threaten the well-being of our community members. Together with our partners in the police, fire, health, housing provider services and higher education, we are striving to create an environment where everyone can live their lives in safety and harmony, free from fear and intimidation. We would ask everyone to be careful about the information they receive and share, particularly on social media, as we are aware there is a lot of misinformation circulating around. If for any reason you are worried or concerned about something in your area, please call the Police on 101 or if it is an emergency, dial 999

3. Action required from Board

Board is asked to take assurance from this paper.

To:
- Integrated care boards:
  - chief executive officers
  - chief nursing officers
  - medical directors
  - chief people officers
- NHS trusts and foundation trusts:
  - chief executive officers
  - chief nursing officers
  - medical directors
  - chief people officers
- GP practices
- Dental practices
- Pharmacy contractors
- General ophthalmic service contractors

cc.
- Regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

12 August 2024

Dear colleagues,

NHS response to 2024 riots

Last week we held a meeting with integrated care board (ICB) and trust chief executives and deputies to discuss the NHS's response to the civil unrest and groundswell of hate we have seen across the country – including online – over the last fortnight in particular.

These racist and Islamophobic riots have been shocking and have had a deep impact on many of our staff and patients. We are conscious that these traumatic events have come swiftly after other racist incidents in our society affecting our staff, such as continuing acts of antisemitism, all of which are deeply concerning.

Thank you for the very clear determination and commitment that we heard in that meeting to look after all our colleagues and patients. We know this extends well beyond the chief

executives and others who joined us last week, which is why we are sharing this letter with a wider group.

We know also that while the events of the last week have brought a particularly acute focus on the racism that some colleagues and members of our communities still face, these are longstanding issues that require long term commitment. While much of it is not within our influence, what happens within the NHS is.

A key takeaway from the meeting was that colleagues would appreciate a ‘do once’ approach to bringing together, and in some cases interpreting, relevant resources, guidance and policies: relating to supporting our staff, and to addressing racist or other discriminatory behaviour, whether from patients or colleagues.

Since then, we have held two calls with all chief people officers to establish further what would be helpful. We have continued to hear updates from the frontline.

Our starting principle is that discrimination is unacceptable, and the NHS should have zero tolerance of racism towards our patients or colleagues.

As we pointed out in the NHS equality, diversity and inclusion (EDI) improvement plan last year, this is not just a question of values; but of staff feeling safe to come to work, wanting to remain in the NHS, and being able to contribute to the best of their ability; and of patients having the confidence that they will be looked after appropriately if they need our care. As such, it is fundamental to our core business.

This letter is the first main step in responding to your ask on last week’s call. The annex below provides guidance and information and clarifies key points of concern.

We are conscious it is not the full picture. Some elements of it will be more applicable to some organisations than others. Other elements need further work to finalise, which we are doing with national partners.

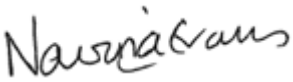
Our intent in writing now is to share what we can quickly, but we are committed to continuing to work with you and staff representatives to address additional questions and considerations.

Finally, the information below is by necessity written for you as leaders of your respective organisations, responsible for developing and implementing policies; you will know best what works in terms of how you communicate this to your staff, patients and the different communities you serve.

However, as you will appreciate, it is important that this communication does take place, with an emphasis on empowering individual staff and patients to take action where they encounter racist behaviour, and giving confidence that their organisation will back them when they do. London Ambulance Service gave us a good example of this earlier this week.

Thank you, again, for everything you are doing to support both staff and patients.

Yours sincerely,

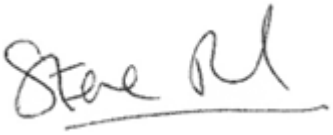


Dr Navina Evans

Chief Workforce, Training and Education Officer

Professor Sir Stephen Powis

National Medical Director



Steve Russell

Chief Delivery Officer

Duncan Burton

Chief Nursing Officer, England

Annex

Listening to and supporting affected staff

1. Ensuring staff can access the support they need

NHS employers will already have well-established policies in place to support staff who are concerned about their safety at work. The general principles relevant to the events of the last fortnight are that:

- staff know how concerns can be raised, and use of these processes is monitored to ensure they are fit for purpose
- line managers have adequate advice and training so that they can directly support colleagues where possible, and signpost to other forms of support where needed.
- (where staff raise concerns about their personal safety) mechanisms exist to undertake a local risk assessment and put appropriate mitigating actions in place, such as consideration of temporary remote working arrangements and/or safety measures for lone workers

Employers may wish to increase promotion of their local health and wellbeing support for staff. Details of nationally-commissioned routes of support, including the 24/7 text helpline 'SHOUT' and NHS Practitioner Health, can be found at NHS England – Support available for our NHS People.

It is important to recognise that while some staff may need support because they have been directly affected by attacks to themselves or friends of family, others may face less-direct impacts, including those living or needing to travel through affected or at risk areas. These impacts should be addressed as proactively as possible through line management conversations.

2. Involve staff networks in organisational response

Staff networks within an organisation are often a valuable source of peer support for colleagues.

Senior leaders – both executive and non-executive – may find it helpful to specifically engage with staff networks or other groups (for example, in primary care, this may be the whole team) to understand how colleagues feel about the current unrest and ensure their involvement in key decisions.

All staff have a responsibility to report where they see acts of discrimination, whether it affects them directly or not.

We know that many staff are strong allies on issues of discrimination, and they should be called upon to support.

Dealing with instances of racism and discrimination

3. Refusal to treat

In general terms, it is lawful for providers of NHS services to refuse to provide treatment where a patient's behaviour constitutes discrimination or harassment towards staff; but this must be reasonable, and the approach tailored to specific cases.

The NHS Constitution, to which all NHS bodies and all providers of NHS care (including primary care providers and sub-contractors) have a statutory duty to have regard, is clear that access to NHS treatment is contingent on patients and the public acting in a respectful way.

This is reinforced by the NHS Standard Contract 7.2.3, which confirms that a provider is not required to provide or continue to provide a service to a patient "…who displays abusive, violent or threatening behaviour unacceptable to the Provider, or behaviour which the Provider determines constitutes discrimination or harassment towards any Staff or other Service User", with the provider "in each case acting reasonably and taking into account that Service User's mental health and clinical presentation and any other health conditions which may influence their behaviour".

Similar but different provisions exist in general practice, dental services, pharmacy and optometry under the relevant regulations.

All healthcare settings should have policies relating to abuse, violence and racism against their staff (including trainees) by patients and or their accompanying relatives, that put processes in place to trigger a refusal of treatment, with appropriate safeguards and that are in keeping with the regulations and rules the service is delivered under.

Implementation of NHS England's violence prevention and reduction standard is an important part of delivering safe services.

All policies should be in keeping with the guidance issued by professional regulators and bodies.

In particular, NHS trusts and GP practices should note:

- the General Medical Council's (GMC) guidance, Racism in the workplace - GMC (gmc-uk.org) and ending the professional relationship a patient, which includes important provisions on emergency care, and is aligned with the BMA's guidance

- the NMC's professional guidelines and the Royal College of Nursing's (RCN) guidance on Refusal to treat | Advice guides | Royal College of Nursing (rcn.org.uk)

It should also be noted that some types of behaviour potentially constitute criminal acts. Where this is suspected, and particularly where the safety of colleagues or other members of the public is threatened or compromised, it should be reported to the police immediately, or as soon as practicable afterwards.

While respecting the wishes of individual staff in this regard, we support organisations pursuing criminal charges and convictions in all applicable cases.

Notwithstanding the guidance above, we recognise that developing and applying these policies is not simple. If colleagues require further information or advice, they should contact their professional leads within ICBs and regions. Primary care contractors (general practice, dentistry, optometry and pharmacy) should contact their commissioner.

4. Consistency in approach to social media policies

Many healthcare providers already have established social media policies for staff, covering activity inside and outside of work.

In general it is good practice that social media policies are reviewed and re-communicated to all staff periodically. Where appropriate, it is also good practice that policies make specific links to the requirements of professional regulators, for example the GMC, Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC) and the General Dental Council (GDC).

It is also important that these policies link to broader disciplinary policies and procedures.

Appended to this email is the NHS England social media policy, which may be useful as an example – we are also reviewing this in light of the current situation.

As above, some comments made on social media may contravene the law. Where this is suspected, organisations should report them to the Police for investigation.

5. Consistency in our approach to dealing with staff involved in civil unrest, or other racism-related activities outside of the workplace

NHS Employers has developed specific advice and guidance for NHS HR directors/chief people officers, which addresses conduct outside of working hours, incidences involving the police and the use of social media. This can be accessed online.

We support a robust and proactive approach to applying local disciplinary policies where staff are allegedly involved in discriminatory behaviour, inside or outside of work.

This may include a risk-based approach to concluding the investigation, hearing the evidence, and appropriate sanction applied, in advance of the police concluding their procedures.

You should note that onward referral to professional regulators may be appropriate. Additionally, there may be cases where there has been no police involvement to date, but where internal investigations suggest criminal acts may have taken place; in these cases, employers should report their concerns to the police.

NHS Employers will be available to support this approach.

Demonstrating ongoing commitment to equality, diversity and inclusion

6. Improving our own progress in addressing key EDI concerns

The concerns of staff about the discrimination they experience working in the NHS are not new; nor do they manifest solely in the ways we have seen over the last fortnight.

We all have a duty to staff, patients and the public to root out discrimination in all forms in the NHS. We can do this by taking forward the 6 high-impact EDI actions set out in the NHS EDI improvement plan, through a plan of tangible actions against which performance can be assessed internally by leaders, in a transparent way.

In doing so, it is important to pay attention to the experience of students/learners, bank workers, international recruited and subcontracted staff, to ensure they are included in our support and their experiences shape our wider work.

7. Working closely in partnership with our trade unions

Trade unions have a long history of advocating for staff, including dealing with and addressing discrimination in our society and workplaces.

Some of the issues that you will be dealing with locally will be relatively new and require new or more proactive approaches.

Many of you will be working closely with your local trade unions, and we would encourage a united approach with our local partnerships forums. Trade union health and safety representatives are an important partner in addressing safety issues including violence and aggression in the workplace.

8. Ongoing joint working and advice

To support leaders, the national NHS England Workforce, Training and Education team will convene all HR directors and chief people officers on a regular basis. The first of those meetings happened last week and was instrumental in shaping the content of this letter.

For individual cases that require support, the relevant regional director of workforce, training and development should be contacted.

NHS Employers will also convene a weekly ‘drop in’ session, with legal support, to support consistency of local application. Details of how to access this support will be sent shortly.

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
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- ED&I – Equality, Diversity & Inclusion
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EQIA – Equality & Quality 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
- ERF – Elective Recovery Fund
- 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
- HSW – Healthcare Support Worker
- 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 - Integrated Performance Report
- 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
- NHSLA - 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 - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- 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