Buckinghamshire Healthcare NHS Trust

ANNUAL REPORT

2023/24

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Annual Report 2023/24

Contents

Foreword from the Chair and Chief Executive

In the financial year that we celebrated not only the 75th birthday of the NHS but also the 80th anniversary of the founding of the National Spinal Injuries Centre, there has been much to be proud of.

At the start of the year, we set ourselves a number of key objectives that, if achieved, would make a real difference to the Trust achieving its vision of delivering outstanding care, creating healthy communities and being a great place to work.

In providing **Outstanding Care** we set out a goal to eliminate 'corridor care' for our emergency patients by 2025 and whilst we've not yet done it completely, it is significantly down from where it was in 2022/23. We wanted to have fewer than 4% of patients who attend our Emergency Department (also known as A&E) waiting over 12 hours – in March we achieved 3.42%. Whilst we didn't quite get to the national standard for the 4-hour target, we saw improvements in all of our other supporting measures, such as reducing delayed discharges, reducing length of stay in our acute and community hospitals and increased admission avoidance through our same day emergency care services.

By both increasing capacity and using the capacity we have more effectively, we reduced the number of people waiting over 65 weeks on a hospital waiting list from 782 in March 2023 to 13 by the end of March 2024. We also met the national standard for diagnosing 75% of new cancers within 28 days of referral and we've over halved the number of people waiting over 6 weeks for a scope, scan or hearing test.

The number of teams having their clinical services successfully accredited has exceeded the target we set at the start of the year.

In contributing to our **Healthy Communities**, we made great progress on some of the goals we set ourselves – reducing the levels of women smoking in pregnancy to below 5% and getting much better at identifying frailty in our hospitals and in the community. We've also become one of the first trusts in the country to provide new cholesterol reducing drugs to some of our highest need residents, and our adult community teams continue to perform well above the national standards in responding to people in need at home. We also opened our first 'health on the high street' unit in Aylesbury.

We were delighted to once again be awarded the contracts to provide community services for children in Buckinghamshire and made real headway in being more responsive to what nationally and locally are some really challenging increases in complexity in children's care. And of course, we continue to protect the county's children through the thousands of vaccinations our childhood immunisation team carry out each year.

Under the goal of making BHT a **Great Place to Work**, we met our objective for reducing to under 12% the number of colleagues who leave us within a year of joining and the Trust's vacancy rate is at its lowest ever at under 5%. We have also completed more training in a single year than ever before. Results from the annual national staff survey showed that we are continuing to make good progress nationally and our staff engagement score increased again, putting us in the top quartile compared to similar trusts in the country and we are the fourth best nationally for the positive action we are taking to support the health and wellbeing of our colleagues.

And finally, our **Financial Plan** – we delivered what we set out to do at the start of the year, including over £20million of efficiencies from where we were last year. On top of this we spent £59m in capital projects including the opening of a new Children's Emergency Department, digitising the surgical pathway, creating a new digital Care Coordination Centre which gives our clinicians real-time data about the patients in our hospitals, and improving the infrastructure of our estate.

All of this was achieved despite several periods of industrial action during which we continued to provide safe and compassionate care to the residents of Buckinghamshire.

We have much to look forward to in 2024/25. We opened a state-of-the-art Interventional suite in April 2024 and work is underway to install a further new MRI and CT scanner in a purpose-designed modular building at Amersham.

A new 21 bedded ward will open at Stoke Mandeville Hospital this Winter, we will be creating a centre of excellence for ophthalmology as well as expanding our research and innovation facilities. We will also be continuing our digital journey, implementing our Electronic Patient Record, looking for opportunities to use Artificial Intelligence and rolling out new maternity and digital prescribing systems.

None of this could be achieved without the 6,300 colleagues that work for the Trust, our volunteers and our partner organisations and we would like to take this opportunity to extend our gratitude to them for their continued dedication to delivering healthcare services for our patients and service users in our hospitals, in the community and in people's own homes.

Purpose and Activities

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated provider of acute hospital and community services for people living in Buckinghamshire as well as some residents of neighbouring counties. We provide care to over half a million patients every year in our hospitals, community settings and in people's own homes. Our vision is to provide outstanding care, create healthy communities and make BHT a great place to work.

About the Trust

Our patients are at the heart of everything we do, providing personal and compassionate care, every time. Our focus is on providing the right care, in the right place, at the right time, and everything we do is aimed at delivering high-quality care when and where you need it.

We deliver this care in a range of ways, from community health services provided in people's homes or from one of our local bases, to hospitals at Stoke Mandeville, Wycombe, Amersham and Buckingham.

Our main acute hospitals

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

Our main community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Brookside Clinic, Station Way, Aylesbury, HP20 2SR
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont Community Health & Wellbeing Centre, Hampden Road, Chalfont St Peter SL9 9SX
- Florence Nightingale Hospice, Mandeville Road, Aylesbury HP21 8AL
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Rayners Hedge, Croft Road, Aylesbury HP21 7RD
- Thame Community Hub, East Street, Thame OX9 3JT
- Unit 33, Friars Square Shopping Centre, Aylesbury, HP20 2QF

The Trust's headquarters are based at Stoke Mandeville Hospital.

We are proud of the services we offer. Stoke Mandeville Hospital is home to the internationally recognised National Spinal Injuries Centre; our stroke service is one of the best in the region and we are a regional centre for burn care, plastic surgery and dermatology.

We are not complacent though and we continue to strive for success – building on our performance to improve our services for our patients and our community.

Details of the Trust's business model and environment, organisational structure, objectives and strategies can be found within this Annual Report.
Visit our website for more details on our services**:** www.buckshealthcare.nhs.uk

Our people and our culture

The equivalent of 6,300 people work for us full-time. This includes clinical colleagues, such as doctors, nurses, midwives, health visitors, therapists, support workers and healthcare scientists, all supported by corporate and administrative colleagues. We are committed to ensuring that BHT embraces and celebrates diversity as we strive to tackle inequalities both within the workforce and in our local communities. We want all of our people to be listened to, feel safe and supported and are committed to ensuring that we have a culture that is inclusive and equitable.

All colleagues, whatever their role, are encouraged and expected to lead by example in line with the Trust's CARE values of Collaborate, Aspire, Respect and Enable.

We **Collaborate** – working as a team

We **Aspire** – striving to be the best

We **Respect** – everyone, valuing each person as an individual

We **Enable** – people to take responsibility

Governance

NHS England

Following its introduction in 2020, the NHS System Oversight Framework offered a new approach to providing focused assistance to organisations and systems. To provide an overview of the level and nature of support required and target support as effectively as possible, NHS England has allocated trusts and Integrated Care Boards (ICBs) to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

For ICBs and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the Integrated Care Board).

For trusts and ICBs in segment 3, NHS England regional teams will work collaboratively with them to undertake a diagnostic stocktake to identify the key drivers of the concerns that need to be resolved. Through this, NHS England aims to better understand support needs and agree improvement actions.

Those in segment 4 enter the new Recovery Support Programme. As at the end of 2023/24 the Trust was in segment 3.

Integrated Care Boards

Under the Health and Care Act 2022, from 1 July 2022 two core parts of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) became statutory bodies: an Integrated Care Board (ICB) which amongst others took on the functions of the Clinical Commissioning Groups within the area; and an Integrated Care

Partnership (ICP) which has responsibility for delivering a health and wellbeing strategy for the system together with local authorities and other key partners. We are accountable to the ICB for our operational and workforce plans.

Further details can be found in the Corporate Governance section.

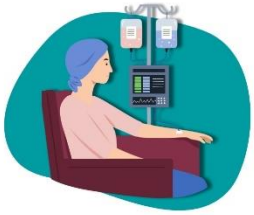
Performance Overview

NHS
Buckinghamshire Healthcare
NHS Trust

NHS waits reduce for Buckinghamshire patients across the board

Cancer diagnosis

10% improvement in early cancer diagnosis with the Trust now achieving the national standard. With referrals increasing by 9%.



Emergency department waits

We have reduced by half the number of patients waiting more than 12 hours in our Emergency Department.

Diagnostic testing

Less than two in ten people now wait more than six weeks for a diagnostic test compared to nearly five in ten last March.

Patients waiting for treatment

The number of patients waiting over 65 weeks for treatment went from 782 to 13 over the course of the year.

Regional improvement

In top three most improved Trusts in the South East for performance measures.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Strategy and Objectives

The Trust's strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to the Buckinghamshire Joint Local Health and Wellbeing strategy: Healthier, Happier Lives developed by the Buckinghamshire Health and Wellbeing Board.

The Buckinghamshire Health and Wellbeing Board comprises of representatives from our Trust, Buckinghamshire Council, Oxford Health NHS Foundation Trust, Buckinghamshire, Oxfordshire and Berkshire West ICB and voluntary and community sectors. Healthier, Happier Lives focuses on improvements throughout life so that residents start well, live well and age well. Together we are committed to improving health and social care in the long term and to reducing health inequalities for those living in areas with greater need and groups with poorer health.

As part of the new health and care integration arrangements for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, we have worked with partners to established a place-based partnership for Buckinghamshire. Formalising existing informal arrangements, this will assist senior leaders across health and social care to oversee and tackle key strategic issues for health and care integration in Buckinghamshire and support the delivery of the Buckinghamshire Joint Local Health and Wellbeing Strategy. The place-based partnership, known as the Buckinghamshire Executive Partnership (BEP) started meeting in April 2023. It is chaired by the Trust's Chief Executive Officer with representatives from Buckinghamshire Council, Oxford Health NHS Foundation Trust (which provides mental health services in Buckinghamshire), South Central Ambulance Service NHS Foundation Trust, FedBucks GP Federation and the voluntary sector. The role of the BEP is to look at things that can only be achieved if all partners collaborate and work closer together.

The Trust's vision is to deliver outstanding care, create healthy communities and be a great place to work. Our mission is to provide personalised and compassionate care.

To deliver our vision and mission, we have three strategic priorities:

- **Provide outstanding, best value care** – care that is compassionate and inclusive and delivers the best possible outcomes in the most efficient way. People deserve nothing less.

- **Take a leading role in our community**, where we play our role in supporting people to live independent healthy lives at home.

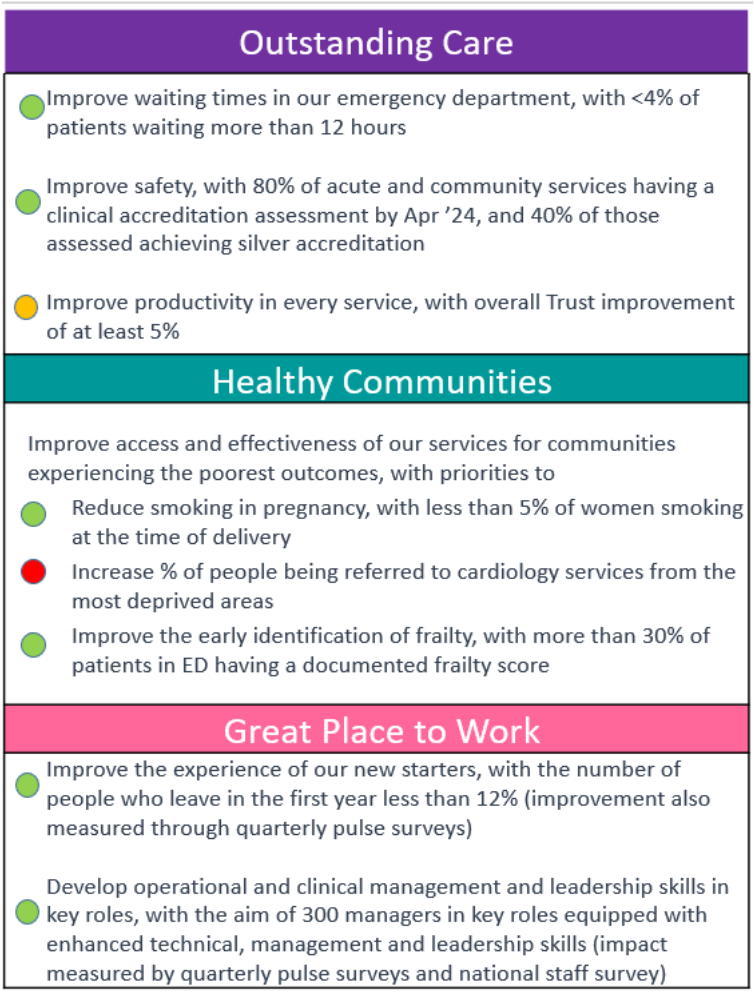
- **Ensure our people are listened to, safe and supported**, creating a great place to work that is inclusive and compassionate. A workplace that learns and improves together and values the health and wellbeing of our colleagues because we know that happy, healthy people deliver the best care.

We want to be bold in how we deliver care to our patients. Over the next five years we will change the way we deliver healthcare and move away from the hospital being the first point of contact. Working with our partners, such as GPs, mental health services and social care, we will build and develop our community and primary care services so that patients can access health advice, support and care in their communities and closer to their homes.

We have set out our strategic framework and plans for how we intend to achieve our vision and during 2023/34 we focused on six key objectives:

- Improving waiting times in our Emergency Department
- Improving safety through our clinical accreditation programme
- Improving productivity
- Improving access and the effectiveness of our services for communities experiencing the poorest outcomes
- Improving the experience of our new starters
- Developing the operational and clinical management and leadership skills of those in key roles.

Details of the activity we undertook to meet these objectives can be found in the Performance Analysis section but in summary the Trust met or exceeded six of the breakthrough objectives it set, with one objective at amber and one not met.



In relation to the Trust's target to improve productivity by 5%, we are awaiting the national NHS England productivity report to finalise our 2023/24 position as data is provided two months in arrears.

During the year, the Trust was affected by unexpected and unplanned impacts on activity and costs, including industrial action and periods when we were not able to use all of our theatres due to estates' issues.

Since we have been able to operate at full theatre capacity, combined with better utilisation of our theatres, activity levels have continued to increase.

Our data suggests that had we not experienced these unexpected setbacks, we would have met our productivity improvement objective.

We have not been able to achieve an increase in cardiology referrals from the most deprived areas of Buckinghamshire. This is due to multiple factors. The evidence base and NHSE guidance identifies that to significantly improve cardiovascular outcomes we need to focus on improving access to preventative healthcare, with proactive interventions. In Buckinghamshire, people from more deprived areas have worse access to primary care and lower funding rates per patient within primary care for GP practices, as well as some of worst patient experience within BOB.

In response to these challenges, we have prioritised the cholesterol management of cardiovascular patients from the most deprived areas. Further detail of this work can be found under the Research & Innovation section.

For 2024/25 we will be adopting a prevention-first approach, with a focus on blood pressure management through our outpatient services, as evidence shows that better identification and management of hypertension can improve cardiovascular outcomes. All of the Trust's breakthrough objectives for the coming year can be found in the bottom row of the following table:

Vision Mission	**Outstanding Care, Healthy Communities, Great Place to Work** ***Personalised, compassionate care every time***		
	Outstanding Care	**Healthy Communities**	**Great Place to Work**
Strategic Goals 2025	We will **see people as early as possible** when they need our services to improve outcomes We will continuously improve our services and use of resources to **deliver value for our residents**	We will **prevent people dying earlier than they should**, with a particular focus on addressing inequalities in access and outcomes	Our people will feel **motivated, able to make a difference and be proud** to work at BHT We will attract and retain talented people to build **high performing teams with caring and skilled people**
Outcome Measures 2025	Eliminate corridor care Improve productivity to be in the top quartile nationally	Play our part in ensuring that more children in the most deprived communities are ready for school Increase proportion of people over the age of 65 years who spend more years in good health Improve outcomes in cardiovascular disease	Improve staff engagement score to be in the top quartile in the National NHS Staff Survey Improve overall Trust vacancy rate to be no more than 8%
Focus 2024/25	Improve waiting times in our Emergency Department, with fewer than 10 patients a day waiting more than 12 hours Improve safety, with all inpatient and outpatient services achieving clinical accreditation, and at least 40% being awarded the silver standard Improve productivity by a further 5%, ensuring every patient is seen within a year, improving patient outcomes	Give children living in the most deprived communities the best start in life by increasing the proportion who have a 12-month review to at least 85% Tackle the biggest driver of cardiovascular disease by ensuring at least 75% of outpatients have their blood pressure checked	Improve everyone's experience of working at BHT by taking a zero tolerance approach to bullying, becoming best in class in the staff survey within 2 years

Estates

During 2023/24, the Trust commenced a £3.1m (£2.0m spend in 2023/24) two-year planned programme of investment to improve compliance within the estate, including upgrades to lifts, water systems, electrical infrastructure and theatre lighting.

At Wycombe, the Trust has purchased 90 homes from L&Q Housing for keyworkers. This has enabled the Trust to vacate 60 units of poor quality accommodation in Grovelands and

offer a greater number of higher quality affordable housing units to our colleagues, which supports recruitment, retention and cost of living.

Also at Wycombe, structural repair works to the tower have now been completed to enable the scaffold to be dismantled. The scope of works included removal or replacement of damaged panels, installation of new fixings to support the outer structure and repairs to damaged concrete. Clinical services will now continue to be provided from the tower until funding can be identified for a new build on the Wycombe Hospital site.

Work has continued at Wycombe throughout 2023/24 on the new energy centre to de-steam the site and is due to complete in autumn 2024.

At Stoke Mandeville Hospital, work is underway to deliver Phase 2 of the Research and Innovation Centre, which is due to complete by the Summer of 2024. It will provide a modern working environment for colleagues as well as dedicated digital clinical space facilitating virtual patient appointments and an expansion of our research and innovation facilities. It will also free-up space in the Mandeville Wing to create a new ophthalmology centre which will include of a new dedicated state of the art cataract theatre, dedicated age-related macular degeneration suite and a better environment for eye casualty and ophthalmology outpatients.

This winter we will also be opening a new 21-bed ward, which will facilitate improved patient flow in our urgent and emergency care pathway.

Digital

During 2023/24, we have delivered a number of digital transformation projects, many of which have focused on ensuring that our clinical teams have the data that they need to enable quick and accurate decision-making to deliver safe and outstanding care.

We digitised the surgical pathway meaning patients now carry out their pre-op assessments and consent to their surgery electronically – meaning data is held centrally, available to all and ensuring patients are well informed of the surgery they are about to have. We increased the use of digital tablets to record observations in our children's and maternity wards – ensuring a constant record is held electronically, enabling clinical colleagues to closely monitor any deterioration in patients' vital signs. We used 'robotic process automation' to help reduce waiting lists for outpatient appointments, ensuring more patients receive a timely booking for their hospital appointment.

In the autumn we went live with the first tranche of outpatient letters in the NHS App, meaning patients can see reminders of their hospital appointments alongside their GP appointments.

The Trust is increasingly using digital technology to ensure that our clinicians have real-time data to help them support patients to return home as soon as possible. In 2023/24 we took a key step towards improving our flow management processes by implementing a Care Coordination Centre. Using digital software, we developed multiple data dashboards to give us an insight into the real time situation in many service areas and key points of flow on the patient journey. By glancing at our eight care coordination screens, located in Stoke Mandeville Hospital, the clinical site team and operational managers can get all the information they need to make immediate decisions to support staff and deliver consistent outstanding care.

The Trust is also exploring the use of Artificial Intelligence (AI). Over the last ten years, we have seen a 300% increase in referrals from GPs with suspected skin cancer. In partnership with Skin Analytics we are implementing an AI platform which enhances the accuracy and speed of skin cancer screenings and diagnosis, significantly improving patient outcomes. BHT was selected to be part of the fully funded NHS England national evaluation programme for this, a testament to our leadership in integrating technology within the clinical setting.

We are also planning to introduce an AI platform to analyse complaints, compliments and critical incidents to identify common themes and priority areas for attention.

As we continue our digital journey in 2024, we have projects underway to deliver a new maternity system in early 2025 alongside a digital prescribing system, helping reduce errors and speed up the discharge process for patients ready to leave hospital.

Continuous Improvement

The Trust is committed to continuous improvement and its Quality Improvement (QI) strategy aims to embed quality improvement and learning across the organisation. As a key part of the QI strategy, the rollout of QI Huddles has continued across the organisation providing colleagues with a voice to enable those closest to everyday problems to make changes and improvements to their service with 51 active Huddles resulting in 2,013 improvements.

Care Quality Commission (CQC)

Three inspections were carried out at the Trust between June 2023 and January 2024.

Children's Emergency Department

The CQC carried out an unannounced inspection in the Children's Emergency Department at Stoke Mandeville Hospital on 1 June 2023. The inspection focused on safe and well-led key lines of enquiry.

The CQC inspectors noted an open and positive team culture, where patients, their families and colleagues could raise concerns without fear and staff felt respected, supported and valued. Staff completed risk assessments for children and young people swiftly and acted quickly when patients were at risk of deterioration. Leaders ran services well using reliable information systems and whilst the service did not always have the optimum number of staff, procedures were in place to ensure the levels were safe.

However, the CQC found that the service did not always thoroughly review and investigate incidents. This meant that areas of improvement and learning were not always identified to prevent further occurrences. Staff did not always use translator services when required and there was no accessible information to inform children, young people and their families that this service was available. This meant there was a risk of a breakdown in communication which could impact on understanding.

As a learning organisation, we are always seeking to improve our services, so we welcome this feedback. Action has already been taken to address the issues raised as we remain committed to delivering outstanding care for all our patients and service users.

Maternity

Between 12–14 June 2023, the CQC carried out a maternity full-service review at Stoke Mandeville Hospital as a part of the national CQC maternity programme, resulting in a rating of ‘requires improvement’.

We are proud that the CQC recognised in the report that our maternity team is focused on the needs of those receiving care, promotes equality and diversity and has an open culture where people using the service, their families and colleagues, could raise concerns without fear.

However, it is important to acknowledge that the CQC also found significant areas for improvement. The safety of those using our services is our priority and there are a number of actions required to make the necessary improvements. In the short-term work is already underway to address the issues that have been raised including implementing plans to improve maternity triage, to recruit and retain more colleagues and to maintain supplies of appropriate equipment. In the longer term we will look at how we can address the challenges of improving the maternity environment in our current buildings.

Joint Targeted Area Inspection (JTAI)

A JTAI is an inspection framework for evaluating the services supporting vulnerable children and young people. A JTAI took place in Buckinghamshire between 22–24 January 2024 by inspectors from Ofsted, the CQC and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services.

The report highlighted that there have been big changes among the groups responsible for protecting children in the past two years. Due to these changes, the teams work together better and are more optimistic about finding new ways to help children. The teams have set up regular meetings and have a plan to collect better information to help them decide where to focus their efforts. Areas highlighted for us to improve were sharing information and ensuring everyone got the right training. Areas like supporting children's mental health, making sure babies are safe when they are born and helping children who might be in danger of being exploited have shown significant improvements.

Performance Appraisal

These drivers play a key part in helping the Trust achieve our vision of:

- Providing outstanding care
- Creating healthy communities
- Making Buckinghamshire Healthcare NHS Trust a great place to work

Details of how we measure our performance can be found in the Performance Analysis section.

Quality of Care, Access and Outcomes

The Trust saw a significant increase in patient admissions (including to Same Day Emergency wards) with 120,919 in 2023/24, of which 51,403 were planned. This compares to 105,747 in 2022/23 (46,450 planned). 97.1% of these patients were discharged to their usual place of residence with the remainder going to an appropriate alternative residential setting or specialist care centre.

There were 105,181 referrals to our community teams in the year, an increase of 8.9% compared to 96,562 referrals in 2022/23. Our community teams had 643,980 contacts with patients during the year with our district nurses making over 700 planned visits a day and on average an additional 50 emergency visits a day to help people avoid going to hospital.

The operational performance of the Trust is measured against key constitutional targets and outcomes issued by NHS England. These are:

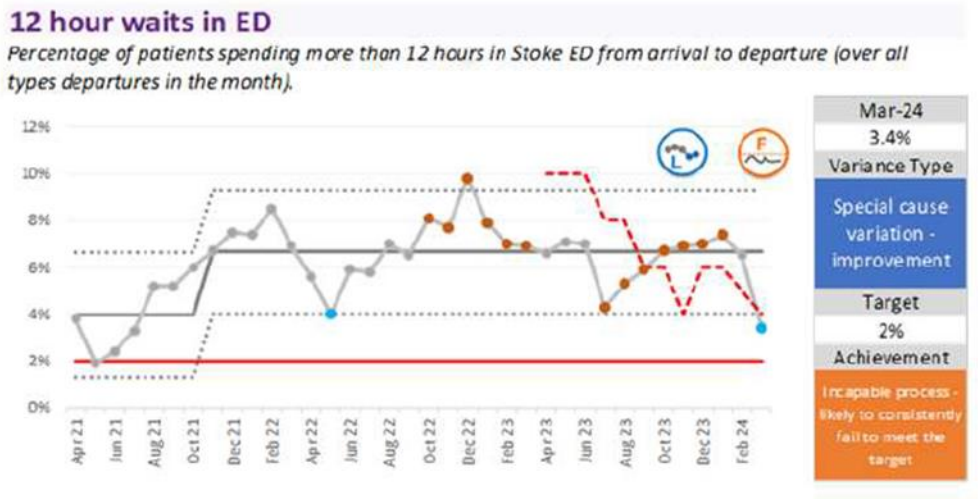
- Emergency Department (also known as Accident & Emergency) waiting time of four hours from arrival to admission/transfer/discharge
- All cancers – maximum 62 day wait for first treatment from referral
- Diagnostics - patients should not have to wait more than six weeks from referral for their diagnostic procedure

Emergency Department (ED)

During the year we saw increased demand for our emergency services with 168,234 attendances in 2023/24, 15,979 of which were children, compared to 156,149 in 2022/23.

Despite this, the Trust has succeeded in reducing waiting times. One of the Trust's objectives for 2023/34 was to ensure that by March 2024 no more than 4% of patients should spend more than 12 hours in our ED before being admitted or discharged. By the end of March 2024, we had exceeded this target with no more than 3.4% of patients spending more than 12 hours in ED, although there is still further progress to be made to deliver the national target of 2%.

During 2023/24, an average of 70.6% of patients were seen within four hours compared to 70.2% in 2022/23. Comparing March 2024 to March 2023 we saw a 5% improvement, the first time in ten years there has been an improvement year on year. We are committed to improving this to 78% by March 2025.



We have also seen a significant improvement in the number of ambulances waiting to offload over 60 minutes i.e., the time taken for an ambulance to stop at a hospital and transfer a patient from the care of ambulance staff to the hospital's ED team. In April 2023, 5% of ambulance handovers were over 60 minutes. This has reduced to under 2% in April 2024. We continue to strive for an equal reduction in offloads over 30 minutes. In April 2023, 24% of ambulance handovers were over 30 minutes; this has reduced to c.10% in April 2024.

There is still an unacceptable number of patients waiting in the corridors surrounding the ED waiting for a bed to become available. Whilst we have seen a significant improvement, with a 40% reduction in patients waiting in corridors from January 2023 to March 2024, our aim is to eliminate this in 2024/45. A new 21 bedded ward, due to open at Stoke Mandeville in the Winter of 2024, will be one of the ways that we plan to achieve this.

Whilst we have continued to experience significant challenges with the number of patients ready to leave hospital but who are unable to do so until appropriate care packages are put in place, the number of bed days lost has been significantly reduced. At the end of March 2024, we had 67 patients ready to go home but who had to remain in hospital, representing 2,452 bed days lost, compared to 106 patients in March 2023, representing 3,869 bed days lost.

Key to delivering this improvement has been our joint programme of work with Buckinghamshire Council and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to improve our discharge capacity and integrate our intermediate care services. This culminated in the opening of an integrated Transfer Care of Hub to manage all complex discharges in October and there are further integration steps planned for 2024/25.

We have further developed our emergency services at Stoke Mandeville Hospital bringing together all of the services that care for patients with same day urgent and emergency care needs. We have already put in place a Clinical Assessment Service at Stoke Mandeville, led by GPs, to ensure that patients are redirected to the most appropriate place to receive care.

For those that need urgent but not emergency treatment, the Urgent Treatment Centre at Stoke Mandeville is now open 24 hours a day (with effect from July 2023). In addition, in April 2023 our Same Day Emergency Care Unit (SDEC) increased its opening hours from 12 to 16 hours a day. In October 2023 we opened our Clinical Decision Unit to support the provision of continuity of care for those patients that still required further treatment and monitoring for a period of up to 12 hours.

In April 2023, we opened our new state of the art Children's Emergency Department which has increased capacity, with an additional 14 beds and 2 resuscitation beds, as well as providing a much more welcoming environment for children, young people and their families. We now have CAMHS Crisis Liaison officers/support workers within the department to support young people who attend in crisis, initiating assessments and planning for discharge back into the community with ongoing support. We also now provide intravenous antibiotic therapy at home via our children's community team to facilitate early discharges (approximately between 9 and 50 contacts per month) and the monitoring of children requiring home oxygen.

Community services

The Trust has made significant changes to better manage patients in the community avoiding admissions and supporting patients to return to their own homes more swiftly.

Urgent Community Response

Urgent Community Response (UCR) is an urgent response to people who are at risk of admission, re-admission, or being taken to hospital by ambulance due to a sudden non-life-threatening deterioration in their health and wellbeing. This could be due to a change in their clinical condition, illness or social crisis such as a fall, urgent catheter care or informal carer breakdown, which requires swift intervention or support to prevent them unnecessarily being taken to hospital.

During 2023/24, 13,048 patients were referred for an urgent community response compared to 10,321 in 2022/23. The national UCR target is for 70% of patients to be seen within two hours of referral and the Trust has exceeded this target, seeing on average 90% of patients within this timeframe.

Onward Care

Bed capacity is a major constraint across health care systems. Frail, elderly patients make up a significant proportion of medically fit for discharge patients, however without suitable community support, the long-term outcomes are often poor with 40% of moderately frail patients being readmitted to hospital within six months of discharge.

The Onward Care service is a non-clinical service provided by Sodexo and developed in partnership with the Trust. Frail patients are given an initial assessment while still in hospital to understand their overall health, social and psychological goals. The service is then personalised and streamlined to help them to achieve those goals, often focusing on resolving issues related to loneliness and self-confidence, on discharge.

The initiative incorporates non-clinical remote monitoring and Artificial Intelligence (AI) to proactively identify early signs of decline in someone who is frail and living at home, either with or without support from domiciliary carers. AI is linked to movement sensors on kettles and fridges to identify changes in a patient's normal behaviour. When changes in these habits are identified, Sodexo's Onward Care team contacts the individual to help solve the

issue or if necessary, escalate any clinical issues to the Trust. The Onward Care team is also able to help with other issues such as cleaning, shopping, and food parcels.

Evidence demonstrates that patients who are supported by Onward Care following a stay in hospital are less likely to become so unwell that they need to be re-admitted. People typically lose 15% of their strength for every 10 days they are in hospital so avoiding admissions for people who are already frail has a big impact on their ability to maintain independence, the things that matter most to them and live at home. Reducing admissions also avoids the risk of frail patients getting a healthcare acquired infection.

Following an initial pilot, the service has now been expanded and is offered to patients leaving our community as well as acute hospitals with 254 people having benefitted from the service. It has resulted in a 77% reduction in use of beds for those supported and 91% of patients say they would recommend it to friends and family that could benefit

We are now looking at how this learning can be applied to services already in place in primary care, working with two Primary Care Networks in Buckinghamshire. In particular, we will be exploring the use of data to predict those at highest risk, and how the use of non-clinical remote monitoring can proactively identify early signs of patient decline in the community and used to bolster and amplify the use of social prescribing for improving patient outcomes.

Olympic Lodge

To support winter pressures, we reopened Olympic Lodge at the end of 2023. A joint initiative with Buckinghamshire Council, Olympic Lodge is a specialist unit providing short-term care for up to 32 patients assessed as fit enough to leave our acute hospitals but awaiting additional support arrangements before being able to return home. 365 patients were admitted to Olympic Lodge between October 2023 and April 2024 freeing up the equivalent of 16 wards in our acute hospitals.

Hospital@Home

The Hospital@Home programme in the Trust is part of a national initiative known as Virtual Wards, designed to deliver hospital-level care in a patient's own home.

Hospital@Home combines technology (digital monitoring systems) with face-to-face care to provide the care patients need for a range of conditions for up to two weeks in their own home. This care is provided by hospital-based doctors, nurses, therapists and pharmacists.

Patients, and their carers or loved ones, work in partnership with hospital teams to monitor their own health from their own home.

Only patients whose conditions meet a very strict criteria are deemed suitable for the programme as they need to be unwell enough to need monitoring but not so unwell that they need to be in hospital. For patients who are unable to manage the remote-monitoring technology, alternatives are explored and put in place, ensuring that they are not excluded and have the same treatment available to them. The decision as to whether a patient is suitable for the Hospital@Home programme is always made by a clinician.

Hospital@Home enables our healthcare teams to provide a more efficient service and to offer acute level support and reassurance to a greater number of patients. It also provides an

opportunity for the Trust to work with other local healthcare partners including GPs and social care.

Hospital@Home has successfully introduced five pathways:

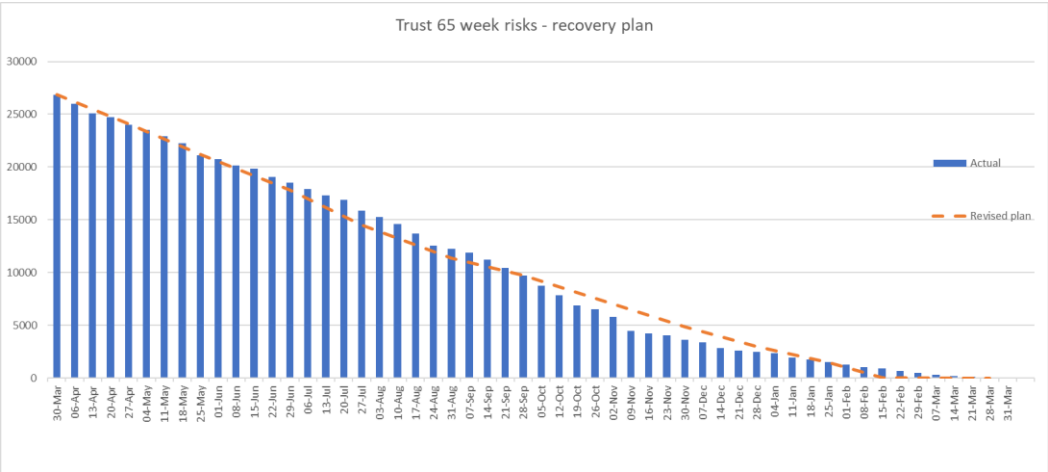
- **Buckinghamshire Integrated Respiratory Service (BIRS)** – includes patients with common respiratory conditions such as chronic obstructive pulmonary disease, acute respiratory infection, and COVID-19, with an asthma pathway coming online later this year
- **Outpatient Parenteral Antimicrobial Therapy (OPAT)** – for patients who require intravenous therapy, such as intravenous antibiotics or frusemide
- **Frailty@Home** – for those frail patients who would otherwise be in hospital for further investigations or treatment; this service will be expanded to include all nursing and residential homes in the county
- **Palliative End of Life@Home** – supporting patients at the end of life to remain in their own home along with their families/carers
- **Heart Failure@Home** – we have plans to expand this service during the year ahead to include other cardiac conditions like infective endocarditis and atrial fibrillation.

The introduction of point-of-care blood testing (medical diagnostic tests and results that can be performed at home) within the Hospital@Home programme has speeded up and improved the quality of treatment our teams are now able to provide.

By April 2024, the Trust was delivering acute care for more than 100 patients in their own homes at any one given time. By the end of 2024/25 we plan to expand this to 160 patients.

Reducing Waiting Times

During 2023/24 we made significant strides in reducing waiting times. By both increasing capacity and using the capacity we have more effectively, we reduced the number of people waiting over 65 weeks on a hospital waiting list from 782 in March 2023 to 20 by the end of March 2024.



In March 2023, there were potentially 9,000 patients on our lists that might have to wait 78 weeks to be seen but by March 2024 there were no patients waiting over 78 weeks.

Although, elective activity (i.e., planned) activity in 2023/24 was 89% of 2019/20 levels for day cases and elective admissions, outpatient attendances increased and were 111% compared to 2019/20 levels, despite the impact of several periods of industrial action. During 2024/25 we plan to maintain this increased activity for outpatient attendances and increase elective activity to at least 110% compared to 2019/20 levels.

We have continued to see an increase in referrals and as a result the overall waiting list for elective care has increased to almost 50,000. Urgent patients continue to be prioritised.

We have made significant progress during the year in reducing waiting times for thos that have been waiting the longest by increasing capacity, with all our theatres operational from Q4, and using what we already have more efficiently. Average waiting times for acute treatment across the Trust have reduced from 20 weeks to 16 weeks across the year.

The number of patients waiting over 52 weeks has also decreased from 3,444 in March 2023 to 2,401 in March 2024.

Whilst we have made significant progress over the year, we recognise that there are still too many people waiting longer than they should be and reducing waiting times remains a key priority during 2024/25.

Surgical Hub Accreditation

In January 2024, Wycombe Hospital was successfully accredited as an elective surgical hub delivering high standards in clinical and operational practice.

The scheme, run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help hubs deliver faster access to prioritised care and surgical procedures such as cataract surgeries and hip replacements. It also seeks to assure patients about the high standards of clinical care.

The hubs exclusively perform planned surgery and mainly focus on high volume, low complexity surgery across six specialties – ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology.

Hubs bring together the skills and expertise of staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery. Because they are separated from emergency services, their surgical beds can be kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations.

This national accreditation applies to both adults and children and recognises the clinical and operational excellence the Trust delivers to patients who need specialist elective surgery. It will enable the Trust to apply for additional funding streams with the aim of building a new elective care centre at Wycombe so that the outstanding care we already deliver can be delivered in an outstanding environment.

Wycombe Hospital is one of 31 hubs to date that have been accredited. There are around 94 hub sites currently in operation in England and the scheme is being rolled out nationally with quarterly cohorts to accredit all hubs over the next two years. While it is not mandatory for trusts to seek accreditation, the long-term goal is for every elective hub to be accredited.

Uterine Artery Embolisation

Uterine Artery Embolisation is a minimally invasive alternative to hysterectomy and myomectomy, endorsed by NICE guidelines. It shrinks fibroid tumours by blocking their blood supply. 90% of procedures are for fibroids, a common issue affecting 74% of premenopausal women.

A recent approach has enabled same-day discharge, enhancing patient experience, pain management, and efficiency, reducing waiting times and admission costs. With only one admission out of 45 procedures performed, waiting times have decreased significantly, benefiting patients and optimising resources. As at March 2024, there were 28 patients on the waiting list, with the waiting time reduced from 104 weeks to 28 weeks.

Children and Young People

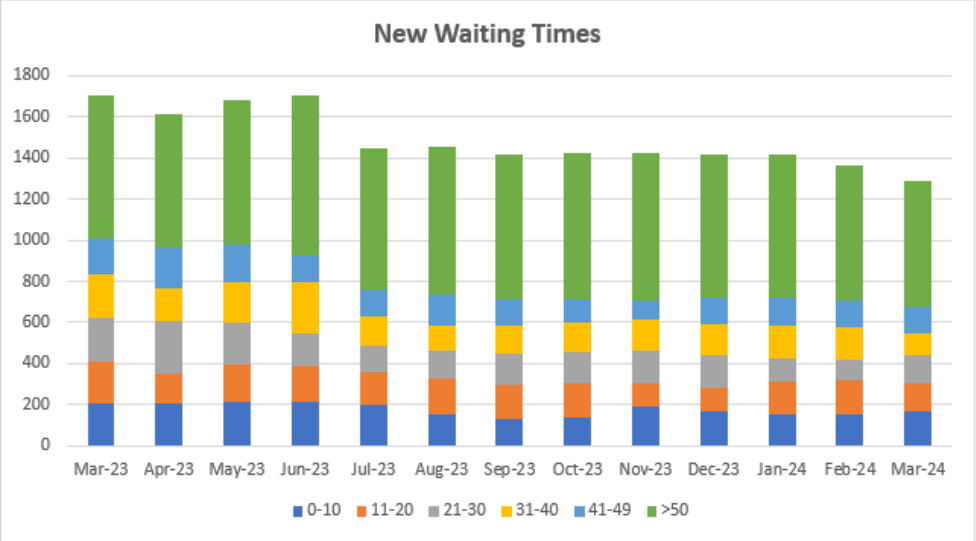
One of the key pillars of the Buckinghamshire Health and Wellbeing strategy is to ensure that all children have the best start in life.

The pandemic has increased the number of children requiring our support. It had a profound impact not only on mental and emotional health but also on child development with children missing out on key social interaction. We are also seeing increasing numbers of children on medication requiring review for conditions such as Attention Deficit Hyperactivity Disorder.

There is a national shortage of specialists in community paediatrics, particularly consultants. To counter this, the team has adopted a multi-disciplinary model with the team now including psychologists, nurses, therapists, pharmacists as well as our doctors. We are able to offer a ‘one stop’ clinic where a child will see a consultant community paediatrician and/or a variety of therapists in one day. This reduces the number of visits families need to make to clinics and reduces the amount of time children spend out of school. It has also enabled us to run 50% more outpatient clinics – 113 during the year compared to 62 in 2020.

We have also put in place Patient Initiated Follow Up for our community paediatric clinics. This allows families to be flexible about their follow up and for the Trust to be able to safely discharge children who no longer require our services.

Whilst children and young people are still waiting far too long for our services, as a result of these changes our new referral waiting list has reduced by over 400 during the course of the year. Over the last six months we also consistently achieved the target for 100% of Education and Health Care Plan (EHCP) assessments taking place within the statutory timescale of 20 weeks from the initial request.



While children are awaiting their appointment, we have in place a number of options of support which include webinars from our psychology team and therapy input from two charities - Pace, which supports children with neurological disabilities and HorseHeard which offers an innovative experiential learning programme with horses to develop emotional health, wellbeing and resilience.

Lipid Optimisation Programme

As part of a collaborative working agreement with Novartis UK, the Trust has created the Buckinghamshire Lipid Optimisation Programme. The programme seeks to proactively reach out to patients with a history of cardiovascular disease and high cholesterol, offering them cholesterol lowering therapies which reduce their overall cardiovascular risk. The programme has also ensured the pioneering medication Inclisiran (a 6-monthly cholesterol lowering injection) is available to all eligible patients in Buckinghamshire.

The programme uses an innovative population healthcare tool (developed alongside Graphnet) which allows BHT clinicians to identify patients from information within their shared care record. The shared care record is a cloud-based platform that combines health and social care data from multiple disciplines, including acute hospitals and GP practices. It allows clinicians to expertly search and identify eligible patients across Buckinghamshire based on several clinical parameters, including cardiovascular history, cholesterol levels and their current lipid lowering medications (including compliance and start dates).

Cardiovascular disease (CVD) is one of the conditions most strongly associated with health inequalities, with people living in England's most deprived areas being almost four times more likely to die prematurely of CVD than those in the least deprived areas. Patient equality data can support prioritising those at greatest risk of health inequalities and the Trust has prioritised patients from the most deprived areas of Buckinghamshire.

This search tool identified over 2,100 patients across Buckinghamshire with a history of cardiovascular disease and high cholesterol levels. These patients are proactively contacted to attend a virtual medical appointment, where a BHT clinician discusses ways to optimise their cholesterol management and reduce their cardiovascular risk. Patients are then offered a range of cholesterol lowering medications, which include the injectable medication 'Inclisiran'.

Within the first five months of the programme, over 700 patients have been seen in virtual clinics. Prior to the launch of this programme, the BHT lipid service would see four new

patients a week. Over 230 patients have been offered Inclisiran, with over 65% of patients having their cholesterol medication adjusted and guidance provided to their GP.

Rehabilitation for people with spinal cord injuries

The Psychology team at the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital is collaborating on an international research project with Shirley Ryan Ability Lab in Chicago and various international partners. The NSIC team will receive £300k over five years to contribute findings to the project from the UK.

The grant will be used to examine rehabilitation outcomes and length of stay for people after discharge from spinal cord injury rehabilitation.

The NSIC provides spinal cord injury rehabilitation for about a third of the adult population of England with a spinal cord injury. There are about seven people each day that develop a spinal cord injury in the UK, and services benchmark their care with others across the world through the International Spinal Cord Society which is based at the NSIC.

Length of admission and therapy received during rehabilitation varies greatly across the world, and a critical question is about how well inpatients are prepared for the transition home after a life changing and traumatic injury. The outcomes from this work will have a significant impact on future rehabilitation provided by the NSIC and enable the service to be more effective, as well as enhance people's quality of life after spinal cord injury.

Heart Rhythm team

The Trust's Heart Rhythm team, which supports people with an irregular heartbeat, has been recognised as Atrial Fibrillation (AF) and Supraventricular Tachycardia (SVT) pioneers for their work in the care of patients with AF and SVTs, two of the most common heart rhythm disorders. Within the Cardiac Rhythm Management division of the Cardiology department in the Trust, pathways and programmes have been devised which have been deemed to be exemplary, and this is showcased annually by the Arrhythmia Alliance for other trusts to emulate and achieve better patient outcomes.

The team was presented with their awards at a ceremony hosted by the Arrhythmia Alliance Association at the Palace of Westminster on 8 June 2023. They were recognised for their pioneering work in the implementation of a nurse-led Amiodarone Initiation Clinic and the Mobile Kardia Service. In addition, the Trust was recognised as a Centre of Excellence for Atrial Fibrillation.

State of the art anaesthetic machines and monitors

44 new, state-of-the-art anaesthetic machines and monitors have been installed across operating theatres at Stoke Mandeville and Wycombe Hospitals, enhancing patient safety and recovery. The new devices enable Trust anaesthetists to more easily monitor and accurately dose patients. Technological enhancements, and smaller devices, also mean that patients' vitals and breathing can be monitored at all times, even whilst being moved from the operating theatre to the recovery room.

The machines also offer improved gas recycling ensuring less gas is emitted. This is better for patients and colleagues and will, in the long-term, contribute to a reduction in the Trust's

carbon emissions. The updated technology also provides better ventilatory support, should another outbreak of a respiratory virus, such as the COVID-19 pandemic, occur.

New state of the art anaesthetic machines and monitors

NSIC Team helps design innovative new wheelchair

Therapists at the National Spinal Injuries Centre at Stoke Mandeville Hospital have helped wheelchair designer Andrew Slorance finalise his prototype for an intelligent, lightweight wheelchair.

Andrew, a wheelchair user since 1983 after sustaining a spinal cord injury, first met up with our therapists after having entered his design for the new style wheelchair into a global competition sponsored by Toyota – The Mobility Unlimited Challenge. Andrew's company, Phoenix Instinct was declared the winner of the $1 million prize in December 2020. The new wheelchair, called Phoenix 1, features an innovative integral power assist system through the front castor wheels akin to the first lightweight hybrid wheelchair. Four years on and the new wheelchair, called Phoenix I, has now been launched and is available to buy.

Pictured above from left to right: Andrew Slorance, Ruth Peachment, Moid Khan, Jacob Rycerz and Kirsten Hart.

Electrochemotherapy

In December 2023 the Trust's radiology team, led by Dr David McKean, performed the 1st UK case of electrochemotherapy for radioresistant spinal epidural metastases (tumour).

Electrochemotherapy is a very new and targeted treatment that is available to a small number of patients who have radio-resistant metastatic spinal cord compression. The treatment aims to reduce the volume of spinal metastases and provide quality of life at end of life as spinal tumours can cause severe pain and progressive neurological symptoms such as paralysis and incontinence.

The Trust's radiology team performs a large volume of complex spinal interventional and the Trust is currently one of the main sites in the country carrying out spinal tumour ablation cases.

Improving Patient Experience

The Trust is committed to listening to and acting on what our patients tell us and see them very much as partners in helping us to improve our services and enhance the patient experience. During 2023/24, the number of Trust patient groups increased with new patient forums for people who have had a stroke, people living with Parkinson's, parents of children with cystic fibrosis and patients with inflammatory bowel disease. Forum members have been involved in developing new information, supporting peers and taking part in quality improvement projects.

Palliative and End of Life care

Our aim is to continue to improve the end-of-life experience for patients and their families – both in our hospitals and in people's homes.

In 2018 we introduced a special Palliative Care team to work in our Emergency Department (ED). The presence of the team in ED allows for early identification of patients and their families requiring palliative care support, improving their symptom control and experience. It also allows the team to identify patients that would benefit from a hospice admission and facilitate the transfer from ED to the hospice.

During 2023/24 the team has been expanded to include doctors from Florence Nightingale Hospice and the number of patients admitted to the hospice from Stoke Mandeville Hospital has increased to over 50% of all hospice admissions.

As well as building close working relationships between the hospice and ED, the team is looking at how they can improve collaboration with non-cancer services including Liver, Renal, Cardiac and Stroke to facilitate early intervention of palliative care to improve the patient experience.

Consultant-led virtual wards have been set up for palliative care patients who require complex pain control, enabling them to stay at home if they want to rather than coming into hospital or the hospice.

2023/24 also marked the fifth anniversary of the introduction of the Purple Rose end of life care plan. When someone approaches the end of their life it can be an intensely emotional and confusing time for them and their loved ones. The Purple Rose model of care enables colleagues to work closely with patients and their families to embrace and accommodate individual wishes. The model also provides practical support for families, by removing inconvenient worries about such things as parking and visiting hours, allowing loved ones more time to focus on each other.

Maternity

In 2023/24 the Trust's maternity services continued to provide care to women and families with 4,523 babies being born. The service continues to provide three location options for care around the time of birth; home, Aylesbury Birth Centre and the consultant-led labour ward at Stoke Mandeville Hospital. This is in addition to community-based care during the antenatal and postnatal period.

The Trust is planning to create a resource pack for non-English speaking families and families with additional learning needs to provide information to support them in pregnancy, labour, and the postnatal period. It will also include signposting for a variety of services including housing, financial support and sexual health.

We continue to work closely with Buckinghamshire Maternity and Neonatal Voices Partnership (BMNVP) which has expanded its team to include a Neonatal Lead, Bereavement Lead, Equity & Inclusion Lead and Engagement Leads. The changes have led to an increase in face-to-face listening clinics across Buckinghamshire including Chesham, Aylesbury and High Wycombe.

Picker Survey

The annual Picker Survey for maternity services showed higher than the national average scores in the areas of mental health support, induction of labour and awareness of risk factors to enable personalised care:

Top 5 scores vs Picker Average	Trust	Picker Avg
B7. Felt midwives or doctor aware of medical history (antenatal)	97%	89%
C6. Involved enough in decision to be induced	93%	87%
C5. Given information/advice on risks of induced labour	75%	70%
F20. Felt GP talked enough about mental health during postnatal check-up	76%	72%
C20. Felt midwives or doctor aware of medical history (during labour and birth)	92%	89%

However, the survey also highlighted that only 29% of women found that their partner was able to stay with them as long as they wanted in hospital after birth. The restrictions to visiting in maternity began during the COVID-19 pandemic. The maternity team lifted these

restrictions in November 2023, allowing partners to stay overnight for the first night post birth and to provide support during early labour. This change was made following feedback from the Bucks Maternity and Neonatal Voices Partnership and by listening to the views of women and families using the service.

The survey also identified the need for better provision of support and advice regarding infant feeding. Action plans are already in place to address any areas for improvement identified by the Picker Survey, including working towards accreditation by the UNICEF Baby Friendly Initiative to support infant feeding.

Teenage Pregnancy

In response to a recent local practice review, our teenage pregnancy midwives have developed a pathway and guideline for all pregnant women under the age of 20 to receive an enhanced level of care from specialist midwives. This includes an increased level of appointments within their home environment to meet their individualised care needs, customised birth planning and liaison with the appropriate multi-agencies to coordinate care. The importance of providing this enhanced level of care for this cohort is evidenced by the recent MBRRACE report which highlights teenage pregnancies are more likely to have poorer outcomes through health inequality.

The team has also developed specialised antenatal classes targeted at younger families to improve their knowledge in preparation for labour and becoming new parents. These classes have also led to a buddy system which has enabled this cohort to create support systems with others who are going through similar experiences.

Our teenage pregnancy midwives work closely with our local Family Nurse Partnership team (FNP). Since the teenage pregnancy midwives have been in post, FNP has received 90.5% of referrals by 16 weeks of pregnancy, enabling them to offer their service to an increased number of families. The collaborative work between FNP and teenage pregnancy midwives saw that of the 24% of clients who were smoking at the point of booking only one was smoking at the time of delivering their baby, improving health outcomes for both them and their child.

Moving forward the teenage pregnancy midwives want to make their service more accessible to young people in the local area, particularly in deprived parts of the county.

New Patient Portal

The Trust has launched a new patient portal via the NHS App to make it quicker and easier for patients to keep track of appointments, clinical letters and pre-assessments.

The NHS App will help patients to confirm appointments online and view upcoming appointment times and locations. Patients will also be able to view discharge summaries at the end of a stay in hospital or an attendance in our Emergency Department.

Patients will also be able to receive and access important information such as clinical letters and information and will be able to complete online health questionnaires before attending pre-assessment appointments.

More traditional paper appointment letters can be easily mislaid, which sometimes leads to patients arriving for appointments at the wrong time or even missing their consultations altogether. Providing access to hospital correspondence and information in a single place,

for patients to view via their computer or mobile phone, will help to reduce the number of missed appointments. It will also help to speed up the amount of time spent on administration when patients arrive for appointments.

Carer Passport

During 2023/24, we conducted a successful pilot of our Carer Passport programme for inpatient carers. With the patient's consent, the passport enables carers to actively participate in caregiving, decision-making, and care-planning and also offering benefits such as extended visiting and parking concessions. We plan to implement the passport across all inpatient areas in 2024/25.

Outside spaces

Over the past year, through the hard work of volunteers and support from NHS Charities Together, the BHT Charity itself and local businesses, we have developed a number of our outdoor spaces. Not only do these spaces benefit the health and wellbeing of colleagues and patients, they also support the Trust's commitment to reducing its carbon footprint and improving biodiversity.

A dozen regular volunteer gardeners transformed The Rainbow Garden at Amersham Hospital into a green sanctuary where colleagues can take a break from their busy days. The team has also rewilded areas around the hospital and refurbished and replanted seven further garden spaces for Amersham patients to benefit from during their rehabilitation.

The Amersham Hospital Garden Volunteers won 'Volunteer Team of the Year' at the Unsung Hero Awards this year.

35 volunteers from local business Shirley Parsons reworked the patient recovery garden at the Brookside Clinic in Aylesbury which had become overgrown. It is used by the Community Head Injury Service to support the rehabilitation of people who have had strokes and brain injuries, helping them return to life in the community.

Having secured £5,000 from Buckinghamshire Council Community Board to complete the renovation of the Stroke Unit Garden, the Chiltern Rangers worked with Trust colleagues to create a therapeutic space for patients, with new fencing, raised sensory planting beds and a mural by their resident artist. The garden is used for individual and group therapy sessions, pet visits and music therapy and has even been the venue for a patient's wedding.

Wycombe and Amersham Hospital Day Nurseries rated 'GOOD' by Ofsted

The Trust runs two day nurseries at Amersham and Wycombe Hospitals which are open to both employees of the Trust as well as the general public.

Ofsted carried out an inspection at Wycombe Hospital Day Nursery in March 2023 and at Amersham Hospital Day Nursery in May 2023.

Ofsted inspectors recognised both nurseries as GOOD across all areas including quality of education, behaviour and attitudes, personal development, and leadership and management.

The report following the Wycombe Hospital Day Nursery inspection stated:

"Children are happy and feel safe in this close-knit family-orientated nursery. Babies have a wonderful time. Young children who speak English as an additional language feel settled. Staff support children with special educational needs and/or disabilities well. Staff have good knowledge of the children's needs. Children make good progress in their development."

The report following the Amersham Hospital Day Nursery inspection stated:

"Children are happy, confident and motivated to learn in this welcoming and homely nursery. They thrive through the close and loving bonds they form with the nurturing and caring staff. Babies giggle and smile as staff respond to their cues playfully. They benefit from positive interactions that support their early communication and language development right from the start. Children are settled and demonstrate that they feel safe and secure. Staff know children well and are highly attuned to their individual needs."

Start Right; Stay Well

In April 2023, the Trust 's Adult Speech and Language Therapy team was awarded a Parkinson's Excellence Network large grant to support their 'Start right; stay well' project.

There are approximately 145,000 people in the UK who have been diagnosed with Parkinson's – 1,180 receive care in the community from specialist nurses as well as support from other professionals across Buckinghamshire. It is the fastest growing neurological condition in the world which is degenerative and currently there is no cure.

Currently people with Parkinson's who are admitted to hospital and who are unwell, drowsy or have swallowing difficulties, are at risk of missing the first or several doses of vital medication, hydration, and nutrition. This can result in longer hospital stays, long term swallowing difficulties and impact how quickly those patients are able to get back on their feet. The 'Start Right; Stay Well' screening tool will ensure that people with Parkinson's have safe and timely nutrition, hydration, and medication when acutely unwell and admitted into our care.

Volunteers

Volunteers continue to play an important role in the Trust. Our focus is on supporting the delivery of outstanding care to our patients, and we were delighted to increase the number of active volunteers from c. 300 at end of March 2022 to over 440 by March 2024. Of these, more than 80 are under the age of 26, due to our increasingly popular Young Volunteers Programme.

Over the past year, we have continued to develop new roles for volunteers, including new patient support roles in our Cancer Care & Haematology Unit, peer support for patients with Parkinson's Disease and a new Meet and Greet role for the Emergency Department. We have continued to hold a variety of training and social events for volunteers across the year and are setting up a Volunteers' Network.

Training for volunteers has continued to develop including dementia awareness training and volunteers supporting with mealtimes are now required to pass a food hygiene course.

The priorities of our Voluntary Services team for 2024/25 include:

- Continuing to identify new areas in which volunteers can add value and enhance the experience of patients
- Further increasing the number of volunteers in the Trust, ensuring our volunteer team reflects the diversity of our communities
- Exploring a pathway for 'Volunteer to Career'
- Finding new ways to engage with and improve the experience of our volunteers.

Keeping Our Patients Safe

One of our key quality priorities during 2023/24 was to build on our work to embed a safety culture within the organisation. A good safety culture in healthcare is one that strives for continuous learning, is open and transparent, has strong leadership and teamwork, and colleagues feel psychologically safe by having an environment where everyone feels they will be treated fairly and compassionately if they speak out and report any mistakes.

In the 2023 annual NHS Staff Survey, the overall score for the People Promise relating to questions around the Trust's health and safety culture was 6.27 – an improvement on the score of 6.05 for 2022 and above the national average of 6.06.

12,997 incidents were reported in 2023/24, an increase on the 12,368 incidents reported in 2022/23. High reporting of incidents, with the majority of no and low harm, is one indicator of a good patient safety culture, and incident reporting is valued within the Trust as a way of identifying risks. All national patient safety alerts were completed on time.

The Trust recorded 36 cases of *Clostridium difficile* infections, fewer than the target maximum of 49 cases: and 30 cases of Klebsiella bloodstream infections, fewer than the target maximum of 32 cases. However, further work is required to improve prevention of MRSA (3 cases reported vs an internal threshold of 0), E. coli (79 cases vs a threshold of 62), and Pseudomonas aeruginosa (17 cases vs a threshold of 11) bloodstream infections.

Summary Hospital-level Mortality Indicators (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures.

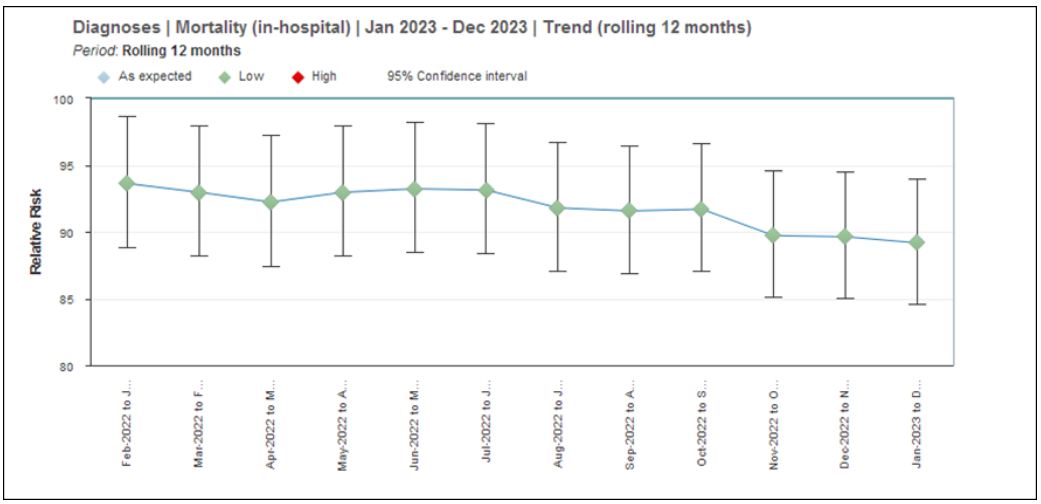
The difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths for the Trust and is not a direct measure of quality of care. The expected number of deaths for each trust is not an actual count of patients but is a statistical construct which estimates the number of deaths that may be expected at a trust on the basis of average England figures and the characteristics of the patients treated there.

The SHMI value at the Trust is 95.61 (November 2022 to October 2023) which is better than would be expected for our population.

Hospital Standardised Mortality Ratio (HSMR)

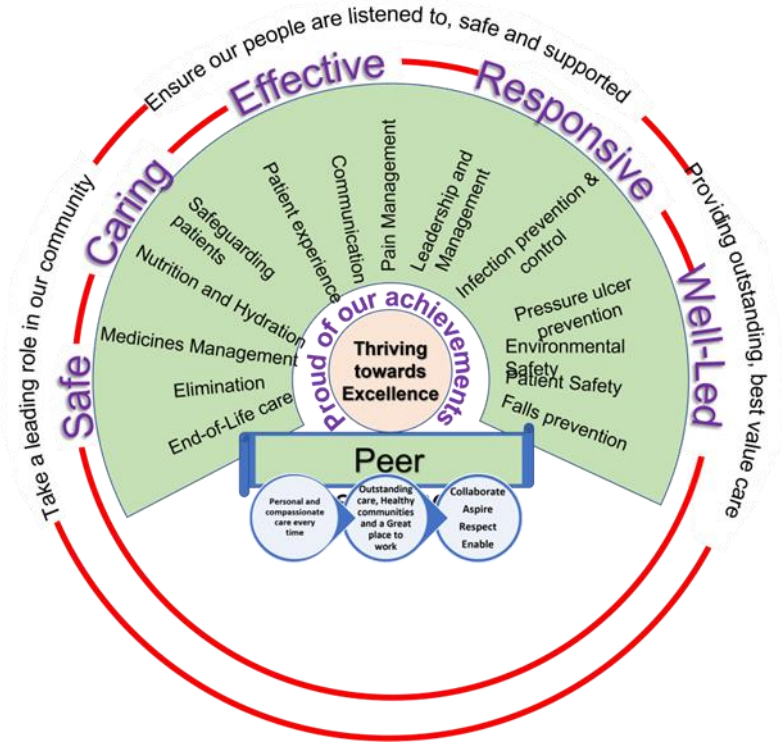
The HSMR is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in-hospital deaths. Standardised rates allow comparison between organisations that deal with different patient populations.

The rolling HSMR for the 12-month period up to December 2023 (the latest figures available) was 89.2 and the Trust was one of 13 in the south-east banded statistically 'lower than expected'.



Clinical accreditation

The Clinical Accreditation Programme is a tool to measure, improve and provide assurance of quality, safety, experience (colleagues and patients) and leadership. The Programme is an internal assessment of these measures using a structured framework to undertake the evaluation of a department by a team of peer assessors.



During 2023/24, 26,363 quality audits were completed with an average score of 93.5% and 1,245 clinical accreditation assessments with an average score of 84.7%. The Trust has achieved this year's Clinical Accreditation Programme target of 80% of areas being accredited with at least 40% achieving silver awards.

This year, we incorporated external scrutiny into our Clinical Accreditation Programme by partnering with Healthwatch Bucks, which conducted inpatient audits as part of the accreditation assessment.

Patient Safety Incident Response Framework (PSIRF)

During 2023/24 the Trust has been preparing for the introduction of PSIRF, which became mandatory in April 2024.

PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents and replaces the current Serious Incident (SI) process.

The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS.

It will change the way the Trust investigates incidents, with the focus being on what happened and how it happened, not on who was involved. Learning is at the centre of the approach and trusts will focus on investigating incidents with the greatest potential for improvement, not necessarily those that have caused most harm.

Compassionate engagement and involvement of those affected by patient safety incidents is central to PSIRF. The patient voice will be heard more prominently through the appointment of family liaison officers who will support families throughout the investigation process. The Trust is also planning to recruit two members of the public as patient safety partners to be a voice for the patients and communities who use our services and ensure that patient safety is at the forefront of all we do.

Critical Care Outreach Team (CCOT)

This year we have extended the rollout of electronic reporting of a patient's vital signs to our maternity and paediatric services which means that the vital signs of all of our inpatients are now recorded in this way. This is more accurate and faster than using paper, freeing up time for our clinicians to look after their patients. The information recorded is reviewed by the Deteriorating Patient Group enabling it to take prompt action if required.

In May 2023, the CCOT team presented their innovative work at the National Outreach Forum conference and has subsequently collaborated with the Forum to create a national dataset for other trusts to effectively evaluate their CCOT service pilot site.

CCOT also provides specialised physiotherapy for intensive care patients which includes rehabilitation up until the point they are ready to go home. Three months after discharge patients are invited back for a review with our psychology, medical and physiotherapy teams and this follow-up service has received regional recognition.

Sepsis

Sepsis is a life-threatening illness. 75% of patients with sepsis come to our Emergency Department (ED) so early screening for potential cases is extremely important, and more than 90% of patients who come to ED are screened for the condition. Patients suspected of having sepsis should be given intravenous antibiotics within an hour and the Trust is currently achieving this in more than 75% of cases.

Trust-wide sepsis study days are run quarterly along with awareness raising days such as on World Sepsis Day. Sepsis training is a mandatory requirement for all clinical staff and forms part of the Trust's induction.

Mobile Block Service

Rib fracture admissions in our Trust increased from 22 (2018) to 103 (2022). These patients are increasingly elderly, frail and with worse injuries. Rib fractures, especially in older patients, are associated with a high risk of complications such as chest infections, ICU admission, longer stays in hospital and higher mortality. They usually result in poorer quality of life for at least two years after initial injury.

The development of a 'Mobile Block Service' by our Inpatient Pain team has enabled us to provide nerve blocks (which numb a particular part of the body for pain relief) faster, and to more patients at the bedside on wards as well as in our Emergency Department. This service is a first for an NHS trust in the region.

The Mobile Block Service has now been adapted for patients with other injuries, including hip and limb fractures, amputations, pancreatitis, and pain after major surgery. Not only has it improved the patient experience but has also reduced length of stay – 11 days compared to 13.5 days without.

We have provided advice to other trusts wanting to rollout this service and are also supporting colleagues in the Philippines to replicate this model.

In recognition of their work, the Inpatient Team won the Deteriorating Patients and Rapid Response Initiative of the Year in the 2023 HSJ Patient Safety Awards.

HEALTHY COMMUNITIES

Working with our health and social care partners, we want to help the residents of Buckinghamshire to live well and stay well. As a Trust it is our responsibility to not only deliver outstanding healthcare which is accessible to all but also to play our part in health education and prevention and as a major employer in the county.

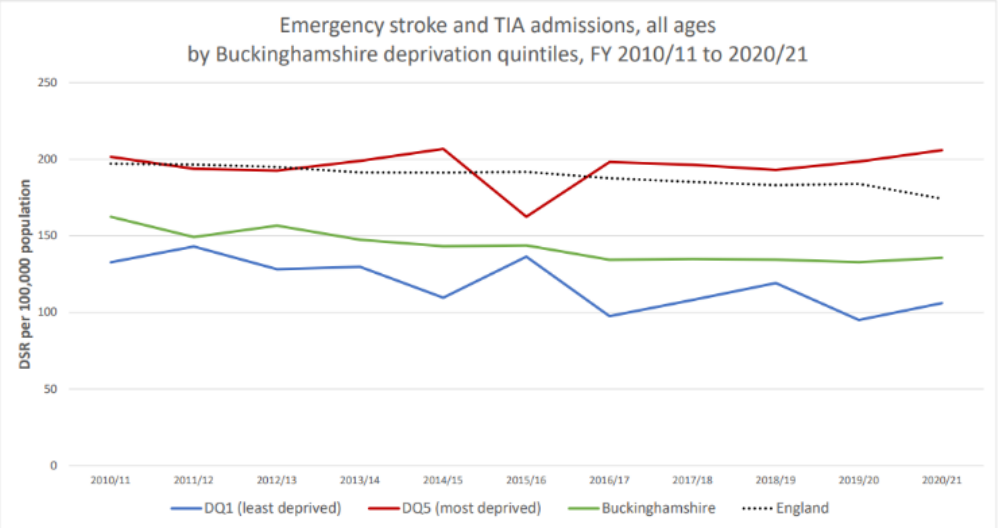
According to the 2021 Census, there are 553,100 people living in Buckinghamshire with the population predicted to grow to 635,000 by 2039. Whilst the number of people over the age of 65 will increase by 60,000, the working age population will only increase by 16,000. Whilst people are living longer, not all of those years are in good health. The average man is living to 81.5 years but only healthy to 66.8 years and the average woman is living to 85.1 years but only healthy to 68.6 years. 58% of people over the age of 60 have long term conditions and multi-morbidity i.e., living with several different long-term conditions is the new norm.

According to Public Health data, the poorest in Buckinghamshire have 60% higher prevalence of long-term conditions than the richest and with greater severity. They are 59% more likely to die prematurely from cancer, 2.3 times more likely to die prematurely from cardiovascular disease and 3.4 times more likely to die prematurely from respiratory disease. Life expectancy for men in the most deprived areas is 78.1 and 80.9 years for women compared to 84.1 for men and 86.1 years for women in the most affluent areas.

Inequalities by deprivation lifecourse, January 2024

In addition, in the more deprived areas of Buckinghamshire there is:

- Higher prevalence of low birthweight and infant mortality
- Lower levels of children developing well
- Higher levels of children in need and looked after children
- Lower uptake of health screening
- Higher emergency admissions for all causes



In line with the Buckinghamshire Health and Wellbeing Strategy, our strategic priority is to prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.

We know that good health is influenced by factors including lifestyle, genes, housing, income, employment, education as well as access to and quality of healthcare. For example, the 2021 Census showed that 13.8% of the population of Buckinghamshire had no qualifications and 11.5% had no car.

The Trust is a key partner in Opportunity Bucks, Buckinghamshire Council's flagship programme to improve opportunities for people in Buckinghamshire.

It is our local response to the government's Levelling Up White Paper published in February 2022 which sets out 12 national missions designed to spread opportunity across the UK and improve everyday life and life chances for people in underperforming places.

The Opportunity Bucks programme focuses on 10 wards in Buckinghamshire across Aylesbury, Chesham and High Wycombe where people are experiencing the most hardship.

Below are some examples of work the Trust has undertaken during 2023/24 to address health inequalities and improve outcomes for all helping residents to start well, live well and age well.

Start Well

Reducing smoking in pregnancy

Core20PLUS5 (NHS England 2022) identifies smoking as a key clinical area of health inequality. Smoking in pregnancy is the single most modifiable factor that can reduce preterm births and stillbirths. Women from deprived backgrounds are more likely to be smokers when they become pregnant. They are less likely to stop smoking during their pregnancy or after the birth of their baby Smoking in pregnancy increases the risk of:

- miscarriage
- stillbirth
- premature birth
- a baby born smaller than it should be
- sudden infant death syndrome (cot death)
- asthma

One of the Trust's key priorities in 2023/24 was to reduce the number of pregnant women smoking at the time of delivery.

We have increased engagement with the Trust's smoking cessation service from 25% in March 2023 to over 80% in April 2024. As a result, less than 4% of women now smoke at time of delivery meaning that over 200 babies have been protected against the negative impacts of smoking in pregnancy. This is a decrease from c.8% and well below the national target of 6%.

The Trust's smoking cessation team is now also referring other family or household members who smoke to Be Healthy Bucks to provide babies with the best possible start in life.

We also monitor carbon monoxide levels during pregnancy and have increased the number of women screened for carbon monoxide levels at the time of booking from 20% to 95%. This monitoring is for all pregnant women, not just those who smoke, as they may be exposed to carbon monoxide because other family members smoke or from faulty boilers. High levels of carbon monoxide are potentially fatal for pregnant women and their unborn babies. This important assessment is repeated at 36 weeks. The percentage of women receiving carbon monoxide monitoring at 36 weeks was over 80% in February 2024, an increase from just 20% in January 2023.

Children and Young People

We believe that every child deserves the best start in life and beyond to reach their full potential with our Children and Young People's services working together with our community creating the foundations for children to thrive.

In 2023, the Trust introduced three digital resources to expand its reach to young people in Buckinghamshire: Chat Health, Health for Teens website, and Health for Kids website.

Chat Health

Chat Health is a text messaging service that allows young people in the county to reach out to a school nurse directly for support with any health and wellbeing concerns they may have. The Chat Health messaging service empowers young people to get confidential help and advice about a range of health concerns, including emotional health, sexual health, relationships, alcohol, drugs and bullying. Messages can be sent anonymously if preferred.

The top three most common reasons for a young person to contact Chat Health have been for:

- Anxiety/Panic Attacks
- Depression/Low Mood & Emotional Wellbeing
- Self-Harm

Feedback from young people who have used the service has been very positive saying that they liked having a real nurse respond with personalised, non-biased advice. They also felt cared for, listened to, and not overwhelmed by the responses they received.

The service has developed a partnership with a voluntary group to develop “worry creatures” and “worry bears” to help children and young people talk about their feelings.

Health for Teens

Health for Teens is a website designed specifically for teenagers and young people to provide them with advice and resources that can support their health and help them navigate the transition to adulthood – the site includes advice on relationships, feelings, lifestyle choices and sexual health. Young people and their parents can use the website to access localised information, news, resources, public health, school nurse information and more. Visit our Health for Teens website to discover more.

In March 2024 our Health for Teens website and Chat Health service were mystery-shopped by a small group of young people. The students praised the website for being clear, evidence-based, and informative, with a friendly and jargon-free tone. They appreciated the design, accessibility, and ease of use on mobile phones, as well as the helpful "Get me out of here" button.

Health for Kids

Our Health for Kids website has similar principles to 'Health for Teens’ but the content and design of the site is aimed at primary school aged children. Visit our Health for Kids website to learn more.

Children and Young People's Integrated Therapies Service (CYPIT)

Following a successful tender process, the Trust's Children and Young People's Integrated Therapies Service (CYPIT) was awarded the contract to deliver occupational, physiotherapy and speech & language therapy services to support children and young people in Buckinghamshire for the next three years.

"Our vision is for all children and young people in Buckinghamshire to lead full, happy and healthy lives, realising their full potential'.

During the last year, the team has developed new pathways to improve patient experience and outcomes, including a joint occupational and physiotherapy 24-hour postural management pathway. A joint dysphagia network has been developed with the Trust's Acute Speech and Language Therapy service to support families with babies being discharged from our neonatal unit with eating, drinking and swallowing needs.

Collaboration with Buckinghamshire Council's Integrated Specials Education Needs and Disability (SEND) service has created a multidisciplinary triage process for statutory education assessment requests resulting in a child-centred approach to decision making and a more coordinated approach from services.

Live Well

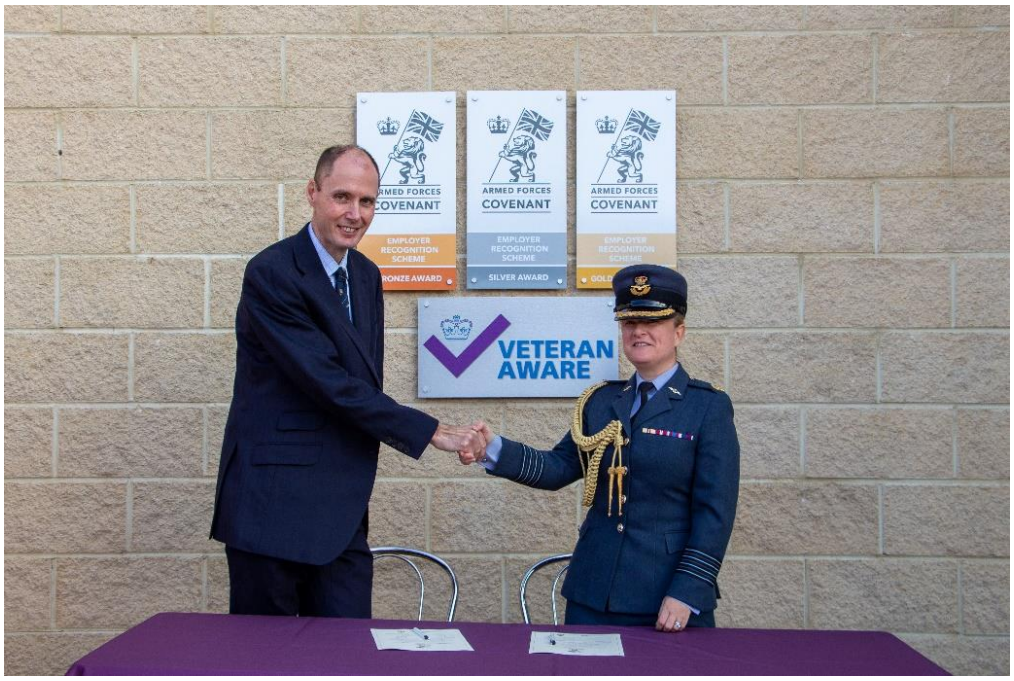
Armed Forces

We recognise the contribution that armed service personnel, reservists, veterans, the cadet movement and military families make to our organisation, our community and to the country. In the 2021 Census, over 15,000 individuals in Buckinghamshire identified themselves as an armed forces veteran.

We are committed to working in partnership with and supporting our armed forces community and their families to ensure they are treated fairly and not disadvantaged by their service.

Last year, the Trust celebrated achieving the Defence Employer Recognition Scheme Gold Award by re-signing the Armed Forces Covenant and pledging to continue to support the local armed forces community across Buckinghamshire. This has included giving an additional 10 days leave to Trust employees who are Reservists or Cadet Force Adult Volunteers so that they can carry out their training requirements.

One of the Trust's commitments under the Armed Forces Covenant is to support the employment of the Armed Forces community by working with the Career Transition Partnership, Step into Health and Forces Families Jobs to establish a tailored employment pathway for service leavers, veterans and their families. We also guarantee to interview anybody from the armed forces community that meet the essential criteria for the post they are applying for.



Chief Medical Officer Andrew McLaren and Commanding Officer of the Defence Rehabilitation Centre Group Captain Claire Myhill at the re-signing of the Armed Forces Covenant

Research Ready Community Programme

During 2023/24 the Trust's Research & Innovation team continued to participate in the Research Ready Community Programme which is designed to engage under-served communities and improve inclusion and representation in health and care research.

Research has shown that people with a South Asian heritage are at high risk of cardiovascular disease, type-2 diabetes, and other common life-threatening illnesses. Furthermore, death rates from cardiovascular disease have continued to increase at alarming rates in South Asia which contrast with nearly a two-third reduction in US and Western Europe.

We have worked in partnership with the Islamic Karima Foundation and the Wycombe Islamic Society to recruit Community Champions within the Muslim community to understand their levels of awareness and perceptions of research.

As a result, a further c.1,500 people have signed up for the Lolipop Biobank study, bringing the total to almost 5,000. The Lolipop study, which runs at Wycombe Hospital, invites participants from the South Asian community to undergo a 90-minute series of tests including blood pressure, physical measurements and retinal imaging. These individuals then receive a detailed preventative health assessment report which identifies risk factors and offers advice and education on appropriate action that may prevent certain diseases.

Health on the High Street

Unit 33 opened on the 26 September 2023 as the first 'Health on the High Street' in Buckinghamshire. It is located in the heart of Aylesbury within the Friars Square shopping centre. The high street plays a pivotal role in our communities as the place where people shop, meet and work. Health on the High Street enables healthcare services to be delivered alongside public health and wellbeing initiatives, as well as social support services in the middle of our local town.

Unit 33 offers a range of services including blood pressure testing, health visiting services, NHS Health Checks, sexual health services, veteran support, and immunisation. It supports residents in one of the most deprived areas of the Buckinghamshire, to take control of their health and wellbeing and helps to free up appointments from other local services by offering proactive support and advice, in a convenient location with excellent public transport links. Unit 33 offers both booked appointments and drop-in services to be able to fully support our community.

At the end of March 2024 over 6,500 people had accessed the unit and 172 people have had their blood pressure checked, with a further 496 people having a mini health check (which includes blood pressure, BMI, mental health assessment, alcohol intake and smoking status). Of these 18.7% were found to have high blood pressure, 73.9% were overweight or obese and 11.9% were smokers. People were able to receive advice on healthy lifestyle behaviours and directed to the right support as required.

Public feedback has been extremely positive, and the Trust is continuing to develop the service in line with feedback from service users and colleagues. For example, Unit 33 is now exploring having mental health services for young people within the unit and is actively promoting the service to reach a wider community. The team also continues to engage with other local health and wellbeing partners to ensure Unit 33 can link up to offer a variety of services to support our community and maximise the space.

Inspiring the next generation

The Trust's Bright Futures @BHT pre-employment programme aims to inspire local young people and encourage them to consider joining the NHS, informing them about the opportunities to work in the NHS in both clinical and non-clinical roles. It also builds healthier communities by promoting awareness of the employment opportunities the Trust offers, targeting support at schools and colleges serving Opportunity Bucks areas.

The Trust chairs Buckinghamshire Cornerstones Employers, a group of flagship local businesses working with the Careers & Enterprise Company – the national body for careers education in England. We were represented at a House of Lords Celebration of Careers Excellence in March in recognition of this support.

Careers outreach

During 2023/24 over 7,500 students engaged in careers activities across 65 events in local schools and colleges, including mock interviews, classroom talks, careers fairs, employer networking and employability skills workshops. Highlights included:

- Career Detectives event at Kingsbrook School: students guessed the roles of volunteers using yes/no responses
- Interactive carousel for health & social care students at Aylesbury Vale Academy giving insights into midwifery, nursing and operating department practitioner roles
- Launched the national 'Step into the NHS' careers competition at four local schools
- The Bucks Skills Show, the country's biggest and most interactive careers event attended by over 6,500 young people and job seekers

Careers events, information and resources

Over 350 secondary school students, parents/carers and teachers attended one of our new after school 'Discover Careers' programme' of interactive talks held at Stoke Mandeville Hospital, spotlighting roles in: medicine, nursing & midwifery, psychology, the Allied Health Professions, pharmacy and biomedical science. This will now be repeated each academic year to encourage young people from Year 7 upwards to consider healthcare careers options.

Work experience and small group visits

During the year, the Trust facilitated individual work experience placements for 375 students aged 16 or over. Small group workplace visits to hospital sites were organised for a further 75 students and teachers. A new Allied Health Professions taster experience provided an insight into nine different roles through talks, simulation and real-life clinical observation. This was very popular with students and will now be repeated each academic year. Evaluation has demonstrated that 99% of those who took part said that work experience gave them a better understanding of the skills and values needed in healthcare, with the same number saying that they would consider working for the Trust in the future. Feedback has included:

"This experience was extremely valuable to me … it gave me more academic motivation to achieve my goals."

"I loved seeing the work environment. It has strengthened the fact that I want to continue to be a midwife."

"It provided me with confidence that physiotherapy is what I want to study at university."

Students explored nine different roles at our Allied Health Professions taster experience

The Trust also successfully piloted a new national ‘teacher encounter’ workplace visits programme with partner Buckinghamshire Skills Hub to embed careers in the school curriculum, and this is now being rolled out termly.

Age Well

Frailty

Frailty is now understood to be a long-term condition rather than a word that is often applied to people purely because of their age. The clinical symptoms associated with frailty are commonly fatigue, weight loss, change in memory, increased vulnerability to functions and incontinence. Significant life events can also impact on a person’s frailty. The early identification of frailty, coupled with targeted support, can help older people living with frailty to stay well and live independently for as long as possible.

The Clinical Frailty Scale (CFS) is an evidence-based tool which we use to assess frailty in elderly individuals. It prompts clinicians to consider how a person has changed from their previous ability to function in daily tasks. Although the CFS is a score it is a mechanism that leads to decision making about what tests, treatments and clinical teams should input into the patient’s care plan.

At the start of 2023/24 the Trust had an objective of improving the early identification of frailty using the CFS, with a target of more than 30% of patients in our Emergency Department having a documented frailty score by the end of the year.

During the year, there have been several initiatives to raise awareness of the importance of recording the CFS, including ‘frailty at the front door workshops’ for our Emergency Department clinical colleagues and the availability of the CFS app to support colleagues in

calculating the score. As a result, over 90% of patients aged over 65 presenting in the Emergency Department have had a CFS documented during the year.

Supporting Care Home Residents

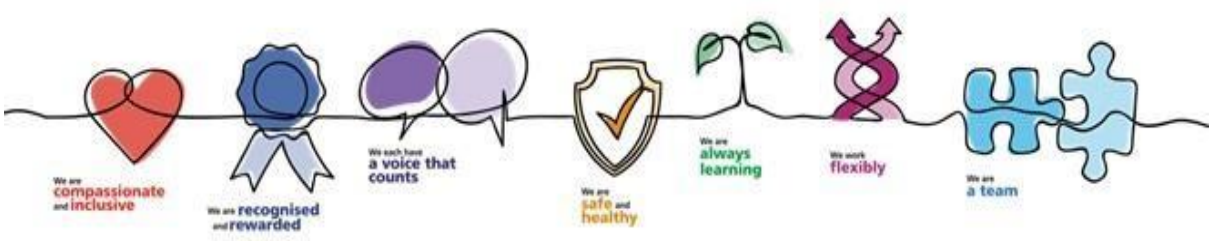
The Adult Speech and Language Therapy (SLT) community team receives over 600 referrals annually from Buckinghamshire care homes. Many of these referrals involve residents who do not require specialist SLT support but have eating/drinking/swallowing difficulties manageable within the care home.

In September 2023, the team started a project to improve the overall management of eating/drinking/swallowing difficulties for residents in Buckinghamshire care homes.

We want to give care home staff training and enhance their knowledge so that they feel confident to support their residents who have swallowing difficulties. We are working in partnership with care home staff to see what further enhancements or changes we need to make to the training which will be implemented during 2024/5.

GREAT PLACE TO WORK

NHS People Promise



During 2023/24, we have maintained our priority focus on looking after our people. Our colleagues are our greatest asset and without a motivated and healthy workforce we cannot deliver the outstanding care we aspire to provide. We have a Care Quality Commission rating of 'Good' for 'Well-led'.

We have two strategic goals for 2023–2025 for our people: that they will feel motivated, able to make a difference and be proud to work at Buckinghamshire Healthcare NHS Trust; and that we will attract and retain talented, caring people to build high performing teams. This year, we focussed on two breakthrough objectives to deliver these goals:

- *Developing the clinical and operational core management and leadership skills of c.300 managers in key roles*

Our leaders have a key role to play in ensuring our colleagues are engaged and motivated. We trained 340 managers in key roles last year, as well as continuing to support the development of leaders at all levels of the organisation focusing on basic skills for newer managers and more advanced skills for more experienced ones via our 3 Peaks programmes.

- *Improving onboarding and first year experience*

This programme of work focused on improving the experience of colleagues in their first year, to reduce the number of leavers with less than 12 months' service in the Trust. This was in response to 2022 data which showed this group had the highest proportion of leavers. Our rolling leaver data for 2023/24 shows 8.2% of leavers had less than 1 year's experience, which is within our 12% target.

In this section, we have summarised our progress against each element of the NHS People Promise.

The NHS People Promise

The NHS People Promise is our guiding principle for all colleagues, which was developed by those who work in the NHS and reflects what would make the greatest difference in improving their experience in the workplace.

Following our selection in April 2022 as one of 23 national exemplar sites to undertake the People Promise Retention Programme, the national team extended the programme for a second year (ending March 2024). This provided a unique opportunity to accelerate improvements for our colleagues, aligning our programme to our vision to ensure that the Trust is 'A Great Place to Work'.

The Trust's target for overall staff turnover is 12%. Since the start of the programme, turnover has fallen from 14.9% (May 2022) to 10.8% (Feb 2024). We have also seen continuous improvement in our National Staff Survey scores for all elements of the People Promise.

To ensure our retention strategy is focusing on the things that really matter to colleagues, it is important we understand why people choose to leave the organisation. Having implemented an exit survey, and introduced a centralised resignation inbox, we now have more information about the reasons our colleagues have left. Taking this centralised approach has been key in providing individuals with the choice to feed back their experience to someone impartial and independent from their local team and manager and explore alternative options that may enable them to stay at the Trust. This approach has also provided us with evidence from colleagues about what is important to them, which has informed our workforce programmes such as our approach to greater flexible working opportunities.

We have been invited to several regional and national forums to present on our People Promise programme and share our learning. We will continue to embed the People Promise in all elements of our work, aligning to the NHS Long Term Workforce plan, ensuring we continue to develop and invest in our colleagues, so they are both skilled in and engaged in the future requirements of our workforce.

We are compassionate and inclusive

We are meeting our annual Public Sector Equality Duty (PSED) obligations for our colleagues and continue to improve our Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) outcomes.

Equality, Diversity & Inclusion (EDI) Objectives

Aligned with the national NHS EDI Improvement Plan, we are committed to implementing the six high impact actions to further EDI within our organisation. The two priority equalities objectives are informed by the EDI Improvement Plan, our equalities data, and progress which ensures each action can be measured through WRES and WDES indicators.
Our two priority objectives for 2024/25 will be:

1. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity
2. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur

Workforce Equalities Standards – Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

WRES and WDES outcomes and action plans for each financial year are published annually by the end of the following October. As such, we report here our overall outcomes for 2022/23 as published in October 2023, which include the results from the 2022 National Staff Survey (NSS). We also include data from the 2023 NSS.

Our WRES report for 2022/23 highlights ongoing improvements in recruitment, disciplinaries, and access to training, with equivalent outcomes for Black and Minority Ethnic (BME) and white colleagues. We have also achieved parity in recruitment outcome data for 2022/23, marking the sixth consecutive year of improvement. Despite work to improve recruitment outcomes for senior leadership roles, there was a decline in BME representation in posts at Band 8a and above to 18.4% in 2022/23, a 1% decrease from 2021/22.

In the 2023 NSS, 53.5% of BME colleagues reported that they believe the organisation provides equal opportunities for career progression or promotion; this was an improvement from 50.5% in 2022. However, there is still a difference between the experiences of BME colleagues and white colleagues, with 59.9% of white colleagues in 2023 and 63.4% in 2022 believing that the organisation provides equal opportunities for career progression or promotion.

There are three questions in the NSS relating to harassment, bullying or discrimination from patients and relatives, colleagues and managers. This set of questions showed improvements in 2023 from 2022 for colleagues from a BME background, although these outcomes remain worse than for colleagues from white backgrounds.

Addressing these issues will be a key focus for the Trust in 2024/25, in line with the NHS EDI Improvement Plan, and through our Trust breakthrough objective to improve the experience of colleagues working at BHT through a zero-tolerance approach to bullying and harassment.

In relation to WDES, disability declaration rates increased by 2% to 5.4% in 2022/23, and more colleagues with disabilities are accessing reasonable adjustments, rising by 3.6% to 7.2% in 2022/23. Additionally, colleagues with disabilities experienced equal outcomes in relation to recruitment and performance management.

According to the 2023 NSS, fairness perceptions in career progression reduced for both colleagues with a long-term health condition or illness and those without. In 2023, 54.5% of colleagues with a long-term condition reported that they had confidence in the fairness of career progression or promotion, down from 56.6% in 2022, compared to 58.4% of colleagues without a long-term health condition.

These metrics, which reflect the experiences of colleagues from diverse backgrounds and lived experiences, underscore our new EDI objective to embed fair and inclusive recruitment processes and talent management strategies, targeting under-representation and diversity gaps.

Gender Pay Gap

We report our gender pay gap information for each financial year by the end of March the following year. As such, we report here our data for 2022/23.

We reported an improvement in gender pay gap indicators. The hourly fixed pay gap between men and women for the mean pay gap reduced to 26.9% in 2022/23, compared to 27.6% in 2021/22. Similarly, the median hourly fixed pay gap decreased to 15.5% in 2022/23, down from 17.2% in 2021/22. Analysis identified that our gender pay gap is driven by a higher representation of men in the highest pay quartile, mainly due to significantly

different gender splits within the medical & dental and administrative & clerical staffing groups.

While acknowledging our progress, we recognise there is still significant ground to cover. To ensure the Trust is a great place to work for all colleagues, we have implemented several initiatives this year which are detailed below.

Colleague networks

We have seven active networks for our colleagues, and these have continued to meet virtually to increase accessibility with regular meetings for allies and members:

- BHT EMBRACE (BME colleagues)
- BHT Disability (colleagues with long-term health conditions or disability)
- BHT Belonging (LGBTQ+ colleagues)
- KALINGA Filipino Healthcare Professional Organisation Bucks
- BHT One in Four (supporting colleagues to talk about mental health)
- BHT Armed Forces Network
- BHT Women's Network

The networks continue to offer a platform for colleagues to voice their perspectives and experience and contribute to codesigning inclusion transformation projects within the Trust. Each network has a Trust Executive as a sponsor to champion and represent their lived experiences at Board and senior meetings. The executive sponsor provides guidance, coaching, and mentorship to the network chair, assisting in shaping objectives, expanding membership, and raising awareness throughout the Trust.

Throughout 2023/24, we organised and supported events to foster inclusion and diversity including:

- **South Asian Heritage Month:** The Embrace Network organised a cricket match against Milton Keynes University Hospital to collaborate and connect the two BME networks; around 60 colleagues, family and friends, and volunteers attended
- **BHT Summer of Sport:** The Kalinga Filipino Organisation organised the second annual Trust 'Sportsfest' with over 300 colleagues, friends and families participating from both Buckinghamshire Healthcare NHS Trust and Royal Berkshire NHS Foundation Trust
- **Inclusion Week:** We celebrated National Inclusion Week in September 2023 with a series of events aimed at increasing understanding of differences, promoting diversity, and celebrating culture
- **Black History Month:** Celebrations in October 2023 included activities such as salsa sessions to mark Cuban National Day of Culture, webinars, and workshops
- **Diwali Celebrations:** The Embrace Network hosted a Diwali celebration at Stoke Mandeville and Wycombe Hospitals in October 2023 to raise awareness and celebrate the Festival of Lights

Supporting colleagues with a disability

Whilst less than 6% of our colleagues have formally declared that they have a disability, we know from the NHS Staff Survey (which is anonymous) and national demographic data that the figure is much higher. We are encouraging colleagues to come forward so that we can learn from their lived experience, to provide a better working environment, including

providing any additional support they may need. We have centralised the reasonable adjustment process for specialist equipment in Occupational Health, ensuring quicker access to resources.

Colleagues in our Occupational Health and Wellbeing teams have undertaken additional training and the Trust is currently raising awareness around invisible disabilities, which includes a wide range of conditions including diabetes, depression, autism, dyslexia, anxiety, hearing loss, visual difficulties, and dyspraxia. We know that some colleagues have an invisible disability and can choose to wear a sunflower pin to signal that they may need a little extra help or consideration. Since the launch of the pins in March 2023, over 100 colleagues have chosen to wear them, fostering a supportive environment for all.

Promoting kindness

Promoting kindness towards yourself, colleagues, and patients is a core value at the Trust, recognising that building kinder cultures leads to safer care and improved outcomes. The Kindness into Action Masterclass is available to colleagues across the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System, with 57 managers from the Trust enrolled in the programme.

Furthermore, towards the end 2023/24, we established a Civility and Kindness Task Force to support our objective of creating an environment free from bullying, discrimination, and harassment in the workplace, which is one of our Trust objectives for 2024/25. This initiative underscores our commitment to fostering a culture of respect, compassion, and inclusivity throughout the organisation.

We are recognised and rewarded

When we acknowledge good work by individuals and teams, we set expectations for performance as well as motivating individuals and teams to continue to deliver outstanding personal care.

Awards

The Trust's CARE values awards, along with our other recognition programmes (long service, annual BHT awards, thank you cards, excellence reporting and our peer-to-peer e-cards), are an important way of recognising our colleagues, reinforcing our values, and promoting what good looks like for BHT. Each month individuals or teams are nominated by patients, members of the public or colleagues to receive a CARE values award. In 2023/24 we received 293 nominations.

During the year, we hosted eight afternoon tea parties acknowledging the dedication and commitment of colleagues in achieving significant NHS service milestones of more than 20 years, while also celebrating those colleagues with 5, 10 and 15 years' service who received a service badge and letter of thanks from the Chief People Officer.

At the end of June 2023, as part of the NHS 75 Birthday celebrations, we hosted our Annual BHT Awards. These annual awards celebrate and recognise individuals and teams who have gone above and beyond to deliver outstanding care, help to create healthier communities or make the Trust a great place to work. In 2023 we received 350 nominations across 12 categories and celebrated with a gala event with 280 colleagues in attendance. There was a special presentation at the event made to Stoke Mandeville Hospital Radio recognising 45 years of broadcasting.

We each have a voice that counts

Annual NHS Staff Survey

The results for the Trust of the 2023 NHS staff survey (which took place during October and November 2023) were positive, reflecting the emphasis the Trust puts on creating a great place to work for all colleagues. The Trust's scores for all nine areas of the survey were better than the national average for similar trusts. The Trust's staff engagement score rose again last year, putting us in the top quartile of trusts in the country

The NHS Staff Survey offers a snapshot in time of how people in the NHS experience their working lives. In 2023, over 4,100 colleagues at BHT took part in the survey, more than at any time in the last 20 years. This equated to a response rate of 61%, 5.1% higher than the previous year and 16% better than the national average of 45% for similar trusts.

Responses from the questions are analysed and grouped to give a score (on a scale of 1-10) across 9 areas*, and the graph below shows how we rank within the Southeast region in each of these. While we will always be ambitious to be best in class, to be in the top six trusts regionally, and better than this in most domains, is something to be proud of.

*Data for *We are safe and healthy* domain not yet published

We achieved four statistically significant improvements compared to our 2022 results in the following areas: we are recognised and rewarded; we are safe and healthy; we are always learning and morale.

Our continued focus on the health and wellbeing of colleagues was reflected in the response to the question 'My organisation takes positive action on health and wellbeing', where our score of 70% puts us fourth best nationally for similar trusts and significantly above the national average of 57%.

However, there is more for the Trust to do to improve the experience of colleagues, particularly the incidents of negative behaviours such as bullying, harassment, violence, abuse and discrimination. These areas remain a priority for the Trust.

Freedom to Speak Up Guardian Service

A Freedom to Speak Up Guardian (FTSUG) is a designated role which provides a safe place for colleagues to raise concerns safely, without fear of detriment or blame. This underpins the safety of our patients and colleagues. The FTSUG is a mandatory post for all NHS trusts in England. BHT complies with both local and national reporting requirements.

We continue to work on an outreach model of a lead FTSUG and other FTSUGs working across our sites and in the community which enabled us to achieve more than 2,870 contacts with colleagues in 2023/24.

Our FTSUGs are trained in accordance with The National Guardian Office (NGO) requirements and guidance. They also complete the annual NGO refresher update training and, with the National Guardian Office, can also offer a level of independence to those accessing our service.

The service has received more than 100 cases of concerns over the past year from more than 135 individuals which is at a similar level to the previous year. Those accessing the service represent a broad range of professional roles, bands and cultural diversity which is monitored and reported.

We have nearly doubled our number of Speaking Up Champions over the last twelve months and currently have 70 trained across the Trust helping to signpost our colleagues to and promote the FTSU service when appropriate.

Our results from the 2023 NHS Staff Survey showed improvements in two of the four key questions relating to raising concerns, with significant change for improvement in one. Scores for all questions remained significantly better than average scores for trusts of our type (Acute and Acute/Community trusts). However, there is still much to do to, to improve the experience for our colleagues.

Guardian of Safe Working Hours

The Trust also has a Guardian of Safe Working Hours who works closely with our junior doctors to ensure compliance with the 2016 junior doctors' contract. The Guardian is also someone they can speak to in confidence regarding any concerns that they have, and they work closely with the Freedom to Speak Up Guardian to resolve any issues that are raised.

Working in partnership with Trade Unions

We recognise the importance of, and our joint responsibilities for, creating and maintaining excellent employee relations to ensure we deliver and develop high quality health services, looking after our patients and our colleagues. As part of this, we continued to engage with staff side colleagues, through monthly Joint Management Staff Committee (JMSC) trust-wide meetings, and bi-monthly Joint Consultative Negotiating Committee (JCNC) meetings (the latter being specifically for medical staff). Both committees have local and regional staff side representation, including, but not limited to:

- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapists
- Society of Radiographers
- The Royal College of Midwives

- The Royal College of Nursing
- UNISON
- Unite

Throughout 2023/24 the Trust was impacted by industrial action. We worked closely with the relevant unions to ensure that colleagues who chose to take strike action were supported and were compliant with the correct legal framework.

We are safe and healthy

We have dedicated in-house Occupational Health and Wellbeing services which provide a range of high quality, professional, reactive and proactive interventions for Trust colleagues.

Mental Health and Wellbeing Service

In 2023/24, we continued our active wellbeing outreach strategy delivered by qualified and experienced practitioners from our Wellbeing service, to ensure we meet the needs of all colleagues within the Trust, in their personal wellbeing journey. We have been able to increase the in-house support available to colleagues for restorative wellbeing group work, online webinars and face-to-face sessions, covering many aspects of mental health and emotional wellbeing. This is alongside our continued specialist counselling provision, to support colleagues off sick to return to work safely and to prevent sickness absence.

Whilst referrals into the wellbeing team for stress-related issues continued to be high, we regard this positively, particularly when we can see our corresponding sickness absence for mental health remaining relatively low. This demonstrates colleagues are reaching out for support proactively, which enables them to stay well and either in work or supported safely back to work.

Our wellbeing work is further supported by our colleagues themselves. We now have 93 active Wellbeing Champions throughout the Trust who assist in promoting wellbeing initiatives and services and initiating local wellbeing activities in their own departments. We also have 41 Trauma Risk Incident Management practitioners (specific training allowing colleagues to understand the effects that traumatic events can have upon people and offer practical advice and assistance),13 Mindfulness Ambassadors and 57 Mental Health First Aiders. Over 600 colleagues have participated in REACTMH® training enabling them to notice, engage with and support other colleagues in their teams who may be struggling with their wellbeing. We have been one of the first cohorts to undertake the NHS England Wellbeing Leaders training qualification and we will be rolling this out in 2024/25.

Burnout Programme

Burnout has been an area of focus for the Wellbeing team this year. This programme of work was launched in November 2023 and is designed to:

- Raise awareness and provide clarity of burnout: the causes, signs, symptoms, management, and mitigations
- Ensure colleagues are aware of the support available

- Understand burnout in BHT and what interventions are needed at individual, managerial and organisational levels.

Our awareness raising programme has delivered 17 webinars to c.300 colleagues. Webinars are accompanied by a detailed handout and questionnaire to help colleagues reflect on their own wellbeing and access support for protecting them from burnout.

We have now launched therapeutic groups around the theme of 'Building our Protection from Burnout', aimed at building the resources and skills we need to manage the pressures of working in emotionally demanding environments.

Cost of Living

The national cost of living crisis has continued to have an unforeseen impact on our colleagues. Having recognised nationally the correlation between pay and people's decision to leave, we continued to support our colleagues with initiatives to lessen the impact of the cost of living crisis:

- Cost of Living information given to all new starters and available on the Trust's intranet
- Financial wellbeing personalised online assessment (created by Affinity Health) with signposting to appropriate support
- Financial webinars to support all colleagues with financial wellbeing
- £1 meals for colleagues at our three largest sites
- BHT Emergency Domestic Support Fund supported by the Trust's charitable fund
- Making free sanitary products available

Occupational Health and Wellbeing service

We have a central Health and Wellbeing Hub for all colleagues at Stoke Mandeville, with outreach offered across all our sites. This includes dedicated confidential counselling rooms and physiotherapy treatment rooms, as well as vaccination clinics and onsite occupational health nurse assessments.

During the year we revised our sickness policy, and colleagues from our HR, Occupational Health and Wellbeing teams have expanded our 'case conference' approach, to help identify specific support required to enable colleagues to get back into work in a safe and timely way. For example, both mental health and musculoskeletal issues have been supported through dedicated resource and increased proactive initiatives via wellbeing counsellors, occupational health physiotherapists and a mental health nurse.

Occupational Health & Wellbeing teams have been working with their software system provider to develop an online portal for management and self-referral into the service, which will launch in 2024.

The Trust's sickness absence target is 3.5% and the average for 2023/24 was 3.9%. This compares to an average of 4.3% for the same period in 2022/23. Whilst this is slightly above the Trust target, we continue to focus on initiatives to mitigate preventable sickness.

The dedicated Occupational Health Musculoskeletal (MSK) physiotherapists have taken a proactive approach to common MSK presentations that they see and have produced low back pain at work advice leaflets for colleagues that are desk-based and for those more active at work. To compliment this, a 'Warm up for Work' initiative was trialled in the winter of

2023. This 15-minute exercise class was well received and will be further rolled out in 2024/25.

Healthy lifestyles

We have continued to focus efforts to positively influence the health and wellbeing of our population as part of our 'healthy communities' vision and as a responsible employer. This has included the continuation of our health and wellbeing checks for colleagues and signposting for further support as needed. We have also increased our menopause support for colleagues, embedding the menopause policy and holding regular 'menopause cafes' which provide a safe space for individuals to discuss issues and learn from each other how to navigate this stage in their lives alongside work and family life. Occupational Health offers confidential free appointments to discuss menopausal symptoms with an experienced registered nurse.

No Excuse for Abuse

To address an increase in instances of abuse towards our colleagues, we have set up a dedicated programme of work to drive improvements in the four priority areas of prevention, reduction, reporting and management and support of incidents of violence, aggression, racism or sexual safety to protect the wellbeing of colleagues. It is overseen by a multi-disciplinary steering group from Wellbeing, HR, Security, Estates, Freedom to Speak Up team and clinical colleagues.

A key initiative that has developed from this work is a new weekly forum that is effective in providing a safe space for colleagues to come together to discuss a challenging interaction and identify how they can be supported, operationally and personally. We have also worked closely with Thames Valley Police (TVP) in the reporting of cases of violence, aggression or racism against our staff and are now providing case management support to colleagues through our wellbeing team where TVP are involved in an incident. As part of our programme of interventions, we have also created the opportunity for individuals or teams to request wellbeing support via our incident-reporting system.

We are always learning

Clinical education

The Trust's education team provides high quality education and training to undergraduates (medical and non-medical), post-graduate doctors in training, internationally trained doctors, nurses and other clinicians, newly-qualified non-medical clinical graduates, and more experienced non-medical clinical colleagues.

During 2023/24, the medical undergraduate team supported over 900 medical students from Buckingham Medical School, Oxford Medical School and St Georges' University.

We delivered an education programme to c.230 post-graduate doctors in training (junior doctors) covering core curriculum, leadership competencies and pastoral support to all our learners.

We also supported 78 international doctors taking part in our International Medical Graduate programme, with weekly forums, skills and simulation training alongside a buddy support system. We have continued our collaboration with Humber NHS Foundation Trust to provide

a social prescribing support service for all international employees at the Trust for medics and non-medics – only the second trust in the country to do so.

Nursing & midwifery undergraduate student placement capacity grew this year to just over 320. We provided placements to c.190 adult nurse students, 40 paediatric nurse students and 90 midwifery students. We are developing a plan to increase the number of placements we can offer, across the nine Allied Health Professions, from 70 to 90.

We have a well-established preceptorship programme to guide, develop and support newly registered practitioners to build confidence and competence as they transition from student to autonomous professionals. The programme includes teaching in classrooms, our simulation suite at Stoke Mandeville Hospital and in-situ learning from our team of experienced Practice Development Nurses. The NHS National Workforce Skills Development Unit measures standards linked to the requirements of the National Preceptorship Framework. We were successful in achieving the Interim Quality Mark during 2023/24 and remain on track to achieve the Gold Standard during 2024/25.

Our Educational Practice Development Nurses continue to deliver education to support continuing professional development for nurses and allied health professionals in the Trust. We currently have 23 ‘active’ Advanced Clinical Practitioner trainees, with nine on target to qualify in September 2024. The team has delivered over 100 different courses across the year.

iAspire

iAspire is the Trust’s established training, performance and talent management platform providing colleagues with a modern, intuitive platform. The main function of iAspire is to support appraisals, one-to-one conversations, and training. In 2023/24, we also launched additional elements including clinical supervision, career development framework and information pages for onboarding and safeguarding. In the future we will be adding preceptorship to the system, a workflow that will bring all learning into one space, giving the preceptee, preceptor and line managers a clear understanding of the journey for a newly qualified nurse or Allied Health Professional.

Library and Knowledge Services

Library and Knowledge Services enable Trust colleagues to access evidence to support a wide range of activities including learning, research and clinical care. In 2023/24, the Trust launched a new online guide signposting colleagues to evidence-based resources relating to patient safety as well as a new, regular, health technology bulletin highlighting the latest research and best practice in the use of Artificial Intelligence, other digital technologies and genomics to drive improvements in healthcare. The Trust has incorporated a health literacy taster session as part of the induction process for new healthcare support workers. This supports a national initiative led by NHS England to raise awareness of the challenges many patients face in understanding health information and equip healthcare staff with techniques to simplify medical terminology.

Management and leadership development

We have continued to focus on enhancing the quality of our management and leadership programmes and have secured accreditation for our development programmes from the Institute of Leadership & Management (ILM). Our 3 Peaks leadership development programmes have been designed to cater to a wide audience (including colleagues from

other public sector organisations in Buckinghamshire), delivered in both virtual and face-to-face formats in collaboration with the Buckinghamshire Health & Social Care Academy.

During 2023/24, we supported 176 managers to complete Peak 1, 121 to complete Peak 2, and 43 Peak 3. In addition, after feedback from colleagues, we also provided training to 130 individuals on leading by influencing.

Our partnership with the Buckinghamshire Coaching Pool – part of the Buckinghamshire Health and Social Care Academy – enables access to 147 coaches (including executive coaches) and 12 leadership mentors who provide individual coaching support for colleagues across the Trust. During 2023/24, 43 new coaches from the Trust were trained to ILM3 standard, and 104 colleagues accessed coaching.

Restorative Just Culture

Restorative Just Culture (RJC) aims to create an environment to better support colleagues when things go wrong and to encourage learning from incidents. In most cases, this means a shift from identifying a specific individual to blame to understanding the incident and whether systematic issues have contributed in any way.

RJC is not a replacement for HR process and where there are clear conduct issues, these are dealt with in line with usual Trust policies. What it does, however, is create an environment of psychological safety where issues can be raised without fear of escalation or blame. The aim is to create a culture of continued learning and quality improvement with the goal of providing outstanding patient care.

Whilst moving towards a learning and just culture is a long-term strategy, the Trust has taken a number of steps to ensure that it has commenced on its journey, including the embedding of the Trust's Standards of Behaviour and Conduct Policy, which includes an independent triage panel to approve any standards of behaviour and conduct cases before they are referred to a formal process. All cases are anonymised before being submitted for review by the panel with no identifiable date related to the staff involved.

We have developed a new Resolution policy, which replaces the current Grievance policy and Bullying and Harassment policy. The new policy places a greater emphasis on early resolution of matters, and similarly focusses on a restorative just culture. This revised policy was launched in March 2024.

We work flexibly

Following feedback from colleagues, and as part of our work as a People Promise Exemplar, we launched a working flexibly programme in the second half of 2023. This aims to support a healthy work/life balance for all colleagues, at each stage of their career with us, and through their changing personal circumstances – whilst at the same time ensuring we can provide services that are efficient and deliver outstanding care.

Our overall aim for the programme is to embed a culture of working flexibly at the Trust, making it something that is relevant and open to all, regardless of length of service, job role, banding or whether colleagues work clinically or not. It also applies from day one of employment and we welcome the opportunity to explore how colleagues would like to work flexibly at interview stage.

We want the Trust to become an employer of choice to attract new talent, as well reducing turnover. To support this, we have also reviewed all types of leave, so as to be

compassionate in how we consider the different life events and different stages of our lives that can affect how we work.

We have also promoted flexible retirement options to our colleagues and created a flexible retirement brochure and dedicated information section on our intranet site, following NHS Pension Scheme Reform in October 2023.

We are a team

Improving new starter experience

As part of our breakthrough objectives for 2023/24, we put in place a programme plan to improve the onboarding experience of our colleagues from the moment they read the job advert through their first 12 months in the Trust.

The average time taken to recruit a new colleague has reduced from 55 days at the start of 2022/23 to 43 days at the end of 2023/24. We have worked closely with our IT colleagues to improve access to systems and provide colleagues with their equipment earlier than before.

We have also seen turnover fall for healthcare support workers (HCSWs) with less than one years' service, with their recruitment process now improved through dedicated HCSW recruitment days.

Induction events for new colleagues

As well as monthly virtual inductions for new colleagues, quarterly face-to-face Connecting Events provide an opportunity for our new colleagues to meet each other, as well as find out more about the benefits, support, learning and career development opportunities which are available at the Trust. 375 new colleagues have attended events throughout the year.

Team Development

TED (Team Engagement and Development) is an evidence-based questionnaire and approach, which enables teams to work together to improve how they are working. TED was introduced across the Trust in 2023. 120 team leaders have been trained and have access to the TED tool and 38 teams have completed the programme. Teams that have completed the programme had improved staff engagement and team working scores in the 2023 National Staff Survey results.

Expanded Mediation Service

The Trust has an established internal mediation service in place. In line with our Just Culture approach, we have expanded our cohort of colleagues who are trained, accredited mediators so we can encourage mediation as an alternative to formal HR processes

During 2024/25 we will be offering group facilitation for team 'mediation'. This is a form of informal conflict resolution that supports teams to work more effectively and cohesively.

Recruitment

Our greatest asset is our people and the recruitment of committed, high quality individuals to join our organisation remained a priority this year. This year we recruited a total of 1,554 new colleagues.

The Trust's target is to be below an overall 10% vacancy rate. In March 2024, the Trust overall vacancy rate was 5.1%. Within Nursing & Midwifery, which makes up the largest percentage of our workforce, we had a target of having a vacancy rate below 8.5% and ended the year at 4.8%. This is mainly due to our international, and UK graduate, recruitment. We welcomed 150 international recruits this year.

We want to ensure that all our international colleagues feel welcomed into the BHT family, and we have strengthened our comprehensive induction programme, both professionally with our enhanced preceptorship programme, and also personally to help them to settle into a new life in a new country, including dedicated wellbeing and 'social prescribing' support. In 2024/25 we will focus on continuing to embed our new colleagues into the Trust and supporting them to develop their career aspirations.

We have worked with our IT colleagues to introduce a new streamlined pre-starter process, which has contributed to an improved new starter experience. We have increased the number of roles advertised with flexible working options, from 12% in July 2023 to 86% in December 2023, as part of our overall working flexibly programme.

Performance Analysis

Trust Chief Nurse, Karen Bonner, and Associate Chief Nurse, May Parsons were recognised in the top ten of the Health Service Journal's list of the 50 Black & Minority Ethnic figures who will exercise the most power and influence in English NHS and health policy over the next year.

How We Measure Performance

Our performance management framework is based on the NHS Single Oversight Framework and recognises that a high-performance culture will only be achieved when performance is managed in a positive way. The framework aims to ensure that striving for excellence is an integral part of the organisation's culture.

The NHS Single Oversight Framework for 2022/23 reflects changes in the Health and Social Care Act 2022 which aimed to make it easier for health and care organisations to deliver joined-up care. The framework provides a mechanism by which performance of the Trust is monitored centrally and consists of a set of 'oversight metrics'. These are split into a small number of themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Leadership and capability
- Finance and use of resources
- People

A 'Ward-to-Board' approach is applied and monitored through the Trust's Care Groups before being presented to the Board. The monthly Integrated Performance Report to Board outlines the performance of the Trust against key measures and identifies successes and risks for the organisation within the areas of quality, people and money. These reports are available on our website as part of the information provided for Trust Board meetings in public.

In addition to this, we continue to use national data where available to compare our performance against other trusts; this includes the annual National Staff Survey, patient and clinical audits.

Key issues and risks

Whilst the Trust has made significant progress over 2022/23 in reducing waits for treatment following the backlogs driven by COVID-19, this will be a multi-year programme of work to deliver a sustainable delivery model. Detailed improvement plans are in place across the various operational standards looking at recruitment and retention of staff, workforce redesign, estate redesign, productivity improvements and working with partners. There are risks to delivery of these plans given limited capital expenditure available which will inhibit the development of highly productive estate to support better, more rapid care for patients, and from potential prolonged periods of industrial action that would require cancellation of a large amount of activity to accommodate.

Equality of Service Delivery

The pandemic brought to the fore the issue of health inequalities with those from our BME communities and those with a disability or with underlying health conditions being disproportionally impacted by COVID-19. It is evident that, not only is there an issue with some parts of our community not accessing health care and prevention services, but also that they have a worse experience when they do so.

Supporting healthy communities is one of our three strategic priorities. This is not only about helping Buckinghamshire residents to stay healthy and live independently for longer but is about providing employment opportunities and ensuring that there is equality of service access as well as delivery. Examples of how we are supporting healthy communities can be found in the Performance Overview section of this report.

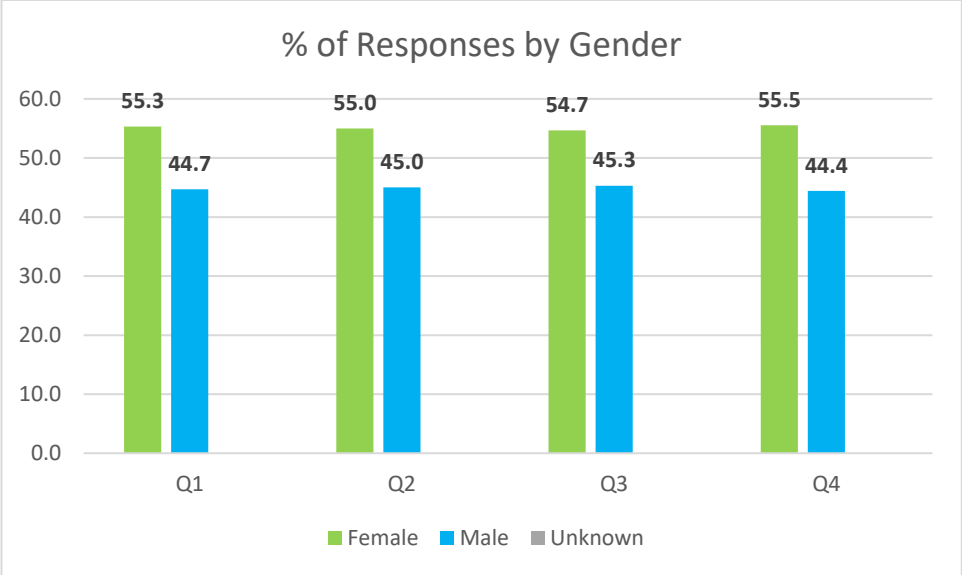
Customer Satisfaction Scores by protected characteristics

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

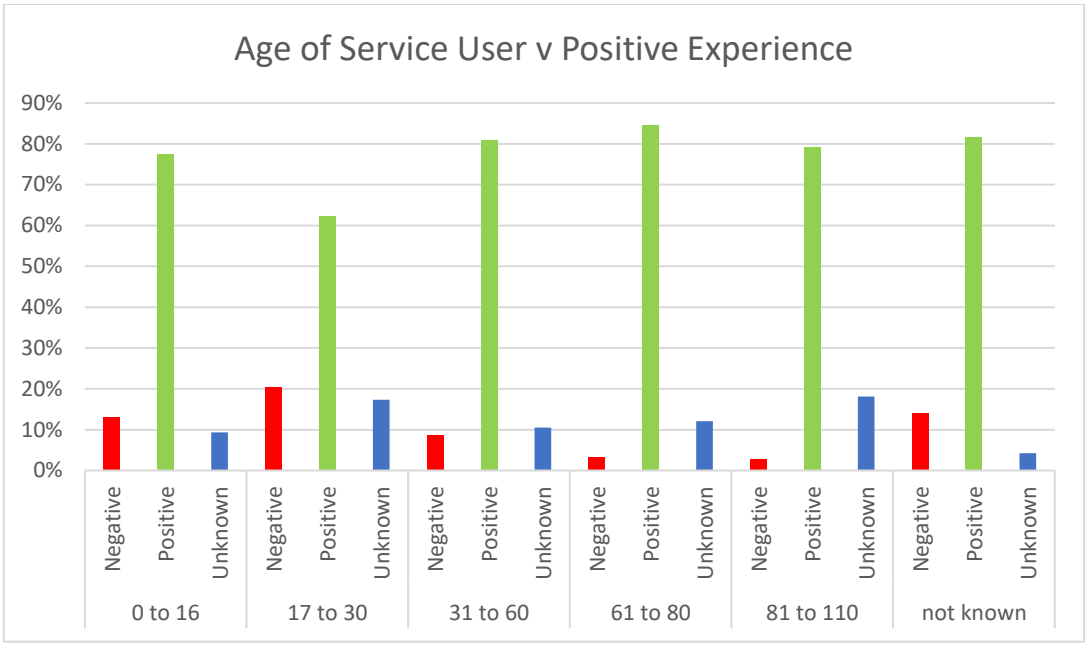
One of the questions asked is 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics.

355,119 service users were contacted to provide feedback on their care and treatment during 2023/24. We received 80,779 responses to our feedback request which was through SMS messages, online surveys, and Integrated voice messages.

The following charts show the response rates, by gender, age and ethnicity:

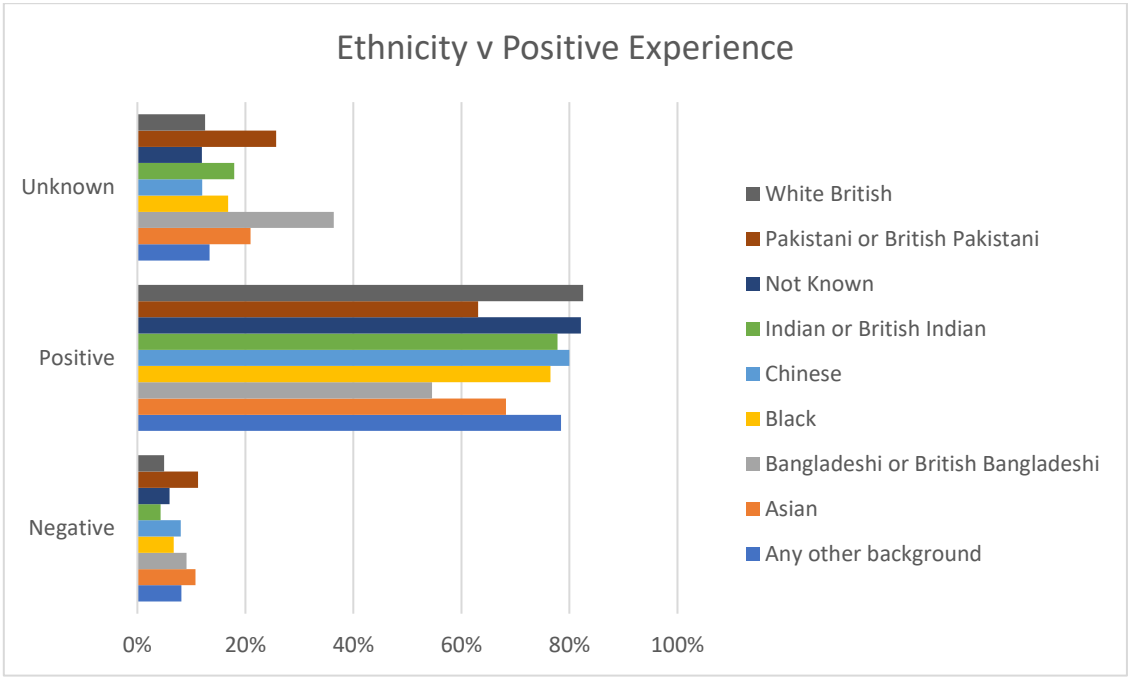


The response rate was on average 11% higher for female patients than male patients throughout 2023/24. Female patients accounted for 55% of all responses received with male patients accounting for 44% and the remaining unknown. Female patients were slightly more satisfied with the service they received with 83% of females responding positively.



From the feedback data, the age group with the highest response rate continued to be those aged 61 to 80, with 46% responding, and the lowest response rate from all groups was patients aged 17 to 30 at 2.5%, although this has seen a small improvement of 1% from last year.

Patients aged over 60 were most satisfied with the service they received at 84% positive whilst patients aged 17 to 30 reported a poorer experience at only 62% positive.



100% of respondents from a number of ethnic groups gave a positive rating of care, including White and Asian, Chinese and Black Service users.

Asian service users reported the lowest satisfaction with 11% saying that their experience had been poor or very poor. Analysis of free text comments by patients identifying as from

this background shows that waiting times, particularly in the Emergency Department, are the main cause for concern with nearly half of the comments being on this subject. Staff attitude and behaviour, delays and cancellations were also issues of concern with each accounting for 9% of comments. These findings are broadly in line with concerns raised by the wider patient population.

The Trust has undertaken a range of initiatives over the year to improve patient experience and outcomes for patients from a South Asian background. These include:

- Seeking the views of 168 South Asian users of the Trust's maternity services
- Expanding the chaplaincy offer to patients of a South Asian background by recruiting a Muslim chaplain and three female Muslim chaplaincy volunteers to provide religious and spiritual support to our Muslim patients. The chaplaincy also has a Hindu volunteer and Christian volunteers of Indian origin. One of our ophthalmology consultants from a Sikh background provides support to the chaplaincy team for patients from a Sikh background.
- Recruiting two patients from a South Asian background as members of the Trust's Patient Experience Group.
- Engaging with members of the public from a South Asian background as part of the delivery of the Trust's breakthrough objective on improving cardiovascular health.

White British patients and service users had the highest response rate with 83% being positive overall, the lowest response rate at 4.2% is from those recorded as Indian or British Indian.

To increase responses from male service users, and those from the 17 to 30 age group, the Trust has been looking at alternative ways to gather feedback. QR codes and survey links have been created to support our FFT feedback mechanism as well as establishing Listening Events and Service User Forums.

As a result, we have seen a 100% improvement in responses from male service users within antenatal, with 1.2% of total responses coming from male service users.

Clear and accessible communication

Communications Advisory Panel (CAP)

Patient, public, carer, and user involvement is a pre-requisite for developing patient-centred services. The Trust is committed to learning from the views and preferences of care givers, care receivers, their supporters and local communities. The CAP aims to work with the Trust to support improvements in patient and carer communication published or approved via the Communications team. CAP is a group of volunteer patient, carer and disability group representatives who ensure that the information created and provided for patients is written and presented in a consistent style and tone appropriate for patients and their families or carers.

The CAP is working together with the communications team to transfer patient information from what has been primarily a paper-based set of leaflet resources to a digital set of information on the Trust's website. In doing this, however, CAP is mindful that not all patients and carers can access information via digital channels and the panel champions the development of appropriate, alternative accessible sources of information in addition to these.

Over the last 12 months, panel members have reviewed 95 patient information leaflets and 12 pages on the Trust's website. They have also provided feedback on posters, flyers & infographics, and made recommendations for specific and standard patient letters. It also inputs into signage and wayfinding proposals. In the year ahead CAP will continue to support our patients to be able to access authoritative, easy to read information that improves their knowledge and helps them better manage their health.

Comments from CAP member volunteers:

> "*I appreciate having the opportunity to simplify information from the Trust. Having simple and clear information to hand will only benefit our local communities."*
>
> *"This year, I can see from the leaflets we now see, that the leaflet authors are starting to know how clear their information needs to be. The new template is really helping this."*
>
> *"I wish more big organisations could have a CAP team. I really enjoy being part of this team and feel like the work I do is valued."*

Widgit

In the Summer of 2023, the Trust's Community Nursing for Children with a Learning Disability team started using "Widgit", an online resource to support communication with younger people who might require different/visual forms of communication. Widget enables health professionals to produce a range of materials such as flashcards, activities and timetables using symbols such as:

It can also translate the materials into different languages. Licenses for Widgit have been extended to other Trust services to enhance the patient experience for those with learning disabilities or additional language/learning needs.

Sustainability

Following the Paris agreement, the UK government committed to reducing emissions to Net Zero by 2050, with incremental carbon budgets from today until the final target date. Following on from this, the NHS has subsequently produced its Net Zero Roadmap setting out its plan for reducing emissions over the next 20-25 years.

The NHS's carbon emissions are currently equivalent to 4% of England's total carbon footprint of which the Trust is a typical contributor. Over the last 10 years, the NHS has implemented measures to reduce its impact on climate change, which will also lead to benefits in clinical outcomes.

The NHS has committed to net zero emissions for the care they provide by 2040, and zero emissions across their entire scope of emissions by 2045.

The Trust published its own Carbon Net Zero Roadmap in 2020 based upon 2019 data. In 2022, the Trust undertook a Net Zero Carbon Audit to understand how its carbon output had changed over time.

A combination of factors is making it increasingly challenging for the Trust to meet its net zero ambitions. Demand for healthcare services is increasing with an ageing population and the backlog created by the COVID-19 pandemic. Methods of delivering healthcare are becoming increasingly sophisticated, with a greater use of technology which is delivering better patient outcomes and experience but is resulting in higher CO2 emissions.

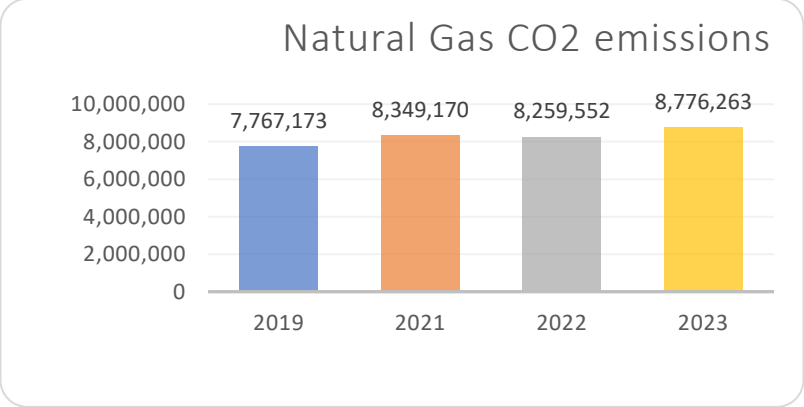
In addition, the number of medical devices has increased over the last four years and continues to do so as the Trust increases its diagnostic capacity in line with national guidance. The Trust is implementing an Electronic Patient Record which, whilst reducing the amount of paper used, will increase the use of electricity and is continuing with its capital investment programme with a number of new buildings due to open at Stoke Mandeville during 2024/25.

As a result, the actions being taken by the Trust are often reducing the relative levels of growth rather than absolute reduction.

During 2023/24 the Trust has undertaken a review in key areas to understand its ongoing trend in carbon output, focusing on key high carbon output areas: electricity, gas and water which collectively account for over 30% of the Trust's carbon footprint.

Gas

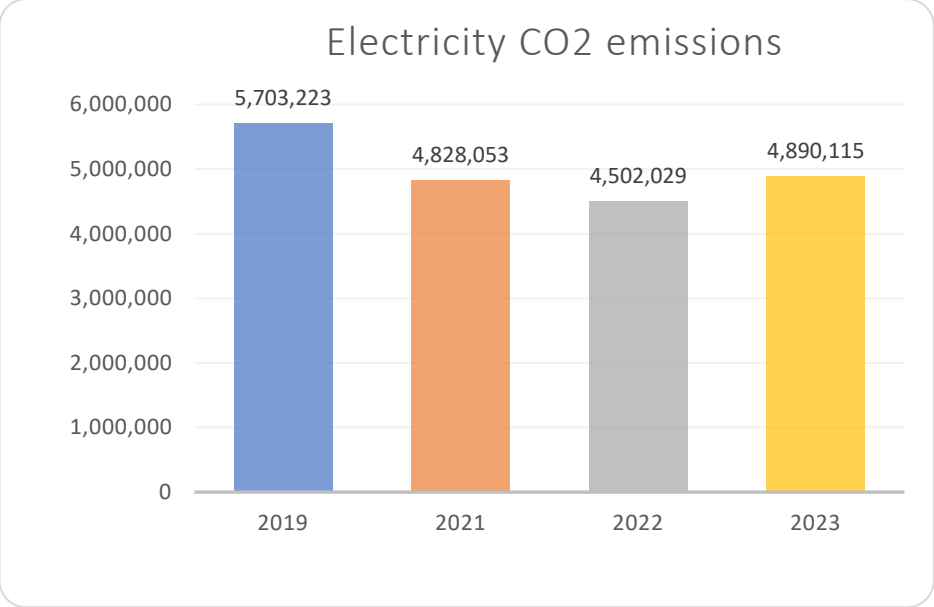
The overall increase in gas is due to the opening of a number of new buildings at Stoke Mandeville, whilst gas use at our Wycombe and Amersham Hospitals has reduced.



Carbon emissions for Natural Gas in kg from 2019 to 2023

Electricity

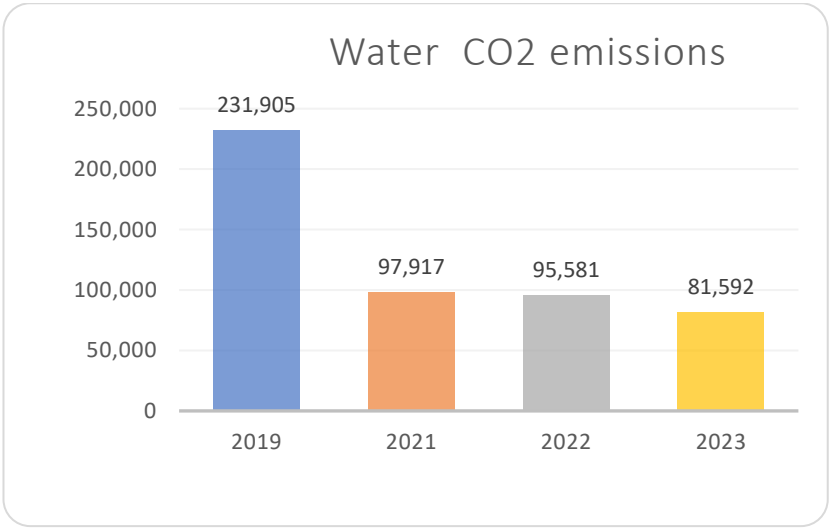
Despite increased carbon output from electricity, it is less than the increase in the number of units of electricity. Further improvements in carbon efficiency from electricity are expected in 2024/25 as a result of the Trust converting its estate to LED lighting, with the exception of the of the PFI building at Stoke Mandeville Hospital.



Carbon emissions in kg from purchased electricity 2019 to 2023

Water

We have also seen a reduction in carbon emissions from water consumption, decreasing from 96,000 tonnes in 2021 to 82,000 in 2023, as illustrated below:

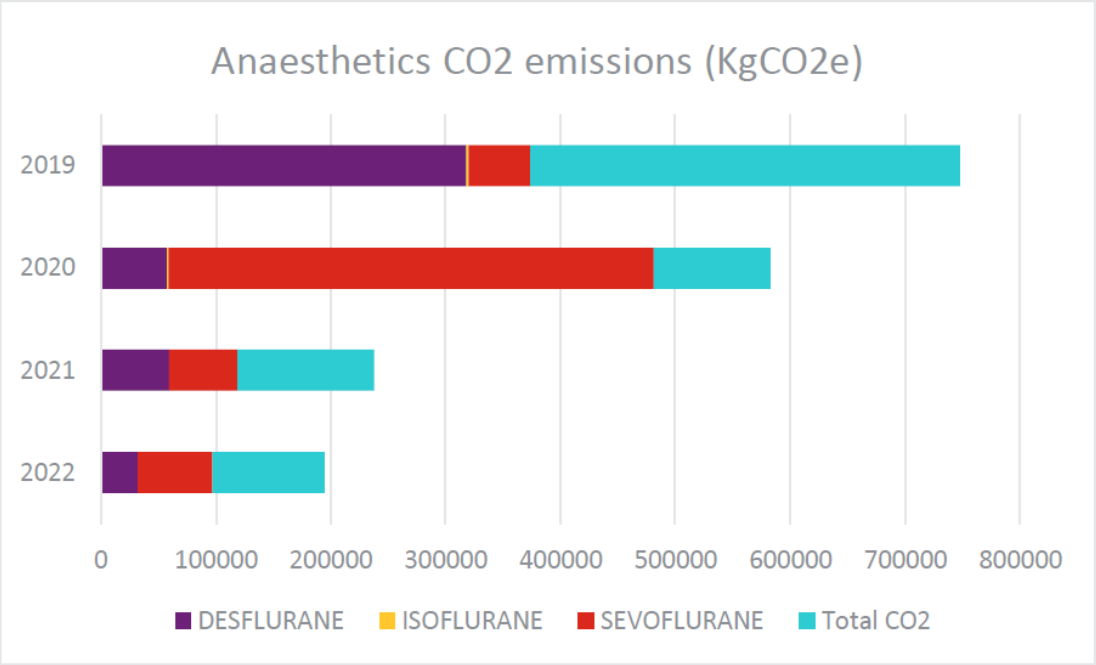


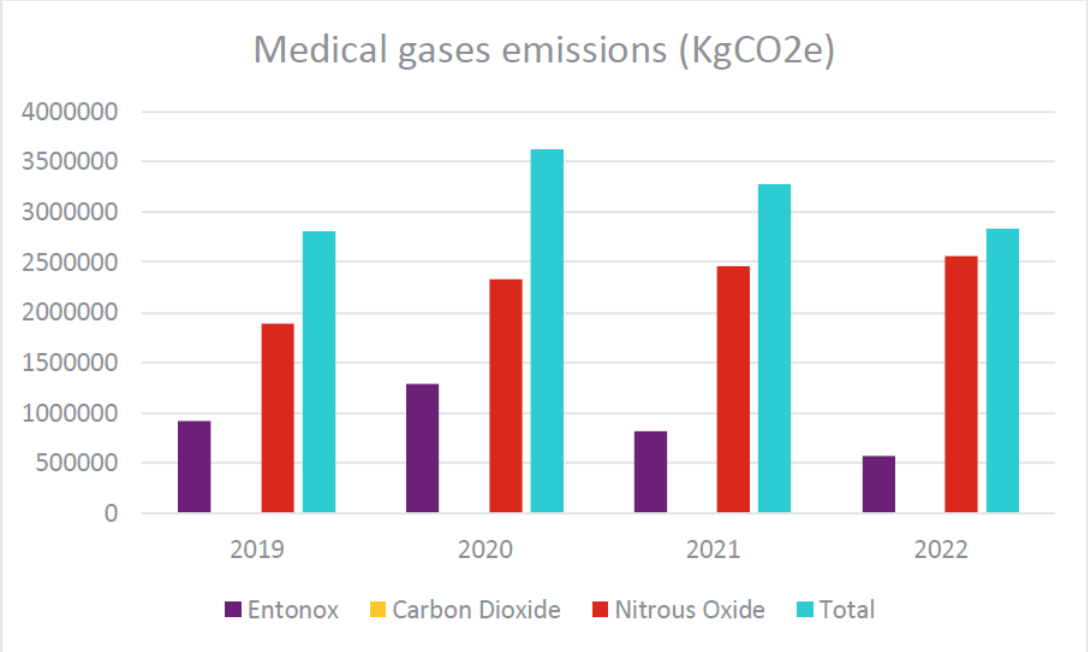
Carbon emissions in kg from water consumption 2019 to 2023

CO2 emissions from anaesthetics, medical gases, and metered dose inhalers have also been reduced.

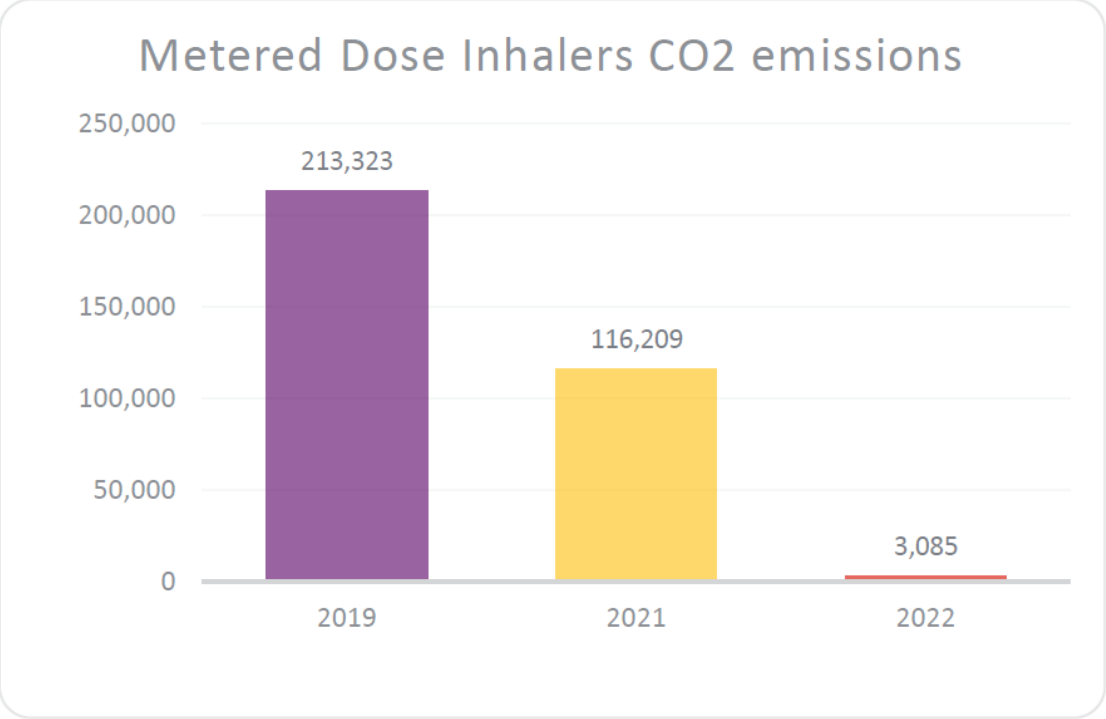
In 2019, a total of 2,809,193 kg of CO2e were produced from using medical gases throughout the hospitals and health facilities under the Buckinghamshire Healthcare NHS Trust, contributing to 6.51% of the overall emissions. This value was forecasted to increase slightly due to slight increases in the Buckinghamshire population. Emissions did increase to

3,275,807 kg of CO2e in 2021 contributing to 7.7% of the overall emissions. In 2022, the emissions dropped significantly to 2,834,552 kg of CO2e.





In 2019, a total of 213,323 kg of CO2e were produced from using metered dose inhalers which contributed to 0.49% of the overall emissions. By 2022, this decreased significantly to just 3,085 CO2e.



The Trust is continuing to look at ways of further reducing its carbon footprint through virtual treatment pathways such as Hospital@Home and an increased number of virtual appointments. It is also supporting colleagues to reduce their carbon footprint by supporting agile working.

Cyber Security

During 2023/24, we completed our move from ‘on premise’ servers on hospital sites to a commercial hosting solution with Rackspace ‘private cloud’. Alongside significant work to upgrade our network capacity and resilience this means BHT is in a more secure state to resist the constant cyber threats and prepare high performing networks for our future digital hospital. In addition, through the remainder of 2024 we will be upgrading all our telephony systems from outdated ‘copper’ wires to modern fibre optic telephone systems, reducing costs and increasing reliability.

Financial information

In preparing the financial statements, the Directors have considered the Trust's overall financial position and expectation of future financial support. The Trust has compiled the 2023/24 accounts on a going concern basis as there has been no expectation raised in the public arena that healthcare services will not continue to be provided from the Trust’s sites across Buckinghamshire. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.

2023/24 financial year

The Trust consolidates its results with those of its wholly owned subsidiary, Buckinghamshire Healthcare Projects Ltd, and its associated Charity. It is performance measured against the Group results. In 2023/24 the Group has delivered an unadjusted deficit of £10.0m. However, the impact of a number of technical adjustments need to be taken into account to arrive at the financial performance against which the Trust is measured

by NHS England (NHSE) for performance purposes. These adjustments, together with the results of the Trust as a single entity, are laid out in the Statement of Comprehensive Income. Once these adjustments are taken into account, the reported deficit is £5.5m. This is compared to a revised planned deficit of £4.4m, adjusted from an initial planned deficit of £12.1m due to the receipt of additional income from NHS England. Performance being worse than plan, by £1.1m, due to the additional, unplanned, disruption from ongoing industrial action in year, and in line with the performance expected by NHS England and BOB ICB.

The key drivers to the improvement in performance versus the initial planned deficit were non-recurrent funding, income for additional elective activity delivered (through the Elective Recovery Fund (ERF)), while ensuring the cost base remained stable.

Non-current assets

The Trust is required to report the 'current value' of its non-current assets. In assessing the current value, it takes into account the advice of professional advisors, where appropriate. A full valuation was undertaken during March 2024 by the Trust's advisors Cushman and Wakefield, a firm of specialist valuers. The impact of this valuation has been included in the accounts. The Trust is not aware of any material differences between the carrying value of its properties and their market value in their current condition.

We continue to benefit from generous support from various charities, including the Trust's charity (Buckinghamshire Healthcare NHS Trust Charitable Fund), Scannappeal and the Cancer Care and Haematology Fund. No restrictions were placed on any of the equipment donated.

Examples of some of the facilities and equipment that these donations have enabled include:

- Robotic Navigation Platform
- Spinal C-Arm
- Foetal Monitors
- Wellbeing Pod
- Cardiovascular Ultrasound

Pension liabilities

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

Cash flow

The Trust's banking is conducted through the Government Banking Service (GBS). A weekly cash flow forecast is used to aid cash management, with cash forecasts for the full financial year reported to the Trust Board on a monthly basis.

The Trust had year-end cash balances of £3.0m which is a reduction of £13.9m from the previous year. The reduction largely reflects cash needed to support the capital programme, as well as payments to creditors across both revenue and capital.

Better Payment Practice Code

The Better Payment Practice Code (BPPC) measures the level of valid NHS and non-NHS trade creditors paid within 30 days of the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later. The target is for 95% of invoices to be paid within this timescale. The Trust's performance for 2023/24 is shown in Note 39 to the Financial Statements.

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

During 2023/24 the Trust paid 69,577 invoices totalling a value of £429,247k. Of this, the Trust paid 88.5% of invoices on time, and 89.3% of invoice by value (89.4% on time and 89.5% on value in 2022/23) which is an improvement from the prior year.

The Trust is working to improve its performance under the Better Payments Practice Code and has an action plan in place to address this.

Looking ahead

At the time of writing, for 2024/25, the Trust is still finalising its financial plan with BOB ICB and NHS England. Currently this is for a deficit of £22.9m. This will require strong financial management, controls and improvements in both productivity and efficiency, as well as close working relationships with local and national commissioners.

The Trust continues to fully participate in the ICS planning process, including triangulating the financial, activity and workforce planning process as well as leading on significant improvement workstreams. The Trust's savings target remains challenging and we are working with system partners to deliver system wide productivity and process improvements. The Trust has a significant focus on minimising levels of expenditure, including governance around recruitment of substantive roles and a focus on the most appropriate use of temporary staff.

Activity trajectories have been developed in line with national planning requirements, and if delivered, will meet the required waiting times and activity delivery % in comparison to 2019/20.

Achievement of the Trust's 2024/25 financial plans requires delivery of the agreed financial plan including the required £45.5m efficiencies, as well as delivering a profit margin on increases in elective activity and working with the system to deliver change and efficiencies. This remains a challenging plan to achieve given the need to deliver significant increases in activity to support recovery, alongside the delivery of material efficiencies. As the Trust's financial deficit is materially greater than breakeven, further revenue cash support will be needed.

The Trust has in 2023/24 invested a total of £59m in capital across property, IT and medical equipment (£28.6m in 2022/23 and one of the largest in the Trust's history). This capital investment is only a fraction of the required capital investment to address the significant estate backlog and aged medical equipment.

These challenges limit our ability to deal with increasing demands for capacity and flow. In addition, it creates a significant challenge in manging increased operating costs plus issues of obsolescence, lack of resilience and closure of areas of clinical capacity, and environmental failures. The Trust is in the process of developing a long-term programme business case to address the most significant of these issues.

There are particular challenges in respect of the tower complex at Wycombe Hospital which is very near the end of its lifecycle and requires routine inspections to determine the safety and remaining useful life for safe healthcare. The building is in poor condition, with work being at a point where substantial sums of money are required to continue the investigation to finally determine the future of the building structure.

For 2024/25, the Trust has a capital plan (excluding Provider Finance Initiative (PFI) costs) of £32.8m which is largely being committed to the completion of building programmes on the Stoke Mandeville site, investment in diagnostics equipment, the implementation of an Electronic Patient Record (EPR) and urgent and essential estate works. The Trust will apply for national funding as and when it becomes available to supplement this sum for diagnostic, elective and emergency capacity. The Trust's Capital Management Group (CMG) has discussed and agreed the initial prioritisation of the capital envelope and will need to continue to refine this. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage. For purposes of our forward look for the subsequent capital allocations, £19m has been assumed for the remaining four years and has been assumed through the ICSs allocation from NHS England.

Declaration

I confirm adherence to the reporting framework in respect of the Performance Report.

Signed 

Date: 26/06/2024

Neil Macdonald

Chief Executive

Accountability Report

Trust young volunteer Maya, aged 18, has been awarded the Cadet Award from Therapy Dogs Nationwide and the Proud of Bucks Young Community Champion Award. She regularly visits Ward 3 with her therapy dog Marley.

Corporate Governance Report

Directors Report

Trust Board

The Trust Board provides strategic leadership to the organisation. It sets the strategic direction, fosters the appropriate culture, monitors performance and ensures management capability and capacity. It outlines the vision of the organisation, championing and safeguarding its values, keeping the safety of patients at the centre of its work and ensuring obligations to all key stakeholders are met. By ensuring the effective and efficient use of resources it safeguards public funds.

Together, the Trust Chair and the Chief Executive set the tone for the whole organisation and are ultimately responsible for ensuring that the population the Trust serves, and the wider system in which the Trust sits, receive the best possible care in a sustainable way. The Chair is responsible for the effective leadership of the Board and is pivotal in creating the conditions necessary for overall Board and individual director effectiveness. The Senior Independent Director (SID), an appointed Non-Executive Director, has a key role in supporting the Chair in leading the Board. The SID is also positioned to act as intermediary for other directors when necessary and leads non-executive directors in oversight of the Chair, for example, through leading the annual appraisal process. In contrast to the more strategic role of the Chair, the Chief Executive leads the Executive Directors in the delivery of the Trust's strategy and objectives through implementation of appropriate resources and risk management systems.

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

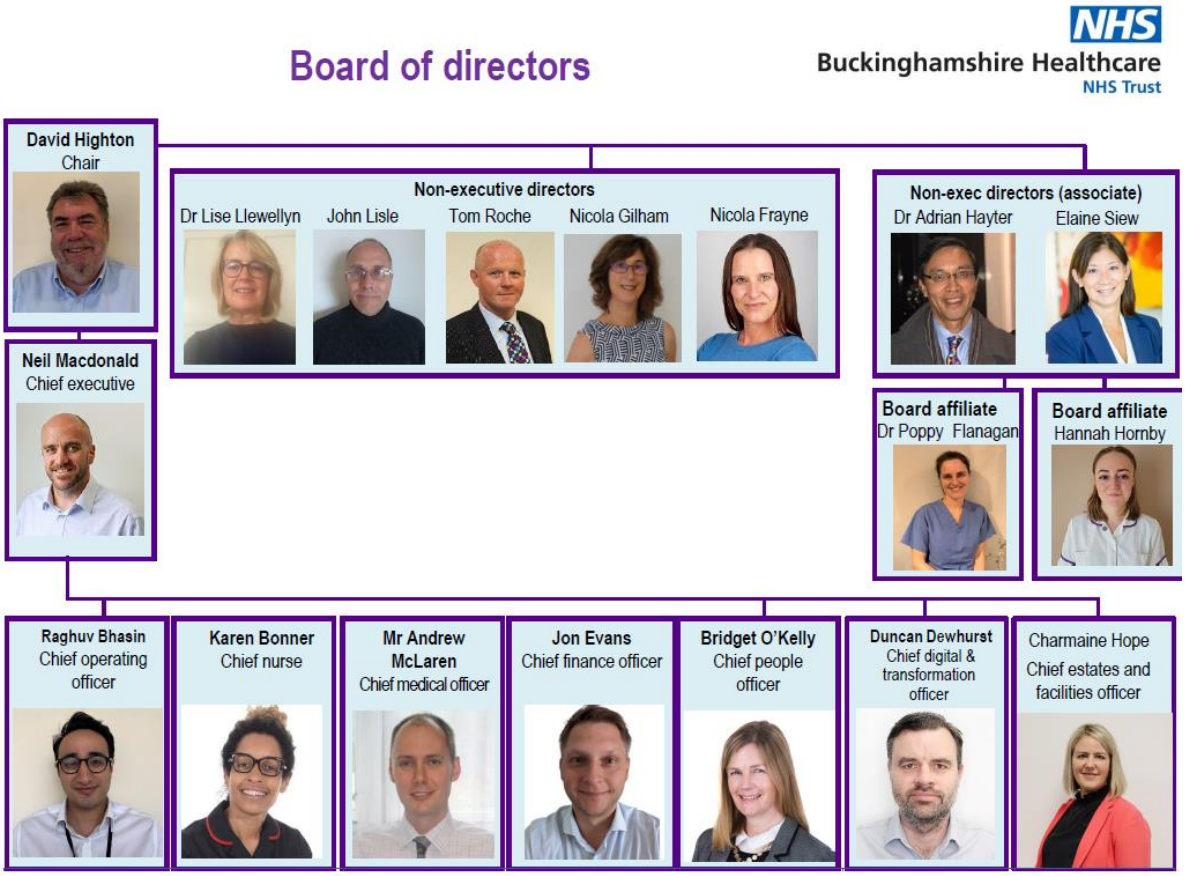
Further details on all Board members including biographies are available on the Trust website.

The Trust Board meets at least 10 times per year in public, details of which are available in advance on the Trust's public website which also contains agendas, minutes and reports.

The Trust Board formally operates within its Terms of Reference, the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions. These can also be found on the Trust website.

The maintenance of an effective Board is supported by the Trust Board development programme with seminars on key themes held on a monthly basis. During 2023/24 these included the Opportunity Bucks programme, strategic risk management, improvement approaches, health inequalities and workshops related to the delegation of statutory functions, the urgent and emergency care improvement plan and redevelopment of the Wycombe site. In February 2024, the Trust's Trainee Leadership Board presented their work on reducing hospital encounters.

Our Board members in 2023/24 and their roles are shown overleaf:



The following changes took place during 2023/24:

Non-Executive Directors

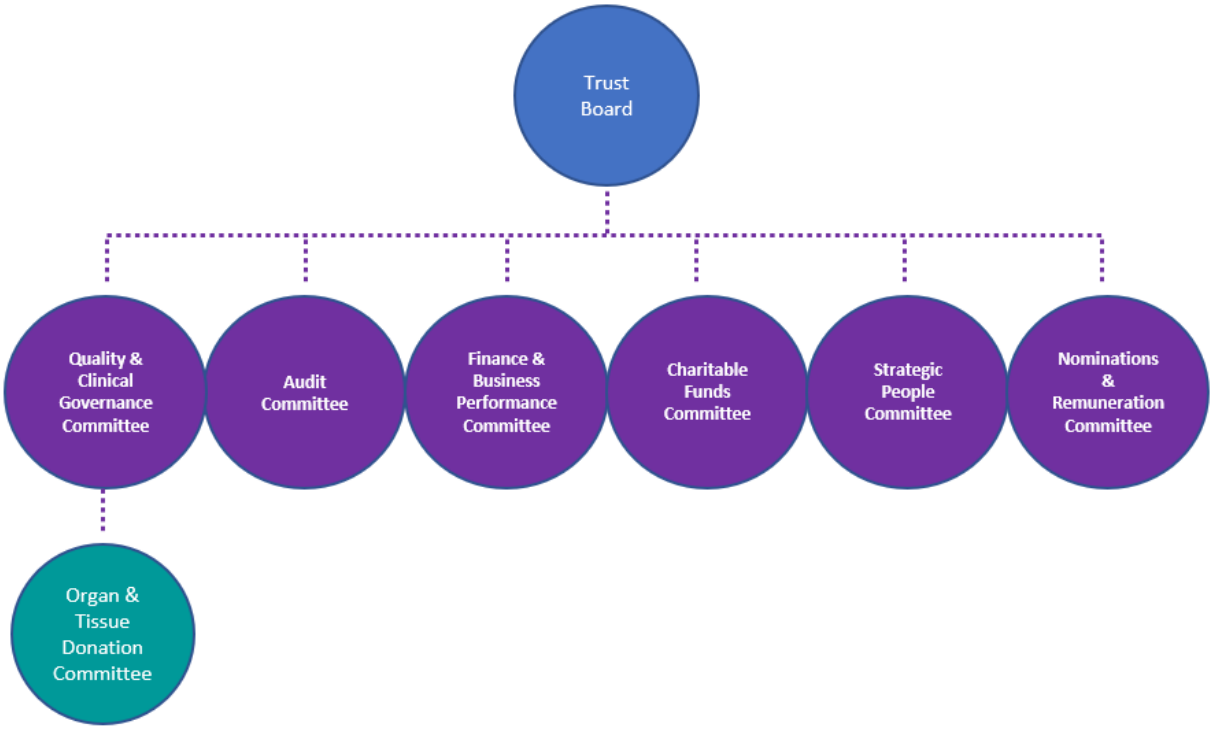
- Rajiv Jaitly and Dipti Amin stepped down from their roles on 14 June 2023. Both were at the end of an eight-year term.
- Lise Llewellyn and Nicola Frayne joined the Board as Non-Executive Directors on 15 June 2023 and 11 July 2023 respectively.
- Elaine Siew joined the Board as an Associate Non-Executive Director on 3 October 2023 to replace Mo Girach, Associate Non-Executive Director, whose two-year term ended on 28 February 2023.
- Dr Sarah Lewis' term as (medical) Board Affiliate ended on 29 February 2024. Dr Poppy Flanagan joined the Board in her place on 1 March 2024.

Executive Directors

- Jon Evans joined the Board on 17 July 2023 as Chief Finance Officer in place of Kishamer Sidhu, Interim Chief Finance Officer.
- Ali Williams left her role as Chief Commercial Officer on 31 January 2024.
- Charmaine Hope joined the Board on 4 March 2024 as Chief Estates & Facilities Officer.

Trust Board Committees

The figure overleaf highlights the structure of the Board and its committees.



A governance framework and associated processes are in place across the organisation to ensure that information flows clearly to the Board, providing assurance where possible and highlighting risks identified through gaps in control or gaps in assurance. The structures around governance and performance are currently undergoing a review.

The Board has delegated scrutiny of assurance process relating to workforce, quality and finance to four committees:

- Audit Committee
- Finance & Business Performance Committee
- Quality & Clinical Governance Committee
- Strategic People Committee.

The committees work together to provide an integrated approach to governance which is supported by common membership of Board members across the committees. Each has a Non-Executive Director as Chair and Non-Executive Directors form part of the membership. Each of the committees has Terms of Reference and a plan of work which are reviewed annually and used as the basis of an annual assessment of committee effectiveness.

There are two other Board Committees which are also described below:

- Nominations and Remuneration Committee
- Charitable Funds Committee.

Audit Committee

This supports the Trust Board by critically reviewing the governance and assurance processes on which the Board places reliance. This, therefore, incorporates reviewing governance, risk management and internal control (plus the Board Assurance Framework) and oversight of the Internal and External Audit and Counter Fraud functions. The Audit Committee also undertakes a detailed review of the Trust's Annual Report and Accounts in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014.

In 2023/24 the Audit Committee was chaired by Rajiv Jaitly, Non-Executive Director and Senior Independent Director between April-June 2023. From July 2023, John Lisle, Non-Executive Director became the Audit Committee Chair. Between April-June 2023, four other Non-Executive Directors were also members; Dr Dipti Amin, Nicola Gilham, John Lisle and Tom Roche. From July 2023 onwards, Nicola Gilham, Tom Roche and Dr Lise Llewellyn became the Non-Executive members of the Audit Committee.

Finance & Business Performance Committee

The purpose of the Finance & Business Performance Committee is to provide the Board with assurance concerning all aspects of financial, commercial and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. It provides the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and with information and recommendations on key issues. The Finance & Business Performance Committee also has oversight of the Trust's performance management framework and, as required, focuses on specific issues where the Trust is experiencing challenges with its operational performance.

During 2023/24, the Finance & Business Performance Committee met monthly and was chaired by Nicola Gilham, Non-Executive Director.

Quality & Clinical Governance Committee

The Quality & Clinical Governance Committee provides the Board with assurance concerning all aspects of quality relating to the provision of care and services in support of getting the best clinical outcomes, ensuring safety, and providing the best experience for patients. It assures the Board directly, and through consultation with the Audit Committee, that the structures, systems and processes are in place and functioning to support an environment for the provision and delivery of excellent quality health services. It also assures the Board that where risks and issues exist that may jeopardise the Trust's ability to deliver excellent quality healthcare, these are being managed in a controlled and timely way.

During 2023/24 the Quality & Clinical Governance Committee met monthly. Between April-June 2023, it was chaired by Dr Dipti Amin, Non-Executive Director and from July 2023 onwards by Dr Lise Llewellyn.

Strategic People Committee

The Strategic People Committee aims to provide assurance to the Board in the areas of workforce development, planning, performance, engagement, equality, diversity and inclusion and assure the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high-performing and motivated workforce that is supporting business success. The Strategic People Committee also receives assurance around health and safety processes and compliance. Reports from the Trust's Freedom to Speak up Guardian (FTSUG) set out activity, learning and resulting actions.

The Strategic People Committee was chaired by Tom Roche, Non-Executive Director in 2023/24 and it met on a bi-monthly basis.

Nominations & Remuneration Committee

On behalf of the Trust Board this Committee reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change.

The Nominations & Remuneration Committee meets as required and, during 2023/24, was chaired by David Highton, Trust Chair.

Charitable Funds Committee

This aims to ensure that the Buckinghamshire Healthcare NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors. This includes reviewing and agreeing the Charitable Fund Annual Report and financial accounts, for approval by the Trust Board.

In 2023/24 the Charitable Funds Committee was chaired by Nicola Gilham, Non-Executive Director.

Further information on the Charitable Funds Committee, and related activities, can be found in the Charitable Funds Annual Report which is available via the Trust website.

Executive Management Committee

Also important to the governance process is the Executive Management Committee (EMC) and its sub-committees. EMC is the key decision-making and risk committee. It is chaired by the Chief Executive and attended by the Executive team, Associate Director of Communications & Engagement and a representative from each of the Care Group leadership triumvirates (Clinical Director, Director of Operations or Director of Nursing).

Meetings of EMC enable key clinical and managerial issues to be discussed, developed, scrutinised, monitored and agreed and/or approved. Other senior leaders in the organisation attend as required. EMC is authorised to make decisions on any matter that is not reserved for the Trust Board or Board Committees in line with the Trust Standing Financial Instructions. Key issues are reported to the Trust Board as part of the monthly report from the Chief Executive.

In addition to EMC, there are a range of other forums, structures and processes in place to oversee and manage any issues relevant to particular aspects of risk and governance.

Transformation Board

The Transformation Board was established to provide assurance that the Trust's transformation plans are delivered successfully and that associated benefits related to quality, people and finance are realised. The Transformation Board supports EMC in providing a dedicated forum for Executive Directors and the Care Group leadership

triumvirates to discuss and debate such programmes alongside senior clinical and corporate colleagues and provides support and direction for escalated issues and risks to support delivery of plans.

Declarations of Interest

The Trust Board and Board Committees routinely ask that any interests relevant to the agenda items be declared at each meeting. In addition, a Register of Directors' Interests is maintained by the Trust Board Business Manager, presented to Board on an annual basis and published on the Trust website.

Both recruitment processes and those related to the management of conflicts of interests support the maintenance of Non-Executive Director independence. Independent directors are better able to make objective decisions and provide challenge and scrutiny to Executive colleagues.

Reports to the Information Commissioner's Office (ICO)

Information on personal data-related incidents where these have been formally reported to the ICO can be found in the Annual Governance Statement later in the Corporate Governance Report.

Statement of Directors' Responsibilities

Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken all steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Buckinghamshire Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2024 and up to the date of approval of the Annual Report and Accounts.

Divisional Structure Review

During the summer of 2023, a proposal to revise the structure of the organisation was considered and approved resulting in the development of four 'Care Groups' in the place of the previous five 'Divisions' as per the table below.

Divisional Structure				
Integrated Medicine	Surgery & Critical Care	Specialist Services	Women, Children & Sexual Health	Integrated Elderly & Community Care
Acute non-elective services, medical specialties (acute & community), neurorehabilitation	Critical care, emergency & planned surgical care	National Spinal Injuries Centre (NSIC), pharmacy, diagnostics, haematology, cancer performance, outpatients	Obstetrics, maternity, gynaecology, paediatrics (acute & community), sexual health	Medicine for older people (MFOP), therapies, community services
Care Group Structure				
Integrated Medicine	Surgery & Critical Care	Specialist Clinical Services	Community & Rehabilitation	
Acute non-elective services, medical specialties (acute & community), neurorehabilitation	Critical care, emergency & planned surgical care, outpatients, cancer performance	Pharmacy, diagnostics, haematology, obstetrics, maternity, gynaecology, paediatrics (acute)	MFOP, therapies, community services including community paediatrics, sexual health, NSIC	

The objectives of the restructure were to provide both better care to patients and a better place for colleagues to work through the following:

- Bringing together services and pathways currently spilt by divisional structures to allow greater alignment with the Trust strategy.
- Supporting closer working between services within and across different areas of the organisation.
- Creating a more streamlined management structure across four, more evenly sized, care groups.
- Achieving a restructure with minimal change at service level to provide stability to the organisation during the year.

Alongside the restructure, a revised approach to the oversight of operational performance, risk management and quality governance was rolled out across the Care Groups. The new oversight framework is underpinned by a small set of key principles which support a focus on what matters, consistency and simplicity of information, clear lines of responsibility and accountability and a balanced approach to governance.

Capacity to handle risk

The Trust has a Risk Management Policy and a Risk Management Strategy, both of which are endorsed by the Board. The Risk Management Policy was last reviewed in 2022 and the Risk Management Strategy is currently under review.

The way in which leadership is given to the risk management process

Risk management is recognised as everyone's responsibility and all colleagues are expected to cooperate in the management of risk to maintain their own safety and the safety of all others in the organisation. The Risk Management Strategy sets out the corporate and individual accountability for risk management through the Trust Board and Board Committees as follows:

- The role of the Trust Board in reviewing the management of extreme risks; the Board receives details of these through regular reporting including that related to organisational risk, performance (through the integrated performance report) and finance.
- The role of the Audit Committee in monitoring the effectiveness of the system for managing risk; the Committee receives organisational risk reports including details of the Corporate Risk Register and Board Assurance Framework at every meeting and, through these reports, is able to provide assurance to the Board on the Trust's application of risk management processes.
- The role of the Finance, Quality and People Board Committees in monitoring risks pertaining to their purpose; these Committees regularly receive and consider the strength of assurance reflected within the risk management system and the actions being taken to manage risks.
- The role of the Executive Management Committee in moderating scores of those risks included on the Corporate Risk Register; the Committee reviews the Corporate Risk Register and the Board Assurance Framework and is responsible for challenging the effectiveness of operational risk management, moderating risks to ensure consistency and ensuring adequate controls are in place.
- The Risk & Compliance Monitoring Group in reviewing risk registers and making recommendations to the Executive Management Committee.

Board Committees are chaired by Non-Executive Directors and the Audit Committee, which has a pivotal role in providing assurance over risk management processes within the Trust, has a membership of only Non-Executive Directors. Through their position as Chairs and Audit Committee members, the Non-Executive Directors all have a responsibility to provide robust challenge to the executive management of risk and to seek reasonable assurance of adequate control.

The Chief Executive, as the Accountable Officer for the Trust, has overall responsibility for effective risk management in the organisation. The Trust Risk Management Policy sets out in detail the roles and responsibilities of the Chief Executive and other Executive Directors. These include the following:

- The Chief Nurse leads on the process for the strategic development and implementation of organisational risk management, is accountable for the development of strategic clinical risk and for ensuring there is a robust system in place for monitoring compliance with the Care Quality Commission (CQC) standards.
- The Chief Nurse is also the Director of Infection Prevention and Control for the Trust and, together with the Patient Safety Officer, is responsible for managing patient safety, complaints, patient information and medical legal matters.
- The Chief Finance Officer has delegated responsibility for maintaining financial controls including overseeing the adoption and implementation of the Standing Financial Instructions and is the lead for counter fraud. The Chief Finance Officer also liaises with Internal and External Audit services who undertake programmes of audit with a risk-based approach.
- The Chief Medical Officer is the Responsible Officer for Medical Revalidation.
- The Chief Operating Officer is the Accountable Planning Officer for Emergency Preparedness, Resilience and Response.
- The Chief Digital & Transformation Officer is the Senior Information Risk Owner (SIRO). The SIRO is accountable to the Chief Executive with specialist support from the Information Governance team and Caldicott Guardian to ensure the management of confidentiality and security risks to Trust information and records.
- The Chief People Officer is accountable for the strategic management of the Trust's People strategy and equality and diversity compliance and employment processes.
- The Chief Estates & Facilities Officer has delegated responsibility for the management of Health & Safety risks and compliance with relevant legislation/regulation.

Collectively, the Executive Directors share responsibility for identifying and implementing control of strategic risks as well having individual accountability for risks within their specific portfolios. Each Executive Director will have governance mechanisms in place for the delivery and risk management of relevant services.

In addition, specific responsibilities are allocated to senior individuals within the organisation including:

- The Care Group leadership triumvirate (Clinical Director, Director of Operations and Director of Nursing) share accountability to the Chief Operating Officer for identifying, managing and communicating risk within their respective Care Groups.
- The Trust Board Business Manager is the lead for the Board Assurance Framework on behalf of the Chief Executive.
- The Counter Fraud team is accountable to the Chief Finance Officer. The Local Counter Fraud Specialist undertakes the operational management and recording of fraud, bribery and corruption risks in the Trust.

The way in which staff are trained or equipped to manage risk in a way appropriate to their authority and duty

The Trust has a range of systems in place to prevent, manage and mitigate risks and measure associated outcomes. In addition to the Risk Management Policy, a comprehensive range of risk management policies and guidance are made available to staff including those related to incident reporting and investigation, risk assessment and health and safety.

Other measures in place to support colleagues in their ability to manage risks include:

- Risk-related training in specific areas as part of the corporate induction and mandatory training programme.
- Availability of advice related to the management of risk in specific areas from a range of in-house professional and specialist staff. In addition, certain types of risk are addressed by the engagement of external expertise. For example, the risk of fraud is managed and deterred by the appointment of an external Local Counter Fraud Specialist.
- Clinical and corporate teams are encouraged to consider learning related to risk management from both internal and external sources. There are processes in place to share learning following reported incidents and best practice. A proportion of these will relate to how services predict and manage the elements of clinical and business risk that are a factor in the day-to-day delivery of healthcare services.
- The Trust has an embedded learning culture supported by excellence reporting which highlights key episodes of excellent work achieved by colleagues and is part of monthly reporting to the Trust Board. Such a culture is also supported by the implementation of national clinical standards, the delivery of improvements from local and national clinical audits, the Medical Examiner review of deaths process, and the focus on learning from all untoward incidents.
- An annual compliance with legislation activity is undertaken.

The risk and control framework

The key elements of the risk management policy

Risk management is described as the systematic identification, description, assessment, and management of risk in a given context and all colleagues are expected to follow the processes outlined in the Risk Management Policy and utilise the incident reporting system.

Following identification, risks are scored using a standardised risk scoring matrix. Risks scoring 8 or above and new/emerging risks are reported at monthly Service Delivery Unit governance meetings for inclusion in local risk registers. Risks scoring at 12 or above will be reported to Care Group governance meetings for inclusion in Care Group risk registers. Risks scoring 15 or above will be reported monthly to the Risk and Compliance Monitoring Group. A similar process is followed for those corporate services which sit outside of clinical Care Groups.

The Risk and Compliance Monitoring Group meets on a monthly basis and will make recommendations to the Executive Management Committee regarding risks to be escalated/de-escalated from the Corporate Risk Register. Urgent review of emerging or escalating risks are brought to the attention of the Associate Chief Nurse outside of these meetings by the Care Group Triumvirate.

On a bi-monthly basis, the Corporate Risk Register is presented to the Executive Management Committee and then onto Audit Committee and the Trust Board. Discussion at the Executive Management Committee will consider risks across the broader system and strategic risks, along with other known or emerging risks that may not yet be recorded.

Where an operational risk has significant implications for delivering a Trust objective, this will be reflected in the Board Assurance Framework. The Corporate Risk Register is considered alongside the Board Assurance Framework at these meetings as part of a wider risk report which considers the current profile of risk across the organisation against the Trust's appetite for risk in each area.

The Quality & Clinical Governance, Finance & Business Performance and Strategic People Committees are presented with their profile risks on a regular basis throughout the year. These meetings have a significant role in gaining assurance in relation to risk management within the Trust, ensuring challenges at service level are discussed, supported and managed.

At the end of each Board and Board Committee meeting, the Trust Board Business Manager summarises the emerging risks; those that have been highlighted through reports received and discussions during the meeting. These are triangulated with those risks within the Corporate Risk Register and Board Assurance Framework and presented to the Trust Board through the Committee Chair reports. Any risks not already reflected are presented to Audit Committee alongside meeting minutes with associated actions to ensure oversight of these.

The Risk Management Policy and Risk Management Strategy both describe the Trust Board's risk appetite statement which was considered last by the Board in June 2023 and is scheduled for review during the summer of 2024. The previous review was facilitated through an externally-led workshop and also involved setting an individual appetite for such risk to each of the strategic objectives and this information is displayed in the Board Assurance Framework report.

Buckinghamshire Healthcare NHS Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners.

The Trust has the lowest tolerance for risks that materially impact on the safety of our patients and colleagues, and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money. The Trust has the greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.

Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic, and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.

Trust Board Risk Appetite Statement, June 2023

The Trust has an established Board Assurance Framework (BAF) through which the Board is provided with a mechanism for satisfying itself that its responsibilities are being discharged effectively and informs the Board where the delivery of strategic objectives are at risk due to gaps in control/assurance. During 2022, Board Assurance Framework reporting was reconfigured to align with the BHT Strategy 2025 strategic objectives and to reflect the relationship with the Corporate Risk Register and the oversight of principal risks by specific Board Committees.

Documented within the Board Assurance Framework for each of the principal risks are the strategic threats, potential effects should the risk materialise, controls and assurance records

in place and any gaps in assurances with actions to address these. Inherent and residual risk ratings are presented alongside the Board's appetite for risk in that area. The Board Assurance Framework ensures that appropriate internal and external assurances are put in place in relation to the management of all high-risk areas and a level of assurance is provided for each of the risks.

Key elements of the quality governance arrangements

The Trust's quality governance arrangements are managed by the Quality & Clinical Governance Committee, its sub-groups and committees and via a number of associated systems and processes.

Clinical audit is supported by a central team and the Quality & Clinical Governance Committee receives assurance on the design and the delivery of the clinical audit programme through a range of reporting including a quarterly update from the Clinical Effectiveness Group.

The investigation of incidents, and learning from these, has been predominantly managed within Care Groups and is discussed at specific governance meetings accordingly. Serious Incidents (SIs) have been discussed and monitored through the executive-led SI panels with the Trust Board maintaining monthly oversight of SIs through performance reporting and via the Quality & Patient Safety Group. Full details of maternity SIs are received by the Board quarterly. A wide range of mechanisms are in place to support learning from both incidents and the results of quality audits and these include:

- Chief Nurse and Chief Medical Officer-led monthly newsletters and weekly bulletins highlighting the top quality and safety messages.
- A 'Reflect and Review' monthly forum for clinical and non-clinical colleagues to share examples of excellent patient care and examine areas for improvement.
- Academic half days.
- Formal and informal training and simulation sessions and experiential learning.

The Patient Safety Incident Response Framework (PSIRF) sets a new, mandatory, approach for the NHS to the development and maintenance of systems and processes for responding to patient safety incidents. The intention of this is to maximise learning and improvement from such incidents. During 2023/24 the Trust has been working to embed the new framework with a local PSIRF policy and implementation plan being approved both internally and by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. The Executive Management Committee and Quality and Clinical Governance Committee receive regular updates on progress against this plan.

Complaints are managed by the central complaints team in partnership with Care Group colleagues. The number of new complaints and percentage of complaints responded to within the required timeframe is considered monthly by the Trust Board. In March 2024, the Trust compliance with responding to complaints from the public within 25 days of receipt was 79% against a target of 85%.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Compliance with these requirements has been ultimately assessed via CQC inspections and during 2023/24 the Trust was subject to two such inspections. In June 2023, the Paediatric Emergency Department was inspected but not rated. The inspection was prompted by a concern raised by a member of the public. Later in June 2023, as part of the national maternity inspection programme, the CQC visited Maternity Services at the Trust which were rated as 'requires improvement'. The Trust has maintained its overall rating of 'good' following the wider inspection during February 2022. The Trust Board maintains

oversight of the subsequent ‘Must Do’ and ‘Should Do’ CQC action plan which contains details of those actions arising from all of the above inspections.

During 2023/24, Internal Audit completed a review of the Trust CQC action plan including assurance processes and the test of collated evidence. This gained a reasonable assurance (positive) opinion.

Regular engagement meetings with the CQC continued throughout 2023/24. Outside of formal inspections, the Trust monitors compliance with CQC registration requirements independently, primarily through a programme of regular in-house assurance visits/inspections. In 2022, the Clinical Accreditation Programme was launched and rolled out which measures and provides assurance on quality, safety, patient and colleague experience and leadership across the organisation. As of March 2024, a total of 74 clinical areas had been inspected with over half of those achieving ‘silver’ accreditation.

The CQC has now adopted a new single assessment framework which will be in place for the regulation of all healthcare providers by April 2024. The Trust is actively working to ensure internal systems and processes are in line with the new framework.

On an annual basis the Trust conducts a comprehensive review of compliance with all regulation and legislation, including CQC requirements. This process includes identifying any gaps in compliance, setting actions to address these and monitoring progress with achieving such actions and is led by the Executive team. The process also allows the Trust to understand and assure the robustness of its compliance with regulatory and legislative duties. The last review was presented to the Trust Board in March 2024.

The quality of performance information is primarily assessed by the Internal Audit programme. In 2023/24 this included review of Medicines Management and Chaperoning. Changes to systems and processes were made in line with subsequent recommendations. During 2022/23, a new health and safety legislation dashboard was introduced to provide greater oversight in this area. During 2023/24 this was subject to a review by Internal Audit which provided a reasonable assurance (positive) opinion.

On a monthly basis, the Trust Board considers the Integrated Performance Report which encompasses key metrics regarding quality, people and finances aligned with the NHS System Oversight Framework and the Trust’s strategic priorities. Board Committees are responsible for oversight of metrics within the remit of the Committee and the use of statistical process control charts and accompanying narrative facilitate this. The Quality & Clinical Governance Committee considers the quality metrics on a monthly basis and requests deep dives into any areas of concern. People metrics are considered by the Strategic People Committee with the Finance & Business Performance Committee considering key performance metrics.

How risks to data security are managed and controlled

Risks to data security are managed in accordance with the NHS Information Governance classification framework and the Data Security and Protection Toolkit (DSPT) requirements. Any gaps in controls are identified as risks and recorded, scored and reviewed in line with the Trust risk management policy. Additional oversight of cyber related risks is provided by the Cyber Information Security Officer (CISO).

Following a report of low compliance in 2022/23, in December 2022 the Trust was awarded ‘Approaching Standards’ status by NHS England. During 2023/24, ahead of the next submission in June 2024, significant steps have been made which build on the move of hosting support to Rackspace Private Cloud alongside work to upgrade network capacity and resilience. Compliance with the 113 standards of the DSPT is currently at 92%.

In June 2024 the Trust expects to be 'near compliance' with full compliance achieved by the end of the calendar year. The Trust has close working relationships with the other Chief Technical and Cyber Security Officers within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, and with the NHS England South-East regional cyber lead. This network shares best practice and regional assurance alongside the formal DSPT reporting requirements. The Trust has recently defended active cyber-attacks by suspected state actors and reassurance should be gained from this.

Major organisational risks

In 2021, the Trust published the BHT Strategy 2025 which set out three strategic priorities; outstanding care, healthy communities and a great place to work and, alongside these, nine strategic objectives. The risks to achieving these objectives are set out within the Board Assurance Framework which was revised to align with the strategy in 2022. The principal risks facing the organisation, those with the potential to prevent the achievement of key objectives during the year 2023/24 were as follows:

Failure to provide care that consistently meets or exceeds performance and quality standards

This incorporates risk related to long elective waits, the provision of safe emergency, maternity and neonatal care and overall management of risk and clinical governance within the organisation. Key contributors comprise limitations of the estate infrastructure, including those related to infection prevention and control, data quality and digital immaturity, demand and capacity for services (including primary/social care capacity), increasing complexity of patients and service users and a lack of understanding and consistency in the application of clinical governance and risk management across the organisation.

Failure to deliver our annual financial plan

This reflects the underlying Trust organisational financial deficit, structural financial challenges, including at system level, inflationary pressures and a mismatch in the demand and availability of capital funds.

Failure to work effectively and collaboratively with external partners

This risk reflects the Trust's ambitions as an anchor institution alongside some local uncertainty as structures and relationships within the local Integrated Care System develop and mature, recognising growth in this area during 2023/24.

Failure to provide consistent access to high quality care for children and young people

This reflects long waits for some community services alongside a significant increase in demand for such services, particularly related to educational needs, insufficient funding and an inability to recruit specialist staff. This is alongside limitations digitally and within the estate.

Failure to support improvements in local population health and a reduction in health inequalities

This risk reflects inequalities in access to care and the potential for continued growth in the health inequality gap. Digital immaturity and a failure to effectively utilise data to manage local population health is a key contributor.

Failure to deliver our people priorities

The five people priorities relate to recruitment and resourcing, culture and leadership, supporting our colleagues, workforce planning and development and productivity. Key contributors to this risk are identified as insufficient levels of appropriately skilled staff, national cost of living and resultant recent industrial action. Following the pandemic and subsequent sustained operational pressures, low morale is recognised as impacting negatively on colleague wellbeing and retention levels.

Failure to provide adequate buildings and facilities

This incorporates risk related to both estates and digital for which a lack of available capital is a significant contributor to both. The age of the estate and the lack of digital maturity are recognised as a standalone risk and also a key contributing factor in a number of other risks faced by the organisation.

Failure to learn, share good practice and continuously improve

This reflects some gaps in learning following incidents and the organisation not consistently being a place where new innovation and new ideas can be easily implemented.

The Board Assurance Framework, alongside the Corporate Risk Register, is considered by the Trust Board and Board Committees as part of a regular report on overall organisational risk. The Board Assurance Framework provides details on strategic threats for each of the risks, potential effects should the risk materialise, existing controls and assurance records and subsequent gaps in assurance with mitigating actions. Overall review and moderation of risks, as well as progress with mitigating actions, are monitored by the Board and Board Committees as well as through monthly meetings with Executive leads in line with the Trust Risk Management Policy.

CQC well-led framework

Following the inspection of medical and surgical services in February 2022, CQC conducted an inspection against the well-led framework in March 2022. The Trust was rated as ‘good’ for well-led which was an improvement on the previous rating (requires improvement).

The revised CQC single assessment framework incorporates eight ‘well-led’ quality statements and the Trust is currently undertaking a self-assessment against these.

Risks to compliance with the NHS provider licence

In May 2023 the Trust Board completed the required self-certification for 2022/23 that the Trust could meet relevant obligations set out in the NHS provider licence. These included;

- Effective systems to ensure compliance with considerations of the licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6)
- Compliance with governance arrangements (condition FT4)

In March 2023, a revised NHS provider licence was published which forms part of the oversight arrangements for all NHS providers. An assessment against this has been undertaken for 2023/24 and will be presented to Board with the Trust demonstrating full or partial compliance for all provisions.

Following difficulties in appointing external auditors for 2022/23, and completion of the audit in line with a deferred timetable, the Trust has been successful in appointing auditors for the 2023/24 audit and work on this is underway.

The Directors Report provides further information on Board and Board Committee structures, roles and responsibilities.

The Trust remains in Segment 3 of the NHS Oversight Framework with an action plan in place to support movement to Segment 2.

Code of Governance for NHS Provider Trusts

A new code of governance for NHS providers came into force on 1 April 2023. Following an assessment of compliance against this, the Trust was non-compliant in two areas:

- The Senior Independent Director (SID) was also the Chair of the Audit Committee.
- The Trust did not have a formal policy in place for the purchase of non-audit services from external audit.

Action was taken to ensure compliance with both of the above. In July 2023, Nicola Gilham, Non-Executive Director, took over the role of Senior Independent Director and John Lisle, Non-Executive Director, become the Chair of Audit Committee. These roles were both previously held by Rajiv Jaitly, Non-Executive Director, who left the Trust on 14 June 2023 at the end of his term. In March 2023 the Audit Committee approved a policy regarding the management of non-audit work by the External Auditors.

Following both of these actions, the Trust is reporting full compliance against the code.

The key ways in which risk management is embedded in the activity of the organisation

As identified, the Trust Risk Management Policy sets out the processes by which risk is managed in the organisation. Alongside this, a range of supporting systems and processes are in place to embed risk management activity into the day-to-day activity of the Trust. These include:

- Through the Trust induction and mandatory training programme which includes information governance, safeguarding, fire safety, infection prevention and control, health and safety and manual handling.
- Incident reporting is openly encouraged across the Trust with the promotion of just culture and appreciative inquiry. Lessons learned from incidents and investigations are shared and disseminated. More information on this can be found in the Performance Review section of this Annual Report.
- The patient safety team has robust lines of communication with the Executive Directors, Director for Medical Education and the Freedom To Speak Up Guardian (FTSUG) to ensure that conditions where colleagues feel safe to report incidents are fostered and maintained.
- Risk is regularly discussed at a wide range of forums including the Trust Board and Committees and Care Group and Service Delivery Unit (SDU) level governance meetings.
- Emergency preparedness systems are in place to ensure the Trust is able to respond, take action to control and mitigate risks at SDU, Care Group and organisational levels.
- Risk management is incorporated into the Trust planning and Cost Improvement Programme through the Quality Impact Assessment (QIA) process.

The way in which the Trust ensures that workforce strategies and staffing systems are in place

The Trust complies with the NHS Developing Workforce Safeguards through a number of methods:

- A review of safe staffing levels is led by the Chief Nurse and this is presented to the Board on a quarterly basis. These reviews follow the National Quality Board guidance and cover three components: evidence-based tools, professional judgment, and quality outcomes. In addition, supplementary papers are considered which focus on maternity and medical staffing.
- The Trust Board reviews all people metrics on a monthly basis as part of a wider review of quality, safety, performance and finance metrics to ensure that challenges and risks are understood as part of the wider context of service delivery. This is supported by daily staffing reviews, key governance meetings within the people directorate and the Strategic People Committee.
- The Trust has as annual workforce plan that is submitted centrally along with the annual financial and activity plans. The Trust Board discusses all of these plans prior to their submission.
- Where there are critical service risks related to staffing and the safe delivery of care, these are escalated to the Trust Board and external regulators as required, along with associated mitigations. Information from relevant risk registers is utilised as part of this process.
- A workforce representative is present at all Silver Command meetings when the Trust command and control structure is stood up.
- Recognising the continued impact of COVID-19 on the physical health, mental health and wellbeing of our colleagues, the Trust continues the significant focus on its health and wellbeing offering. The Trust has enhanced the counselling resources available in the wellbeing service to support demand and enable more ‘outreach’ across the Trust to provide quick and easy access to all. The dedicated physiotherapy resource to support musculoskeletal health conditions has also been expanded.
- The NHS People Plan, including the People Promise, remains a key thread through the work of the Trust in supporting the strategic priority to be a ‘Great Place to Work’. In 2022, the Trust was selected as one of 23 sites for the NHS England People Promise Exemplar Programme.

The Trust has a range of mechanisms in place for colleagues to raise concerns which includes accessing the Freedom to Speak Up Guardian (FTSUG) service. During 2023, we continued to embed our outreach model, which includes a lead Guardian, a number of part-time Guardians and Speaking Up champions.

The Trust also has a Guardian of Safe Working Hours, as required in the 2016 junior doctor’s contract, who these colleagues can speak to in confidence. At Board level, dedicated Speaking Up Champion and Wellbeing Guardian roles are filled by Non-Executive Directors.

Care Quality Commission (CQC) registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

Fit and Proper Persons Regulation

The Fit and Proper Persons Regulation requires organisations to seek assurance that all directors are fit to undertake the responsibilities of their role and the Trust is held to account by the CQC in relation to this through Regulation 5. In August 2023, NHS England developed a new Fit and Proper Person test Framework. NHS organisations were expected to use the framework for all new board appointments and for annual assessments with the first annual submission required by 31 March 2024.

For the year 2023/24 each individual director completed their annual self-attestation. The submission template was presented to the Board in March 2024 ahead of submission to the Regional Director. This demonstrated full compliance.

Register of interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Obligations under equality, diversity and human rights legislation

A number of control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with:

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- Cover sheets for all papers that are presented to the Executive Management Committee, all Board Committees and Trust Board include a section for the author to make Committee and Board members aware of any specific equality impact or implication.
- Executive and Non-Executive Directors have undertaken Allyship training and Executive Directors sponsor each of our colleague networks.
- The Trust currently supports seven active colleague networks, more information on which can be found in the Performance Review section of this Annual Report:

    - BHT EMBRACE (BME colleagues).
    - BHT Disability (colleagues with long-term health conditions or disability).
    - BHT Belonging (LGBTQ+ colleagues).
    - BHT One in Four (supporting colleagues to talk about mental health).
    - BHT Women's Network
    - KALINGA (Filipino Healthcare Professional Organisation Bucks)
    - BHT Armed Forces Network
- Equality, diversity and inclusion training is provided to every new joiner to the Trust via the induction programme. Additional inclusion training is available via the internal 'Peaks' management and leadership development programme.

- All Trust policies and relevant business cases include an equality impact assessment.

The Trust's Public Sector Equality Duty (PSED) report has been published and is available on the Trust website.

A number of control measures are in place to ensure the Trust meets and complies with all relevant obligations including:

- All Trust policies have an integral compliance and monitoring section with annual monitoring requirements.
- Monthly review of workforce related data by the HR and Workforce Group.
- Employee Relations Tracker for ongoing monitoring of cases with annual overview of this through PSED, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting.
- Annual review of the Trust's equality, diversity and inclusion objectives.
- At least an annual review of WRES and WDES reports by Trust Board and at a Care Group level.
- Completion of equality impact assessments as per above.

Obligations under the Climate Change Act and the Adaption Reporting requirements

The Trust has undertaken risk assessments, has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme and ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. To progress towards the NHS ambition to become carbon net zero by 2024, the Trust published its Net Zero Roadmap in 2021. An audit of progress against this plan is undertaken annually.

Review of economy, efficiency and effectiveness of use of resources

The Trust is required to demonstrate that it achieves value for money for taxpayers by demonstrating economy, efficiency and effectiveness in the use of resources available. The Trust's governance processes provide assurance regarding use of resources with regular scrutiny by the Capital Management Group, Executive Management Committee, Finance & Business Performance Committee, Audit Committee and Trust Board. The executive-level Transformation Board provides assurance that transformation plans are delivered successfully and associate benefits relating to quality, people and money are realised. Governance for Care Group performance is through monthly review meetings.

Financial performance is reported for the Group i.e. the Trust, its associated Charity and Buckinghamshire Healthcare Projects Limited (BHPL) as outlined in Note 1.3 of the Annual Accounts. In 2023/24 the Group delivered a £5.6m deficit against its statutory reporting In 2023/24 the Group delivered a £5.6m deficit against its statutory reporting position; £6.1m being the deficit forecast reported to NHS England. Related to capital, the Group reported a £59.0m expenditure against its allocation of £64.7m for 2023/24.

The 2024/25 budget has been proposed with a full year deficit plan of £22.9m and a capital plan of £36.3m. The budget includes significant efficiencies of £45.5m, equivalent to 6.8% of operating Income. At the time of writing, plans for 2024/25 have not been finalised.

External auditors are required to provide an opinion on whether they are satisfied that, in all significant respects, the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness for its use of resources for the year ending 31 March 2024. The auditors have confirmed that they have no matters to report by exception.

The draft Head of Internal Audit Opinion for 2023/24 is that the organisation has an adequate and effective framework for risk management, governance and internal control. However, further enhancements to the framework have been identified to ensure that it remains adequate and effective. During the year one report was presented with minimal assurance (negative). Two reports were issued with a partial assurance opinion (negative), seven with a reasonable assurance opinion (positive) and one with a substantial assurance opinion (positive). The details of all reports are considered by the Audit Committee which also monitors the implementation of actions to address identified weaknesses. The Executive Management Committee collectively considered all reports with a negative opinion and maintained a strong focus on supporting the implementation of management actions throughout the year.

During 2023/24, the Trust continued to use the Healthcare Financial Management Association (HFMA) financial sustainability self-assessment tool to support rigour in processes related to financial sustainability.

Information governance

Any serious incidents that meet the required threshold are reported to the Information Commissioner's Office via the Data Security and Protection Toolkit.

For the period 2023/24 there were two serious incidents which were notified to the Information Commissioner's Office (ICO). These related to inappropriate access to a patient record and the use of Facebook/Meta Pixel on the Trust website. The incident relating to inappropriate access to a patient record resulted in an Information Commissioner's Office decision that as the matter was being managed through internal HR processes in conjunction with Thames Valley Police, no further action was required from them at that time. Regarding the use of Facebook/Meta Pixel on the Trust website, the Information Commissioner's Office considered the remedial actions taken by the Trust and a decision was made not to take any enforcement action.

Data quality and governance

A number of measures are in place to assure the quality and accuracy of data, including that which relates to elective waiting lists:

- The Trust has an Elective Care Access Policy which encompasses a number of Standard Operating Procedures for waiting list management at all stages of a referral to treatment pathway. The policy outlines the responsibilities of key colleagues including those related to the auditing of data quality.
- The Trust also has a Data Quality Policy which supports the principles of the information governance agenda in the element of quality assurance and as produced to achieve and maintain high quality data throughout the Trust. The policy describes the approach to data quality and outlines the role and responsibilities of the Data Quality Group.
- A weekly validation process is in place involving operational, management and information leads to assure the quality of local and national waiting times including the Referral to Treatment (RTT) pathway and ensure this information is both up to date and correct.
- A regular checking process is in place for RTT patients who have been removed from the waiting list following a non-patient interaction/validation. This is to assure data quality but also identify opportunities for improvement and/or training that support continued implementation and alignment with the Elective Care Access Policy.

- Within cancer services, patient level information is reviewed daily as part of multidisciplinary team meetings and tracing processes to support patient pathway management.

Data quality is also assessed through the Internal Audit programme. In 2023/24, a specific audit was undertaken into data quality across the organisation and changes to systems and processes were made in line with subsequent recommendations.

Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations with an annual turnover in excess of £36 million to prepare an annual slavery and human trafficking statement. This is a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business.

A statement regarding slavery and human trafficking was published on the Trust website in July 2023 and is due for review in July 2024.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Buckinghamshire Healthcare NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee and the Quality & Clinical Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The draft Head of Internal Audit Opinion for 2023/24 states that "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". The last sentence of the opinion reflects that one report received a minimal assurance opinion (Management of IT Assets), two reports received a partial assurance opinion (Chaperoning Policy and Data Quality) and seven received a reasonable assurance opinion (UK Visas and Preparation for Renewal of Tier 2 Licence, Overseas Patient Income, Medicines Management, CQC Action Plan, Health & Safety Legislation Assurance Processes, Temporary Staffing and Agency Spend and Financial Management). One report received a substantial assurance opinion (Mandatory Training). The Audit Committee approves the Internal Audit annual plan for work and receives reports from each of the reviews undertaken. Summary reports of relevant Internal Audit reviews are also submitted to the Executive Management Committee during the year.

Significant internal control issues

Four Never Events were reported by the Trust in 2023/24:

a) The unintentional connection of a patient requiring oxygen to an air flowmeter.
b) Wrong site surgery – anaesthetic placed at an incorrect site.
c) Wrong site surgery – botox injected into an incorrect muscle.
d) Wrong implant/prosthesis – incorrect prosthesis used during surgery.

All incidents have been investigated, reports for which were approved by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. Incident (a) was cross checked to a similar historical incident in order to review the robustness of existing safety recommendations. All resultant actions have been completed.

As a result of the remaining incidents, the Trust Safer Surgery Policy has been reviewed and amended and work is ongoing to standardise safety checklists for invasive procedures across the Trust.

Conclusion

The significant internal control issues which have been identified during 2023/24 are described above, namely four Never Events and two information governance related serious incidents reported to the Information Commissioner's Office.

Signed 

Chief Executive Date 26/06/2024

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed 

Chief Executive Date: 26/06/2024

Statement of Directors' responsibilities in respect of the accounts

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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

The Directors confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Date 26/06/2024 Chief Executive

Date 26/06/2024 Chief Finance Officer

Remuneration and staff report

Directors' Remuneration

The Secretary of State for Health determines the remuneration of the Chair and Non-Executive Directors nationally. Remuneration for Executive Directors is determined by the Trust's Nominations & Remuneration Committee. Membership of the Nominations & Remuneration Committee during 2023/24 comprised the following Non-Executive Directors:

Voting members
Mr David Highton (Chair) Dr Dipti Amin, Mrs Nicola Gilham , Mr Rajiv Jaitly, Mr John Lisle and Mr Tom Roche

On behalf of the Trust Board this reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change. The Committee is chaired by David Highton, Trust Chair, and meets as required.

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

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

Name	**Date of appointment**	**Date of expiry**	**Extended date of tenure**	**Date of leaving**
Mr David Highton (Chair)	January 2022	January 2025	-	-
Dr Dipti Amin	June 2015	June 2021	June 2023	June 2023
Mrs Nicola Gilham	August 2019	August 2022	August 2025	-
Mr Rajiv Jaitly	June 2015	June 2021	June 2023	June 2023
Mr John Lisle	April 2021	March 2024	March 2026	-
Mr Tom Roche	February 2019	February 2021	February 2025	-
Mr Mo Girach (Non Voting)	April 2021	May 2023	-	May 2023
Dr Adrian Hayter (Non Voting)	April 2021	March 2023	March 2025	
Ms Nicola Frayne	July 2023			
Lise Llewellyn	June 2023			
Elaine Siaw	October 2023			

There are no rolling contracts. In 2023/24 there have been no significant awards or compensation payments made to past Directors, and no amounts are payable to third parties in respect of any Director.

Salaries and allowances

Table 1: Single total figure table

Name and title	Date(s) of Service		2023-24						2022-23					
			(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
			Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
	Appointment	End of Term of Office	£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
Chairman Mr David Highton	January 2022		45 - 50	-	-	-	n/a	**45 - 50**	45 - 50	-	-	-	n/a	**45 - 50**
Non-Executive Director Mr Rajiv Jaitly	June 2015	June 2023	0 - 5	-	-	-	n/a	**0 - 5**	10 - 15	-	-	-	n/a	**10 - 15**
Non-Executive Director Dr Dipti Amin	June 2015	June 2023	0 - 5	-	-	-	n/a	**0 - 5**	10 - 15	-	-	-	n/a	**10 - 15**
Non-Executive Director Mr Tom Roche	February 2017		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15	-	-	-	n/a	**10 - 15**
Non-Executive Director Mrs Nicola Gilham	August 2019		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15	-	-	-	n/a	**10 - 15**
Non-Executive Director Mr John Lisle	April 2021		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15	-	-	-	n/a	**10 - 15**
Associate Non-Executive Director Mr Adrian Hayter	April 2021		10 - 15	-	-	-	n/a	**10 - 15**	10 - 15	-	-	-	n/a	**10 - 15**
Associate Non-Executive Director Mr Mo Girach	March 2021	May 2023	0 - 5	-	-	-	n/a	**0 - 5**	10 - 15	-	-	-	n/a	**10 - 15**
Non-Executive Director Ms Nicola Frayne	July 2023		5 - 10	-	-	-	n/a	**5 - 10**	-	-	-	-	n/a	-
Non-Executive Director Lise Llewellyn	July 2023		10 - 15	-	-	-	n/a	**10 - 15**	-	-	-	-	n/a	-
Non-Executive Director Elaine Siew	October 2023		5 - 10	-	-	-	n/a	**5 - 10**	-	-	-	-	n/a	-
Chief Executive Mr Neil Macdonald	March 2018		210 - 215	-	-	-	77.5 - 80	**290 - 295**	200 - 205	-	-	-	-	**200 - 205**
Chief Finance Officer Mr Barry Jenkins*	August 2019	November 2022	-	-	-	-	-	-	155 - 160	-	0 - 5	-	42.5 - 45	**170 - 180**
Interim Chief Finance Officer Mr Kishamer Sidhu **	November 2022	July 2023	85 - 90	-	-	-	n/a*	**85 - 90**	85 - 90	-	-	-	-	85 - 90
Chief Finance Officer Mr Jonathan Evans	July 2023		125 - 130	-	-	-	-	**125 - 130**		-	-	-	-	**n/a***
Chief Operating Officer Mr Raghuv Bhasin	March 2022		145 - 150	-	-	-	37.5 - 40	**185 - 195**	130 - 135	-	-	-	35 - 37.5	**165 - 175**
Chief Nurse Ms Karen Bonner	March 2020		135 - 140	-	-	-	-	**135 - 140**	125 - 130	-	-	-	57.5-60	**180 - 190**
Chief Medical Officer Mr Andrew McLaren	April 2021		205 - 210	-	-	-	20 - 22.5	**225 - 235**	200 - 205	-	-	-	82.5 - 85	**275 - 285**
Chief Digital Information Officer Mr Duncan Dewhurt	July 2022		150 - 155	-	-	-	37.5 - 40	**190 - 200**	105 - 110	-	-	-	35-37.5	**140 - 150**
Chief People Officer Ms Bridget O'Kelly	August 2017		130 - 135	-	-	-	-	**130 - 135**	125 - 130	-	-	-	50-52.5	**175 - 185**
Chief Estates and Facilities Officer Charmaine Hope	March 2024		10-15	-	-	-	20 - 22.5	**30-35**	-	-	-	-	-	**n/a***
Chief Commercial Director Ms Ali Williams	December 2018	July 2024	130 - 135	-	-	-	82.5 - 85	**215 - 225**	145 - 150	-	-	-	37.5-40	**180 - 190**

n/a - Non-Executive Directors are not entitled to pension
n/a* - Prior Year or part year comparators not available
* - Not employed by the Trust in 2023/24 but included for comparison
** - Interim CFO Mr K Sidhu left the Trust in July 2023 and replaced by Jon Evans

As per Table 1, performance related pay was made to the Director of Finance. There were no other performance related payments in 2023/24.Full details of directors' pension benefits are given below:

Table 2: Pension Benefits

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name and Title	Real increase in pension at NPA	Real increase in pension lump sum at NPA	Total accrued pension at National Pension Age (NPA) at 31 March 2023	Lump sum at National Pension Age (NPA) related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2023	Real Increase in Cash Equivalent Transfer Value**
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
Chief Nurse Ms Karen Bonner	-	25 - 27.5	55 - 60	150 - 175	1,044	1,369	205
Chief Medical Officer Mr Andrew McLaren	-	42.5 - 45	75 - 80	200 - 225	1,426	1,868	282
Chief Operating Officer Mr Raghuv Bhasin	2.5 - 5	-	10 - 15	-	92	164	43
Chief People Officer Ms Bridget O'Kelly	-	-	60 - 65	-	830	1,048	119
Chief Commercial Director Ms Ali Williams	5 - 7.5	-	15 - 20	-	145	261	84
Chief Digital Information Officer Mr Duncan Dewhurt	2.5 - 5	-	10 - 15	-	86	153	39
Chief Executive Mr Neil Macdonald	4-4.5k	5-7.5	30-35	75-100	519	653	69
Chief Estates and Facilities Officer Charmaine Hope	1-1.5k		20-25	-	236	275	14
Chief Finance Officer Mr Jonathan Evans	-	40 - 42.5	40 - 45	100 - 125	546	827	210

**CETV values are not available from NHS pensions for this individual
This table only includes Executive Directors where the Trust has made contributions to a pension scheme.

Staff Numbers & Cost

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

	2023-24			2022-23		
Average Staff Numbers	**Total**	**Permanently Employed**	**Other**	**Prior Year Total**	**Prior Year Permanently Employed**	**Prior Year Other**
	Number	**Number**	**Number**	**Number**	**Number**	**Number**
Medical and dental	912	906	6	895	781	114
Administration and estates	1,331	1,234	97	1,288	1,187	101
Healthcare assistants and other support staff	963	841	122	863	727	136
Nursing, midwifery and health visiting staff	2,444	2,150	294	2,376	1,970	406
Scientific, therapeutic and technical staff	1,132	1,018	114	1,085	970	115
Other	13	13	-	12	12	-
TOTAL	**6,796**	**6,163**	**634**	**6,519**	**5,647**	**872**
Number of employees (WTE) engaged on capital projects	23	10	13	49	17	32

Staff Costs	2023/24 £000	2022/23 £000
Salaries and wages	286,619	260,668
Social security costs	29,419	25,900
Apprenticeship levy	1,431	1,211
Employer's contributions to NHS pensions **	48,439	44,198
Temporary staff (including agency)	38,584	47,851
Total gross staff costs *	**404,492**	**379,828**
Of which		
Costs capitalised as part of assets	2,574	3,087

Disclosures

The Trust is required to make the following disclosures:

Staff composition – The Trust is required to analyse the number of persons of each sex who were directors, senior managers and employees.

Category	2023-24			2022-23		
	Female	Male	Total	Female	Male	Total
Directors	7	9	16	5	11	16
Senior managers	124	62	186	119	77	196
Other staff	5536	1421	6957	5273	1266	6539
TOTAL	5667	1492	7159	5397	1354	6751

Staff turnover percentage – staff turnover by staff group is shown below. Overall staff turnover has decreased from 2022/23 to 2023/24.

Staff group	**2023/24**	**2022/23**
Add Prof Scientific and Technic	16.6%	18.4%
Admin & Estates	10.2%	13.3%
Allied Health Professionals	8.8%	13.4%
Healthcare Assistants	15.0%	16.7%
Healthcare Scientists	12.4%	17.5%
Managers	10.1%	13.8%
Medical Staff	7.3%	6.2%
Nursing & Midwifery Registered	10.8%	12.1%
Support Staff	13.5%	12.0%
Trust	**11.0%**	**12.5%**

Banding of Senior Managers

The breakdown of Senior Managers, by band, is shown below:

Managers/Senior Managers		
	31 March 2024	**31 March 2023**
Agenda for Change Banding	**Headcount**	**Headcount**
Band 7	52	62
Band 8	122	119
Band 9	12	15
Non-Agenda for Change Contracts	7	6
Total	**193**	**202**

Percentage change in remuneration of highest paid Director

The percentage change from the previous financial year in respect of the highest paid Director is 7% and the average percentage change from the previous financial year in respect of employees of the Trust, taken as a whole is 5%.

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the midpoint of the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded midpoint remuneration of the highest paid director in the financial year 2023/24 was £212,500 (2022/23 £202,500). This was 4.35 times (2022/23 4.76 times restated) the median remuneration of the workforce, which was £48,821 (2022/23 £42,552 restated). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	36,492	48,821	66,947
Salary component of total remuneration (£)	36,492	48,804	66,946
Pay ratio information	5.82:1	4.35:1	3.17:1
2022-23			
Total remuneration (£)	30,248	42,552	61,685
Salary component of total remuneration (£)	30,222	42,547	61,685
Pay ratio information	6.69:1	4.76:1	3.28:1

Four employees were paid more than the highest paid Director. Remuneration by midpoint of band, ranged from £36,492 to £212,500 in 2023/24 (£30,247 to £202,500 in 2022/23 restated).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions.

The tables below details exit packages including redundancy paid to Trust employees:

Table 1: Exit packages

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
2023-24	**WHOLE NUMBERS ONLY**	**£000s**	**WHOLE NUMBERS ONLY**	**£000s**	**WHOLE NUMBERS ONLY**	**£000s**
Less than £10,000			5	17	5	17
£10,000 - £25,000			3	45	3	45
£25,001 - £50,000			1	33	1	33
£50,001 - £100,000			1	58	1	58
Totals	0	0	10	153	10	153

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
2022-23	**WHOLE NUMBERS ONLY**	**£000s**	**WHOLE NUMBERS ONLY**	**£000s**	**WHOLE NUMBERS ONLY**	**£s**
Less than £10,000			20	53	20	53
£10,000 - £25,000			1	14	1	14
£25,001 - £50,000						
£50,001 - £100,000						
Totals	0	0	21	67	21	67

Table 2: Analysis of Other Departures

Other Exit Packages - disclosures (Excluding Compulsory Redundancies)	Number of exit package agreements	Total Value of Agreements	Prior Year Number of exit package agreements	Prior Year Total Value of Agreements
	Number	**£000s**	**Number**	**£000s**
Contractual payments in lieu of notice*	0	0	21	67
Mutually agreed resignations (MARS) contractual costs	1	58		
Total	**1**	**58**	**21**	**67**

Off Payroll employees

The Review of Tax Arrangements of Public Sector Appointees report was published by the HM Treasury in 2012[1], which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that assure the tax arrangements of those people employed by the Trust, but not through payroll, for a period of more than six months at a cost of more than £245 per day.

The Trust is required to provide disclosures on the length of contractual arrangements it had in place at 31 March 2024, and new engagements during the period 1 April 2023 to 31 March 2024 (see Table 1 below).

Table 1: For all off-payroll contractual arrangements as of 31 March 2024, for more than £245 per day	**Number**
Number of existing engagements as of 31 March 2024	1
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2: Contractual arrangements off-payroll costing >£245 per day	**Number**
Number of temporary off-payroll workers engaged, or those that reached six months in duration, between 1 April 2023 and 31 March 2024	1
Of which:	
No. not subject to off payroll legislation	0
No. subject to off payroll legislation and determined as in scope of IR35	0
No. subject to off payroll legislation and determined as out of scope of IR35	1

[1] Review of tax arrangements of public sector appointees - GOV.UK (www.gov.uk)

The number of engagements reassessed for compliance or assurance purposes during the year	0
engagements terminated as a result of assurance not being received	0

Note (1) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

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

Table 3: Off-payroll board member/senior official engagements

In addition, the Trust is required to provide the disclosure in the table below regarding the number of Board Members or Managers with financial responsibility employed on such a basis.

Number of off-payroll engagements of Board Members, and/or Senior Officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "Board Members, and/or Senior Officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	0

NHS Sickness Absence Figures for NHS 2022/23

Figures Converted by DH to Best Estimates of Required Data Items			**Statistics Produced by NHS Digital from ESR Data Warehouse**	
Average FTE 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
6,053	52,475	8.7	2,209,523	85,126

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2023

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

- The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.
- The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.
- The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

The information above has been subject to audit.

Declaration

I confirm adherence to the reporting framework in respect of the Accountability Report.

Signed 

Date: 26/06/2024

Chief Executive

Financial statements

The National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital, the only NHS spinal unit with a dedicated children's ward, an Upper Limb Lab and historic paralympic roots, celebrated its 80th year on 1 February 2024

Buckinghamshire Healthcare NHS Trust

Annual accounts for the year ended 31 March 2024

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	623,105	566,310	623,004	566,209
Other operating income	4	34,709	36,612	33,281	34,953
Operating expenses	5, 7	(650,419)	(593,881)	(649,507)	(593,387)
Operating surplus/(deficit) from continuing operations		**7,395**	**9,041**	**6,778**	**7,775**
Finance income	9	1,964	1,185	1,600	999
Finance expenses	10	(12,312)	(10,263)	(12,312)	(10,263)
PDC dividends payable		(7,674)	(8,166)	(7,674)	(8,166)
Net finance costs		**(18,022)**	**(17,244)**	**(18,386)**	**(17,430)**
Other gains / (losses)	11	617	(539)	111	(135)
Surplus / (deficit) for the year from continuing operations		**(10,010)**	**(8,742)**	**(11,497)**	**(9,790)**
Surplus / (deficit) for the year		**(10,010)**	**(8,742)**	**(11,497)**	**(9,790)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	6	(19,694)	(2,004)	(19,694)	(2,004)
Revaluations	6	6,329	5,692	6,329	5,692
Total comprehensive income / (expense) for the period		**(23,375)**	**(5,054)**	**(24,862)**	**(6,102)**
Surplus/ (deficit) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(11,497)	(9,790)	(11,497)	(9,790)
Buckinghamshire Healthcare Projects Ltd		(67)	109	-	-
Buckinghamshire Healthcare Charitable Fund		1,555	939	-	-
TOTAL		**(10,010)**	**(8,742)**	**(11,497)**	**(9,790)**
Total comprehensive income/ (expense) for the period attributable to:					
Buckinghamshire Healthcare NHS Trust		(24,862)	(6,102)	(24,862)	(6,102)
Buckinghamshire Healthcare Projects Ltd		(67)	109	-	-
Buckinghamshire Healthcare Charitable Fund		1,555	939	-	-
TOTAL		**(23,374)**	**(5,054)**	**(24,862)**	**(6,102)**

The Trust is performance-measured against a reported position adjusted for certain technical items. The make-up of its adjusted financial performance is shown below.

Adjusted financial performance (control total basis):				
Surplus / (deficit) for the period	(10,010)	(8,742)	(11,497)	(9,790)
Remove impact of consolidating NHS charitable fund	(1,554)	(939)	-	-
Remove net impairments not scoring to the Departmental expenditure limit	5,753	(4,019)	5,753	(4,019)
Remove I&E impact of capital grants and donations	(97)	(458)	(97)	(458)
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	344	-	344	-
Adjusted financial performance surplus / (deficit)	**(5,564)**	**(14,158)**	**(5,497)**	**(14,267)**

Statement of Financial Position

	Note	Group 31 March 2024 £000	Group 31 March 2023 £000	Trust 31 March 2024 £000	Trust 31 March 2023 £000
Non-current assets					
Intangible assets	11	424	310	424	310
Property, plant and equipment	12-15	367,086	350,554	366,970	350,463
Right of use assets	16	8,888	6,785	8,888	6,785
Other investments / financial assets	17	7,456	8,010	-	-
Receivables	21	4,128	3,859	4,128	3,928
Total non-current assets		**387,982**	**369,518**	**380,410**	**361,486**
Current assets					
Inventories	20	9,219	10,464	8,718	9,919
Receivables	21	37,604	35,112	37,693	33,867
Non-current assets held for sale	22	400	-	400	-
Cash and cash equivalents	23	7,813	19,134	3,017	16,907
Total current assets		**55,036**	**64,710**	**49,828**	**60,693**
Current liabilities					
Trade and other payables	24	(67,872)	(73,713)	(67,286)	(72,371)
Borrowings	26	(10,155)	(5,653)	(10,155)	(5,653)
Provisions	27	(483)	(366)	(483)	(366)
Other liabilities	25	(2,135)	(3,036)	(2,135)	(3,036)
Total current liabilities		**(80,645)**	**(82,768)**	**(80,059)**	**(81,426)**
Total assets less current liabilities		**362,373**	**351,460**	**350,179**	**340,753**
Non-current liabilities					
Borrowings	26	(55,983)	(38,475)	(55,983)	(38,475)
Provisions	27	(1,453)	(1,220)	(1,453)	(1,220)
Other liabilities	25	(160)	(183)	(160)	(183)
Total non-current liabilities		**(57,596)**	**(39,878)**	**(57,596)**	**(39,878)**
Total assets employed		**304,777**	**311,582**	**292,583**	**300,875**
Financed by					
Public dividend capital		422,723	381,309	422,723	381,309
Revaluation reserve		25,459	38,824	25,459	38,824
Income and expenditure reserve		(155,173)	(118,765)	(155,599)	(119,258)
Charitable fund reserves	19	11,768	10,214	-	-
Total taxpayers' equity		**304,777**	**311,582**	**292,583**	**300,875**

The notes on pages 7 to 65 form part of these accounts.

Signed: 

Name: Neil Macdonald
Position: Chief Executive Officer
Date **26 June 2024**

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**381,309**	**38,824**	**-**	**(118,765)**	**10,214**	**311,582**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(24,844)	-	**(24,844)**
Surplus/(deficit) for the year	-	-	-	(11,564)	1,554	**(10,010)**
Impairments	-	(19,694)	-	-	-	**(19,694)**
Revaluations	-	6,329	-	-	-	**6,329**
Public dividend capital received	41,414	-	-	-	-	**41,414**
Taxpayers' and others' equity at 31 March 2024	**422,723**	**25,459**	**-**	**(155,173)**	**11,768**	**304,777**

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**371,807**	**35,427**	**2,730**	**(112,105)**	**9,270**	**307,129**
Surplus/(deficit) for the year	-	-	-	(9,681)	939	**(8,742)**
Impairments	-	(2,004)	-	-	-	**(2,004)**
Revaluations	-	5,692	-	-	-	**5,692**
Public dividend capital received	9,502	-	-	-	-	**9,502**
Other reserve movements	-	(291)	(2,730)	3,021	5	**5**
Taxpayers' and others' equity at 31 March 2023	**381,309**	**38,824**	**-**	**(118,765)**	**10,214**	**311,582**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**381,309**	**38,824**	**-**	**(119,258)**	**300,875**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(24,844)	**(24,844)**
Surplus/(deficit) for the year	-	-	-	(11,497)	**(11,497)**
Impairments	-	(19,694)	-	-	**(19,694)**
Revaluations	-	6,329	-	-	**6,329**
Public dividend capital received	41,414	-	-	-	**41,414**
Other reserve movements					
Taxpayers' and others' equity at 31 March 2024	**422,723**	**25,459**	**-**	**(155,599)**	**292,583**

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**371,807**	**35,427**	**2,730**	**(112,489)**	**297,475**
Surplus/(deficit) for the year	-	-	-	(9,790)	**(9,790)**
Impairments	-	(2,004)	-	-	**(2,004)**
Revaluations	-	5,692	-	-	**5,692**
Public dividend capital received	9,502	-	-	-	**9,502**
Other reserve movements	-	(291)	(2,730)	3,021	**-**
Taxpayers' and others' equity at 31 March 2023	**381,309**	**38,824**	**-**	**(119,258)**	**300,875**

Information on reserves

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

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

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

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 19

Statements of Cash Flows

	Note	Group 2023/24 £000	Group 2022/23 £000	Trust 2023/24 £000	Trust 2022/23 £000
Cash flows from operating activities					
Operating surplus		7,395	9,041	6,778	7,775
Non-cash income and expense:					
Depreciation and amortisation	5	22,466	21,759	22,439	21,737
Net impairments/(reversals)	6	5,753	(4,019)	5,753	(4,019)
Income recognised in respect of capital donations	4	(1,403)	(615)	(1,708)	(2,147)
Increase in receivables and other assets		(1,794)	(3,618)	(2,243)	(3,998)
(Increase) / decrease in inventories		1,246	(2,364)	1,201	(2,293)
Decrease in payables and other liabilities		(10,589)	(5,191)	(10,033)	(4,955)
Increase / (decrease) in provisions		331	(1,181)	331	(1,181)
Movements in charitable fund working capital		565	(505)	-	-
Other movements in operating cash flows		821	(1,532)	-	-
Net cash flows from / (used in) operating activities		**24,791**	**11,775**	**22,518**	**10,919**
Cash flows from investing activities					
Interest received	9	1,630	1,014	1,600	999
Purchase of intangible assets		(296)	-	(296)	-
Purchase of PPE and investment property		(53,807)	(34,476)	(53,739)	(34,384)
Sales of PPE and investment property		443	73	443	73
Receipt of cash donations to purchase assets		121	615	121	615
Net cash flows from charitable fund investing activities		334	171	-	-
Net cash flows from / (used in) investing activities		**(51,575)**	**(32,603)**	**(51,871)**	**(32,697)**
Cash flows from financing activities					
Public dividend capital received		41,414	9,502	41,414	9,502
Capital element of lease liability repayments		(1,254)	(1,232)	(1,254)	(1,232)
Capital element of PFI, LIFT and other service concession payments		(9,564)	(4,135)	(9,564)	(4,135)
Other interest		(10)	(5)	(10)	(5)
Interest paid on lease liability repayments		(176)	(105)	(176)	(105)
Interest paid on PFI, LIFT and other service concession obligations		(5,742)	(10,137)	(5,742)	(10,137)
PDC dividend (paid) / refunded		(9,205)	(6,294)	(9,205)	(6,294)
Net cash flows from / (used in) financing activities		**15,463**	**(12,406)**	**15,463**	**(12,406)**
Increase / (decrease) in cash and cash equivalents		**(11,321)**	**(33,234)**	**(13,890)**	**(34,184)**
Cash and cash equivalents at 1 April - brought forward		**19,134**	**52,368**	**16,907**	**51,091**
Cash and cash equivalents at 31 March	23	**7,813**	**19,134**	**3,017**	**16,907**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

This year, 2023/24, the Trust has reported a deficit of £5.5m of expenditure over income (after technical adjustments). Income from commissioners was based on a simplified fixed block income basis introduced as a response to the COVID-19 pandemic for urgent and emergency care, with an 'aligned performance incentive' basis for contract values for elective care, which earns the Trust additional income for activity over the baseline set by NHSE.

Whilst the Trust carries no loans with the Department of Health and Social Care, the historic cumulative deficit at 31st March 2024 remains at £96.6m and as a result the External Auditor is obliged to issue a referral to the Secretary of State for Health and Social care under Section 30 (1)(b) of the Local Authority and Accountability Act 2014 reporting that the Trust has technically breached its statutory duty to breakeven over the rolling period.

For the year ahead the Trust has submitted a plan showing an operating deficit of £22.9m. This equates to 3.7% of 2024/25 operating income. This planned position is underpinned by a £45.5m total cost improvement programme (CIP), representing 6.8% of 2024/25 planned operating expenditure. This position is part of a collective financial challenge faced by the Buckinghamshire, Berkshire and Oxfordshire system in 2024/25 as it strives to return to financial balance while still delivering the highest standards of healthcare for its local population.

Management have prepared a cash forecast for the going concern period to June 2025 which shows sufficient liquidity for the Trust to continue to operate. The minimum forecast month end cash balance at the end of each month in the going concern period shows a minimum balance of £1.9m. This cash position is predicated on access to revenue support financing from NHS England. NHS England have confirmed that cash support for Trusts in deficit is through Provider Deficit Revenue Support Public Dividend Capital (PDC). The Trust will be applying for Revenue Support PDC in 2024/25.

In conclusion, these factors, together with the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis in the preparation of the accounts.

Note 1.3 Consolidation

Subsidiary Organisations
The trust is the corporate trustee to Buckinghamshire Healthcare NHS Trust NHS charitable fund, registered number 1053113 (the Charity). The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

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

The valuation of the investment portfolio of the Charity is considered material within the Trust's Accounts. Therefore the Charity is considered to be under common control, with a requirement for consolidation. The main financial statements therefore have consolidated comparators. This investment in Note 19 represents the ring-fenced funds held by the NHS Charitable Fund consolidated within these accounts. These reserves are restricted to the objects of the Charity (charitable purpose).

The Buckinghamshire Healthcare Projects Ltd (BHPL), is a wholly owned subsidiary company considered to be under common control for consolidation, the comparators are also consolidated. The main financial statements therefore have consolidated comparators. This balance represents the ring-fenced funds held by the BHPL consolidated within these accounts.

S**ubsidiary Accounting**
Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year.
Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and 'fair value less costs to sell'.

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

The main financial statements and key notes show both the 'Group' position and the 'Trust' position, whereas certain notes the Group only position is represented. Where the 'Trust' is not disclosed in the notes this due where there no differences between 'Group' and 'Trust' or the differences are immaterial.

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

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

Entitlement - when the Charity or BHPL becomes legally entitled to the receivable;

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

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

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

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

c. Investment fixed assets are shown at market value.

Quoted stocks and shares are included in the Statement of Financial Position at bid price, excluding dividends.

Other investment fixed assets are included at the Trustee's best estimate of market value.

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

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

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

The Trust also receives some additional income to reimburse some specific costs incurred.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other operating income

Other operating income includes education and training funding from NHS England.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Subsequent expenditure

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

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

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

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

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Lifecycle Replacement

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

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

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

Initial application of IFRS 16 liability measurement principles to PFI liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Assets contributed by the Trust to the operator for use in the scheme

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

Other assets contributed by the Trust to the operator

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

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	69
Dwellings	27	43
Plant & machinery	3	25
Transport equipment	0	0
Information technology	1	17
Furniture & fittings	10	45

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Information technology	3	6
Software licences	5	7

Note 1.11 Inventories

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

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities after initial recognition at fair value are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

Where land and buildings assets are revalued, current values in existing use are determined as follows:

• Land and non-specialised buildings – market value for existing use

• Specialised buildings – depreciated replacement cost.

Leased plant and machinery and furniture and fittings are shorter-term leases and so the cost model is applied and these are measured at depreciated at historic cost.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Depreciation

The depreciation of right of use assets is based on the lesser of the lease term and the useful life of the asset, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets in line with IFRS 16, Leases.

Revaluation gains/losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

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

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

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

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

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

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For leases that had been classified as operating leases, and therefore charged to expenses rather than recognised on the Statement of Financial Position, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 28 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The subsidiary’s corporation tax is calculated at 19% of the estimated taxable profit for the year. The charge for the year is £21k (£8k 2022/23) and this is reflected in group expenses.

Note 1.20 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.
The vast majority of the Trust's payments are made in UK Sterling (£) but occasionally a supplier of goods and services is located abroad. In these circumstances, payment may be required to be made in Euros or Dollars, and is made at the rate applicable at the time.

Note 1.22 Third party assets

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

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.24 Gifts

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

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.
The following Accounting Standards, amendments and interpretations have been issued but are not yet effective or adopted:
IFRS 17 - Insurance Contracts. Application is required for accounting periods beginning on or after 1st January 2023. This standard has not been adopted by HM Treasury's Financial Reporting Manual which is expected to be from April 2025: early adoption is not permitted.
IFRS 18 Presentation and disclosure in financial statements. Application is expected to be be effective for annual reporting periods beginning on or after 1 January 2027. Early adoption is not permitted.

Note 1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Group position presented in these financial statements has two entities consolidated; Buckinghamshire Healthcare Projects Ltd (BHPL), and Buckinghamshire Healthcare NHS Trust Charitable Fund. BHPL is a wholly owned subsidiary company considered to be under common control for consolidation, the comparators are also consolidated. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those charitable funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Trust Board is Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund (registered number 1053113). The valuation of the investment portfolio of the Charity is considered material within the Trust's Accounts. Therefore the Charity is considered to be under common control, with a requirement for consolidation. The main financial statements therefore have consolidated comparators. This balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are restricted to the objects of the Charity (charitable purpose).

The PFI contract pertaining to Amersham and Wycombe contains significant break clauses at year 30, 40 and 60. It is management’s judgement that the costs associated with the contract be modelled until year 30, this would be an end date of September 2030. This is the period for which projections can be estimated reliably against the contractual arrangements and the operator’s financial model. Any future contract extension or termination would be subject to robust value for money assessments to ensure that the selected option does not financially disadvantage the organisation. This judgment is not static and will need to be revisited and updated as necessary on an annual basis as part of the annual accounts process

Staff unable to utilise their full holiday entitlement in 2023/24 have been permitted to carry up to 5 days of outstanding leave forward into the next financial year. As consistent with the previous year management has accrued for the cost of unutilised leave. This accrual is estimated using available annual leave records and calculated rates of pay. Any leave carried forward would have been approved by the individual's line manager ensuring that service demands are balanced.

Note 1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

In order to calculate the carrying value of the Trust's provisions, expenditure and valuation of the Trust's land and buildings, there are a number of areas which are required to be estimated and where there may be some uncertainty depending on the method used.

The Trust engages professional valuers to assess the Depreciated Replacement Cost (DRC) of its Specialised Land and Buildings and the Existing Value in Use (EUV) of the Trust's Non-Specialised Land and Buildings as well as the length of time over which the asset could be expected to be used.

The primary source of estimation uncertainty regarding PPE is the judgement in determining the most appropriate assumptions applied in deriving the valuation for both EUV and DRC assets.

Such key factors include assumptions around floor areas, BCIS rates, obsolescence factors for DRC and the market rents and applicable yields for EUV.

The Trust's estimation of its non current asset values and useful economic life involves estimation and judgement. One of the key assumptions is regarding the area of land that the Trust's buildings are located on. As detailed in Note 1.9, specialised assets are values at their depreciated replacement cost on a modern equivalent asset basis. This basis assumes that the asset will be replaced by a modern equivalent asset of equivalent capacity and meeting the location requirements of the services being provided. The Trust has asked an external professional valuer to consider the area of land that would be required to site these modern equivalent assets and has applied this area to the value as at 31st March 2024.

During 2023/24 a valuation of all the Trust's land and buildings was carried out by an external professional valuer as at 31 March 2024. Specialised buildings are valued based on a depreciated replacement costs (DRC) basis with non specialised buildings valued based on Existing Use (EUV). The valuation provided has been used for closing net replacement costs. The valuation exercise was carried in March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2021('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust. The assessed value of the land and buildings is £256m but in recognition of the potential for market conditions to move rapidly in response to changes economy the date at which valuation is carried out is important.

Note 2 Operating Segments

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

The Trust's main commissioners were NHS England (NHSE) and Integrated Care Boards (ICBs) which are considered to be under common control. The Trust's income from NHSE and ICBs for patient care activities for the period was £594,843k (2022/23 £566,310k). The balance to total income is other operating income of £34,709k (2022/23 £36,612k). No other single customer accounted for more than 10% of the Trust's income.

Note 3 Income from patient care activities (by nature)	**2023/24 £000**	**2022/23 £000**
Income from commissioners under API contracts - variable element*	193,607	
Income from commissioners under API contracts - fixed element*	287,194	426,528
High cost drugs income from commissioners	46,262	34,394
Other NHS clinical income	3,157	8,457
Community services		
Income from commissioners under API contracts*	56,033	38,070
Income from other sources (e.g. local authorities)	17,657	17,229
All services		
Private patient income	4,039	2,642
Elective recovery fund		12,483
National pay award central funding***	256	11,230
Additional pension contribution central funding**	14,799	13,523
Other clinical income	101	1,754
Total income from activities	**623,105**	**566,310**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.
https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.1 Income from patient care activities (by source)

Income from patient care activities received from:	**2023/24 £000**	**2022/23 £000**
NHS England	102,028	105,593
Clinical commissioning groups		104,557
Integrated care boards	492,815	330,741
Other NHS providers	3,974	3,608
NHS other	-	134
Local authorities	17,255	17,229
Non-NHS: private patients	4,039	2,642
Non-NHS: overseas patients (chargeable to patient)	548	631
Injury cost recovery scheme	1,372	1,034
Non NHS: other	1,074	141
Total income from activities	**623,105**	**566,310**
Of which:		
Related to continuing operations	623,105	566,310
Related to discontinued operations	-	-

Note 3.2 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	548	631
Cash payments received in-year	223	266
Amounts added to provision for impairment of receivables	-	174
Amounts written off in-year	609	30

Note 4 Other operating income (Group)

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,965	-	**1,965**	1,809	-	**1,809**
Education and training	17,125	1,203	**18,328**	18,573	1,154	**19,727**
Non-patient care services to other bodies	1,501		**1,501**	1,383		**1,383**
Reimbursement and top up funding				136		**136**
Income in respect of employee benefits accounted on a gross basis	-		**-**	-		**-**
Receipt of capital grants and donations and peppercorn leases		1,403	**1,403**		615	**615**
Charitable and other contributions to expenditure		1,669	**1,669**		2,278	**2,278**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Revenue from finance leases		-	**-**		-	**-**
Revenue from operating leases		1,158	**1,158**		1,019	**1,019**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Charitable fund incoming resources		1,615	**1,615**		3,384	**3,384**
Other income	7,070	-	**7,070**	6,261	-	**6,261**
Total other operating income	**27,661**	**7,048**	**34,709**	**28,162**	**8,450**	**36,612**
Of which:						
Related to continuing operations			34,709			36,612
Related to discontinued operations			-			-

Other Operating Income includes

	2023/24	2022/23
	£000	£000
Car Parking Income	1,009	1,087
Staff accommodation rental	508	367
Creche services	927	817
Other income	4626	3,990

Note 5 Operating expenses (Group)

	2023/24	2022/23
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	20,067	21,354
Staff and executive directors costs	401,860	376,741
Remuneration of non-executive directors	183	186
Supplies and services - clinical (excluding drugs costs)	39,754	37,728
Supplies and services - general	1,903	1,621
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	55,431	50,200
Inventories written down	163	494
Consultancy costs	3,815	5,933
Establishment	7,015	6,261
Premises	35,583	27,594
Transport (including patient travel)	2,790	2,488
Depreciation on property, plant and equipment	22,261	21,389
Amortisation on intangible assets	205	370
Net impairments, including reversal of impairments*	5,753	(4,019)
Movement in credit loss allowance: contract receivables / contract assets	(295)	(123)
Increase/(decrease) in other provisions	183	111
Change in provisions discount rate(s)	(24)	24
Fees payable to the external auditor - statutory audit	325	318
Internal audit costs	180	170
Clinical negligence	14,712	12,940
Legal fees	401	275
Insurance	251	197
Education and training	4,334	3,679
Redundancy	58	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	30,758	24,254
Hospitality	87	22
Losses, ex gratia & special payments	-	-
Other NHS charitable fund resources expended	596	680
Other	2,070	2,994
Total	**650,419**	**593,881**
Of which:		
Related to continuing operations	650,419	593,881
Related to discontinued operations	-	-

* The reversal of previous impairments relates to the revaluation of land and buildings that resulted in an increase in value; GAM paragraph 4.136 (Other impairments) states that 'where an impairment loss does not result from a clear loss of economic value or service potential, for instance due to a change in market price then the standard treatment in IAS36 applies. The impairment must be taken to revaluation reserve, to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure'. Please refer also to Note 6.

Note 5.1 Other auditor remuneration (Group)

No other remuneration has been paid to the Trust's external auditors in financial years 2022/23 and 2023/24.

Note 5.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

Note 6 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,753	(4,019)
Total net impairments charged to operating surplus / deficit	**5,753**	**(4,019)**
Impairments (and reversals) charged to the revaluation reserve	19,694	2,004
Increase to the revaluation reserve	(6,329)	(5,692)
Total net impairments	**19,118**	**(7,707)**

Land and Buildings are revalued annually on an asset by asset basis. Increases to the value in use of the asset over its original cost are recognised in the revaluation reserve. Decreases are written down through the Statement of Comprehensive Income.

Revalued assets are therefore either in a surplus or impaired position relative to their original cost.

Subsequent revaluations require that the increases in value on impaired assets first to be written back to the statement of comprehensive income as a "reversal of impairment" with any excess over original cost being applied to the revaluation reserve, Similarly if an asset is in revaluation surplus any decrease in value is first applied to the revaluation reserve and then to the statement of comprehensive income.

In the current financial year the impairement on previously impaired assets increased by £5,753k. In addition, assets that were previously valued above original cost saw a net decrease in value of £13,365k. This made the total change in value of assets £19,118k.

Note 7 Employee benefits (Group)

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	286,619	260,668
Social security costs	29,419	25,900
Apprenticeship levy	1,431	1,211
Employer's contributions to NHS pensions	48,439	44,198
Temporary staff (including agency)	38,584	47,851
Total gross staff costs	**404,492**	**379,828**
Recoveries in respect of seconded staff	-	-
Total staff costs	**404,492**	**379,828**
Of which		
Costs capitalised as part of assets	2,574	3,087

* Total Staff Costs of £404,492k include £401,918k (£376,741k 2022/23) recognised within Operating expenses (note 5) and £2,574k (£3,087k 2022/23) capitalised as part of the asset. During the current financial year the Trust has collated sufficient support to capitalise staff costs in line with IAS 16.

**Pensions contributions includes the proportion that is funded centrally and is not paid directly by the Trust. However, the Trust is required to account for this notional expenditure, which is offset by income disclosed in Note 3. The cost of this was £14,799k in year (£13,523k 2022/23).

Note 7.1 Retirements due to ill-health (Group)

During 2023/24 there were 7 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £484k (£99k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (preThe latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 9 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,630	1,014
NHS charitable fund investment income	334	171
Total finance income	**1,964**	**1,185**

Note 10.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	176	105
Interest on late payment of commercial debt	10	6
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	5,742	3,341
Contingent finance costs*	-	6,796
Remeasurement of the liability resulting from change in index or rate*	6,365	
Total interest expense	**12,293**	**10,248**
Unwinding of discount on provisions	19	15
Total finance costs	**12,312**	**10,263**

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 32.

Note 10.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	10	6

Note 11 Other gains / (losses) (Group)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	111	-
Losses on disposal of assets	-	(135)
Total gains / (losses) on disposal of assets	**111**	**(135)**
Fair value gains / (losses) on charitable fund investments & investment properties	506	(404)
Total other gains / (losses)	**617**	**(539)**

Note 11.1 Intangible assets - 2023/24

Group and Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**2,479**	**558**	**3,037**
Additions	296	-	**296**
Reclassifications	23	-	**23**
Disposals / derecognition	(241)	-	**(241)**
Valuation / gross cost at 31 March 2024	**2,557**	**558**	**3,115**
Amortisation at 1 April 2023 - brought forward	**2,458**	**269**	**2,727**
Provided during the year	205	-	**205**
Disposals / derecognition	(241)	-	**(241)**
Amortisation at 31 March 2024	**2,422**	**269**	**2,691**
Net book value at 31 March 2024	**135**	**289**	**424**
Net book value at 1 April 2023	**21**	**289**	**310**

Note 11.2 Intangible assets - 2022/23

Group and Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**2,746**	**671**	**3,417**
Disposals / derecognition	(267)	(113)	**(380)**
Valuation / gross cost at 31 March 2023	**2,479**	**558**	**3,037**
Amortisation at 1 April 2022 - as previously stated	**2,447**	**290**	**2,737**
Provided during the year	278	92	**370**
Disposals / derecognition	(267)	(113)	**(380)**
Amortisation at 31 March 2023	**2,458**	**269**	**2,727**
Net book value at 31 March 2023	**21**	**289**	**310**
Net book value at 1 April 2022	**299**	**381**	**680**

Note 12.1 Property, plant and equipment - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**46,094**	**196,972**	**5,322**	**47,082**	**70,354**	**182**	**65,947**	**4,832**	**436,785**
Additions	381	1,027	-	47,691	8,913	-	1,138	-	**59,150**
Impairments	(18,676)	(16,100)	(771)	-	-	-	-	-	**(35,547)**
Reversals of impairments	-	4,266	-	-	-	-	-	-	**4,266**
Revaluations	-	3,983	194	-	-	-	-	-	**4,177**
Reclassifications	-	26,984	613	(38,241)	7,916	-	2,517	188	**(23)**
Transfers to / from assets held for sale	(120)	(280)	-	-	-	-	-	-	**(400)**
Disposals / derecognition	-	-	-	-	(14,837)	(166)	(3,111)	(2,378)	**(20,492)**
Valuation/gross cost at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,532**	**72,346**	**16**	**66,491**	**2,642**	**447,916**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**19**	**-**	**52**	**44,611**	**181**	**36,910**	**4,458**	**86,231**
Provided during the year	-	6,393	148	-	5,426	-	9,277	75	**21,319**
Impairments	-	(2,329)	(35)	-	-	-	-	-	**(2,364)**
Reversals of impairments	-	(3,283)	-	-	-	-	-	-	**(3,283)**
Revaluations	-	(800)	(113)	-	-	-	-	-	**(913)**
Disposals / derecognition	-	-	-	-	(14,506)	(166)	(3,111)	(2,378)	**(20,161)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**52**	**35,531**	**16**	**43,076**	**2,155**	**80,830**
Net book value at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,480**	**36,815**	**0**	**23,415**	**487**	**367,086**
Net book value at 1 April 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**350,554**

Note 12.2 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**42,507**	**191,093**	**5,697**	**38,729**	**75,879**	**182**	**64,779**	**4,832**	**423,698**
IFRS 16 implementation - reclassification to right of use assets	-	(3,690)	-	-	(1,076)	-	-	-	**(4,766)**
Additions	-	11,181	-	8,353	4,497	-	4,563	-	**28,594**
Impairments	(940)	(7,046)	(523)	-	-	-	-	-	**(8,509)**
Reversals of impairments	-	4,942	-	-	-	-	-	-	**4,942**
Revaluations	4,527	492	148	-	-	-	-	-	**5,167**
Disposals / derecognition	-	-	-	-	(8,946)	-	(3,395)	-	**(12,341)**
Valuation/gross cost at 31 March 2023	**46,094**	**196,972**	**5,322**	**47,082**	**70,354**	**182**	**65,947**	**4,832**	**436,785**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(869)	-	-	-	**(869)**
Provided during the year	-	5,769	158	-	5,066	-	9,277	76	**20,346**
Impairments	-	(1,596)	(133)	-	-	-	-	-	**(1,729)**
Reversals of impairments	-	(3,670)	-	-	-	-	-	-	**(3,670)**
Revaluations	-	(500)	(25)	-	-	-	-	-	**(525)**
Disposals / derecognition	-	-	-	-	(8,782)	-	(3,351)	-	**(12,133)**
Accumulated depreciation at 31 March 2023	**-**	**19**	**-**	**52**	**44,611**	**181**	**36,910**	**4,458**	**86,231**
Net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**350,554**
Net book value at 1 April 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,683**	**1**	**33,795**	**450**	**338,887**

Note 12.3 Property, plant and equipment financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	27,679	138,442	4,646	50,195	30,293	0	22,515	484	**274,254**
On-SoFP PFI contracts and other service concession arrangements	-	66,754	-	-	-	-	-	-	**66,754**
Owned - donated/granted	-	11,656	712	6,285	6,522	-	900	3	**26,078**
NBV total at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,480**	**36,815**	**0**	**23,415**	**487**	**367,086**

Note 12.4 Property, plant and equipment financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	46,094	122,093	4,581	40,745	19,564	1	28,056	367	**261,501**
On-SoFP PFI contracts and other service concession arrangements	-	63,428	-	-	-	-	-	-	**63,428**
Owned - donated/granted	-	11,432	741	6,285	6,179	-	981	7	**25,625**
NBV total at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,743**	**1**	**29,037**	**374**	**350,554**

Note 13.1 Property, plant and equipment - 2023/24

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**46,094**	**196,972**	**5,322**	**47,082**	**70,241**	**182**	**65,947**	**4,832**	**436,672**
Additions	381	1,027	-	47,691	8,861	-	1,138	-	**59,098**
Impairments	(18,676)	(16,100)	(771)	-	-	-	-	-	**(35,547)**
Reversals of impairments	-	4,266	-	-	-	-	-	-	**4,266**
Revaluations	-	3,983	194	-	-	-	-	-	**4,177**
Reclassifications	-	26,984	613	(38,241)	7,916	-	2,517	188	**(23)**
Transfers to / from assets held for sale	(120)	(280)	-	-	-	-	-	-	**(400)**
Disposals / derecognition	-	-	-	-	(14,837)	(166)	(3,111)	(2,378)	**(20,492)**
Valuation/gross cost at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,532**	**72,181**	**16**	**66,491**	**2,642**	**447,751**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**19**	**-**	**52**	**44,589**	**181**	**36,910**	**4,458**	**86,209**
Provided during the year	-	6,393	148	-	5,399	-	9,277	75	**21,292**
Impairments	-	(2,329)	(35)	-	-	-	-	-	**(2,364)**
Reversals of impairments	-	(3,283)	-	-	-	-	-	-	**(3,283)**
Revaluations	-	(800)	(113)	-	-	-	-	-	**(913)**
Disposals / derecognition	-	-	-	-	(14,506)	(166)	(3,111)	(2,378)	**(20,161)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**52**	**35,482**	**16**	**43,076**	**2,155**	**80,781**
Net book value at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,480**	**36,699**	**0**	**23,415**	**487**	**366,970**
Net book value at 1 April 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**

Note 13.2 Property, plant and equipment - 2022/23

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**42,507**	**191,093**	**5,697**	**38,729**	**75,858**	**182**	**64,779**	**4,832**	**423,677**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2022 - restated	**42,507**	**191,093**	**5,697**	**38,729**	**75,858**	**182**	**64,779**	**4,832**	**423,677**
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	(3,690)	-	-	(1,076)	-	-	-	**(4,766)**
Additions	-	11,181	-	8,353	4,405	-	4,563	-	**28,502**
Impairments	(940)	(7,046)	(523)	-	-	-	-	-	**(8,509)**
Reversals of impairments	-	4,942	-	-	-	-	-	-	**4,942**
Revaluations	4,527	492	148	-	-	-	-	-	**5,167**
Disposals / derecognition	-	-	-	-	(8,946)	-	(3,395)	-	**(12,341)**
Valuation/gross cost at 31 March 2023	**46,094**	**196,972**	**5,322**	**47,082**	**70,241**	**182**	**65,947**	**4,832**	**436,672**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**16**	**-**	**52**	**49,196**	**181**	**30,984**	**4,382**	**84,811**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(869)	-	-	-	**(869)**
Provided during the year	-	5,769	158	-	5,044	-	9,277	76	**20,324**
Impairments	-	(1,596)	(133)	-	-	-	-	-	**(1,729)**
Reversals of impairments	-	(3,670)	-	-	-	-	-	-	**(3,670)**
Revaluations	-	(500)	(25)	-	-	-	-	-	**(525)**
Disposals / derecognition	-	-	-	-	(8,782)	-	(3,351)	-	**(12,133)**
Accumulated depreciation at 31 March 2023	**-**	**19**	**-**	**52**	**44,589**	**181**	**36,910**	**4,458**	**86,209**
Net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**
Net book value at 1 April 2022	**42,507**	**191,077**	**5,697**	**38,677**	**26,662**	**1**	**33,795**	**450**	**338,866**

Note 13.3 Property, plant and equipment financing - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	27,679	138,442	4,646	50,195	30,177	0	22,515	484	**274,138**
On-SoFP PFI contracts and other service concession arrangements	-	66,754	-	-	-	-	-	-	**66,754**
Owned - donated / granted	-	11,656	712	6,285	6,522	-	900	3	**26,078**
Total net book value at 31 March 2024	**27,679**	**216,852**	**5,358**	**56,480**	**36,699**	**0**	**23,415**	**487**	**366,970**

Note 13.4 Property, plant and equipment financing - 31 March 2023

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	46,094	122,093	4,581	40,745	19,473	1	28,056	367	**261,410**
On-SoFP PFI contracts and other service concession arrangements	-	63,428	-	-	-	-	-	-	**63,428**
Owned - donated / granted	-	11,432	741	6,285	6,179	-	981	7	**25,625**
Total net book value at 31 March 2023	**46,094**	**196,953**	**5,322**	**47,030**	**25,652**	**1**	**29,037**	**374**	**350,463**

Note 14 Donations of property, plant and equipment

The Trust was fortunate in 2023/24 to receive donations of Medical Equipment from Scannappeal for £1,198k (2022/23 £1,052k) as well as from Buckinghamshire Healthcare NHS Trust Charitable Fund for £305k (2022/23 £423k) and the Cancer Care & Haematology Fund (£88k). No restrictions were placed on any of the equipment. The most significant contribution was towards £779k for a Robotic navigation platform from Scannappeal. The Trust is grateful for all donations of advanced medical and other equipment.

Note 15 Revaluations of property, plant and equipment

The Trust commissioned an independent valuer, Cushman Wakefield, to conduct a full valuation of its land, buildings and dwellings in 2023/24. The valuer valued land and non-specialised buildings at market value for existing use. For specialist assets, current value in existing use value being the present value of the assets remaining service potential, specialist assets are therefore valued at their depreciated replacement costs (DRC) as at the 31st of March 2024. Useful lives have also been assessed and will be the basis for depreciation charged to the financial statements with effect from the 1st of April 2023.

As part of this valuation, the valuer assessed the area of land that would be required for buildings to provide the Trust's existing services. This area of land was valued and the value applied at 1st April 2023. Further information on this methodology is included in Note 1.9

The revaluation resulted in impairments of £5,753k (2022/23 reversal of impairments £4,019k) and a decrease to the revaluation reserve of £13,365k (increase in 2022/23 £3,688K). Please refer to Note 6.

Plant and equipment is not revalued at financial year end. The assets are depreciated over useful lives which are representative of their value in use.

Note 16 Leases - Buckinghamshire Healthcare NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has recognised leases for the properties below:
Harrington House - Department of Health

Alexandra House

Sterile Services (CSSD) Building

Equipment

Sterile Service (CSSD) Equipment

Kodax scanners

Other

Leased Vehicles

Wheel Power Huts

Note 16.1 Right of use assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**5,371**	**3,036**	**225**	**-**	**8,632**	**584**
Additions	1,450	111	-	151	**1,712**	-
Remeasurements of the lease liability	124	(217)	-	-	**(93)**	24
Reversal of impairments	178	-	-	-	**178**	-
Revaluations	1,178	-	-	-	**1,178**	-
Valuation/gross cost at 31 March 2024	**8,301**	**2,930**	**225**	**151**	**11,607**	**608**
Accumulated depreciation at 1 April 2023 - brought forward	**583**	**1,189**	**75**	**-**	**1,847**	**292**
Provided during the year	727	141	74	-	**942**	316
Reversal of impairments	(9)	-	-	-	**(9)**	-
Revaluations	(61)	-	-	-	**(61)**	-
Accumulated depreciation at 31 March 2024	**1,240**	**1,330**	**149**	**-**	**2,719**	**608**
Net book value at 31 March 2024	**7,061**	**1,600**	**76**	**151**	**8,888**	**-**
Net book value at 1 April 2023	**4,788**	**1,847**	**150**	**-**	**6,785**	**292**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	-

Note 16.2 Right of use assets - 2022/23

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**	**-**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	3,690	1,076	-	-	**4,766**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	1,456	1,960	225	-	**3,641**	584
Remeasurements of the lease liability	107	-	-	-	**107**	-
Reversal of impairments	118	-	-	-	**118**	-
Valuation/gross cost at 31 March 2023	**5,371**	**3,036**	**225**	**-**	**8,632**	**584**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**	**-**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	869	-	-	**869**	-
Provided during the year	648	320	75	-	**1,043**	292
Reversal of impairments	(65)	-	-	-	**(65)**	-
Accumulated depreciation at 31 March 2023	**583**	**1,189**	**75**	**-**	**1,847**	**292**
Net book value at 31 March 2023	**4,788**	**1,847**	**150**	**-**	**6,785**	**292**
Net book value at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	292

Note 16.3 Revaluations of right of use assets

Please refer to note 15 regarding the revaluation of assets. The CSSD building is only leased asset that has been subject to revaluation in 2023/24. This resulted in an increase to value of £1,426k

Note 16.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

Group and Trust	**2023/24**	**2022/23**
	£000	**£000**
Carrying value at 1 April	**7,229**	**4,713**
IFRS 16 implementation - adjustments for existing operating leases	-	3,641
Lease additions	1,712	-
Lease liability remeasurements	(93)	107
Interest charge arising in year	176	105
Lease payments (cash outflows)	(1,430)	(1,337)
Carrying value at 31 March	**7,594**	**7,229**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
There are no such payments in 2023/24. Cash outflows in respect of leases recognised on-SOFP are disclosed in the reconciliation above.

Note 16.5 Maturity analysis of future lease payments at 31 March 2024

Group and Trust

	Total	Of which leased from DHSC group bodies:
	31 March 2024	**31 March 2024**
	£000	**£000**
Undiscounted future lease payments payable in:		
- not later than one year;	1,604	-
- later than one year and not later than five years;	3,307	-
- later than five years.	3,410	-
Total gross future lease payments	**8,321**	**-**
Finance charges allocated to future periods	(727)	-
Net lease liabilities at 31 March 2024	**7,594**	**-**
Of which:		
- Current	1,436	-
- Non-Current	6,158	-

Note 16.6 Maturity analysis of future lease payments at 31 March 2023

Group and Trust	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	1,206	296
- later than one year and not later than five years;	2,522	-
- later than five years.	3,914	-
Total gross future lease payments	**7,642**	**296**
Finance charges allocated to future periods	(413)	(2)
Net finance lease liabilities at 31 March 2023	**7,229**	**294**
Of which:		
- Current	1137	-
- Non-Current	6092	294

Note 17 Other investments

The Board is the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund (registered Charity number 1053113). The Charity invests the charitable funds donated to them whilst proposals to utilise and expend these funds are formulated and executed. It is not the Trustee's primary aim to accumulate funds. Accordingly, a portion of the total funds are held back as working capital with the rest constituting the portfolio invested in line with the Charity's Investment Policy. The valuation of the investments is shown below.

	Group	
	2023/24	2022/23
	£000	£000
Carrying value at 1 April - brought forward	**8,010**	**8,442**
Movement in fair value through income and expenditure	506	(404)
Disposals	(1,060)	(28)
Carrying value at 31 March	**7,456**	**8,010**

Note 18 Disclosure of interests in other entities

The Trust formed a wholly owned subsidiary, Buckinghamshire Healthcare Projects Limited on the 1st March 2017. This private limited company commenced trading on the 4th April 2018 delivering outpatient dispensing services to the Trust's Patients. The position and results of the company have been consolidated into the entities accounts in accordance with IFRS 10. All intercompany balances have been eliminated and the company's reported deficit of £67k, included within the "Group" position for 2023/24. The financial statements for BHPL in 2023/24 report a turnover of £9,976k (£8,400k in 2022/23), cost of sales of £8,149k (£6,844k in 2022/23), administration expenses of £1,917k (£1,505k in 2022/23), with tax on profit of £21k (£8k in 2022/23). The company holds no significant assets or liabilities requiring separate disclosure.

As disclosed in Note 19, the Board of the Trust is the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund (registered Charity number 1053113). BHNHSTCF became the registered name of the Charity on 12 October 2012. The Charity was formerly known as South Buckinghamshire Hospitals NHS Trust Charitable Fund.The objectives of this Charity are for the provision of patient care, staff welfare, research and general charitable hospital purposes at Buckinghamshire Healthcare NHS Trust. The position and results of the Charity have been consolidated into the Trust's accounts in accordance with IFRS 10, and all intercompany balances eliminated in accordance with IFRS 10. The Charity reported an excess of incoming resources over expenditure of £1,555k. The Charity held investments of £7,456k which have been disclosed in Note 17, together with cash balances of £4,533k. It holds no other assets and liabilities requiring separate disclosure.

Note 19 Analysis of charitable fund reserves

	31 March 2024	31 March 2023
	£000	£000
Unrestricted funds:		
Unrestricted income funds	6,111	5,048
Restricted funds:		
Endowment funds	99	101
Other restricted income funds	5,558	5,065
	11,768	**10,214**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 20 Inventories

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Drugs	4,914	5,416	4,414	4,871
Consumables	4,204	4,869	4,204	4,869
Energy	100	179	100	179
Charitable fund inventory	1	-	1	-
Total inventories	**9,219**	**10,464**	**8,719**	**9,919**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £97,330k (2022/23: £89,456k). Write-down of inventories recognised as expenses for the year were £163k (2022/23: £494k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £217k of items purchased by DHSC (2022/23: £1,029k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 21.1 Receivables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables	21,135	23,184	21,336	23,181
Allowance for impaired contract receivables / assets	(2,398)	(3,405)	(2,398)	(3,405)
Deposits and advances	-	1	-	1
Prepayments (non-PFI)	5,929	5,286	5,929	5,258
PFI lifecycle prepayments	5,492	4,511	5,476	4,511
PDC dividend receivable	818	-	818	-
VAT receivable	5,786	4,082	5,786	4,082
Other receivables	653	432	746	239
NHS charitable funds receivables	189	1,021	-	-
Total current receivables	**37,604**	**35,112**	**37,693**	**33,867**
Non-current				
Contract receivables	3,756	3,265	3,756	3,265
Allowance for impaired contract receivables / assets	(861)	(805)	(861)	(805)
Other receivables	1,233	1,399	1,233	1,468
Total non-current receivables	**4,128**	**3,859**	**4,128**	**3,928**
Of which receivable from NHS and DHSC group bodies:				
Current	19,889	17,230	19,889	16,839
Non-current	496	585	496	585

Note 21.2 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2023 - brought forward	**4,210**	**-**	**4,210**	**-**
New allowances arising	656	-	656	-
Reversals of allowances	(951)	-	(951)	-
Utilisation of allowances (write offs)	(656)	-	(656)	-
Allowances as at 31 Mar 2024	**3,259**	**-**	**3,259**	**-**

Note 21.3 Allowances for credit losses - 2022/23

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2022 - as previously stated	**3,563**	**-**	**3,563**	**-**
Changes in existing allowances	(116)	-	-	-
Reversals of allowances	(7)	-	(123)	-
Utilisation of allowances (write offs)	770	-	770	-
Allowances as at 31 Mar 2023	**4,210**	**-**	**4,210**	**-**

Note 22 Non-current assets held for sale and assets in disposal groups

Group and Trust	**2023/24**	**2022/23**
	£000	£000
NBV of non-current assets for sales at 1 April	**-**	**-**
Assets classified as available for sale in the year	400	-
disposal groups at 31 March	**400**	**-**

The Camborne Centre is in Aylesbury and had previously been used as a Health Centre, before being declared surplus to requirements. Healthcare that was provided at this site has been moved to other sites. The Trust is actively marketing the property for sale.

Note 23 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
At 1 April	**19,134**	**52,368**	**16,907**	**51,091**
Net change in year	(11,321)	(33,234)	(13,890)	(34,184)
At 31 March	**7,813**	**19,134**	**3,017**	**16,907**
Broken down into:				
Cash at commercial banks and in hand	4,562	29	29	29
Cash with the Government Banking Service	3,251	19,105	2,988	16,878
Total cash and cash equivalents as in SoFP	**7,813**	**19,134**	**3,017**	**16,907**
Total cash and cash equivalents as in SoCF	**7,813**	**19,134**	**3,017**	**16,907**

Note 24 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	13,663	3,855	13,048	3,415
Capital payables	14,430	9,693	14,430	9,693
Accruals	22,352	46,038	22,453	45,453
Annual Leave Accrual	2,323	1,934	2,323	1,934
Social security costs	3,857	3,389	3,857	3,389
VAT payables	82	110	82	110
Other taxes payable	4,233	3,149	4,233	3,149
PDC dividend payable	-	713	-	713
Pension contributions payable	4,770	4,371	4,770	4,371
Other payables	2,074	173	2,090	144
NHS charitable funds: trade and other payables	88	288	-	-
Total current trade and other payables	**67,872**	**73,713**	**67,286**	**72,371**
Non-current				
Total non-current trade and other payables	**-**	**-**	**-**	**-**
Of which payables from NHS and DHSC group bodies:				
Current	5,540	3,530	5,540	2,992
Non-current	-	-	-	-

Note 25 Other liabilities

Group and Trust	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	2,115	3,018
Deferred PFI credits / income	20	18
Total other current liabilities	**2,135**	**3,036**
Non-current		
Deferred PFI credits / income	160	183
Total other non-current liabilities	**160**	**183**

Note 26.1 Borrowings

Group and Trust	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	1,436	1,137
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	8,719	4,516
Total current borrowings	**10,155**	**5,653**
Non-current		
Lease liabilities	6,158	6,092
Obligations under PFI, LIFT or other service concession contracts	49,825	32,383
Total non-current borrowings	**55,983**	**38,475**

* The Trust has applied IFRS 16 to PFI arrangements within these accounts from 1 April 2023 without restatement of comparatives. More information about PFI arrangements and the impact of this change in accounting policy can be found in note 31

Note 26.2 Reconciliation of liabilities arising from financing activities (Group)

Group - 2023/24	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2023	**7,229**	**36,899**	**44,128**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,254)	(9,564)	**(10,818)**
Financing cash flows - payments of interest	(176)	(5,742)	**(5,918)**
Non-cash movements:			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023		24,844	**24,844**
Additions	1,712	-	**1,712**
Lease liability remeasurements	(93)	-	**(93)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	6,365	**6,365**
Application of effective interest rate	176	5,742	**5,918**
Carrying value at 31 March 2024	**7,594**	**58,544**	**66,138**

Group - 2022/23	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	**4,713**	**41,033**	**45,746**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,232)	(4,135)	**(5,367)**
Financing cash flows - payments of interest	(105)	(3,340)	**(3,445)**
Non-cash movements:			
IFRS 16 implementation - adjustments for existing operating leases / subleases	3,641		**3,641**
Lease liability remeasurements	107	-	**107**
Application of effective interest rate	105	3,341	**3,446**
Carrying value at 31 March 2023	**7,229**	**36,899**	**44,128**

Note 27 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**43**	**753**	**205**	**585**	**1,586**
Change in the discount rate	3	(27)	-	(107)	**(131)**
Arising during the year	27	(46)	162	503	**646**
Utilised during the year	(37)	(133)	(45)	-	**(215)**
Reversed unused	-	-	-	-	**-**
Unwinding of discount	1	18	-	31	**50**
At 31 March 2024	**37**	**565**	**322**	**1,012**	**1,936**
Expected timing of cash flows:					
- not later than one year;	37	124	322	-	**483**
- later than one year and not later than five years;	-	244	-	-	**244**
- later than five years.	-	197	-	1,012	**1,209**
Total	**37**	**565**	**322**	**1,012**	**1,936**

Note 28 Clinical negligence liabilities

At 31 March 2024, £132,622k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Buckinghamshire Healthcare NHS Trust (31 March 2023: £140,798k).

Note 29 Contingent assets and liabilities

Group and Trust	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	27	28
Gross value of contingent liabilities	**27**	**28**
Net value of contingent liabilities	**27**	**28**
Net value of contingent assets	**-**	**-**

The values are as notified by NHS resolution based on their best estimate of claim processed. The Trust has no reason to disagree with this assessment which has historically been accurate.The values are as notified by NHS resolution based on their best estimate of claim processed. The Trust has no reason to disagree with this assessment which has historically been accurate.

Note 30 Contractual capital commitments

Group and Trust	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	7,388	3,920
Intangible assets	-	-
Total	**7,388**	**3,920**

Note 31 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has two Private Finance Initiative (PFI) contracts known as the 'South Bucks' contract for the buildings at Wycombe and Amersham Hospitals and the 'Stoke Mandeville' contract for the building at Stoke Mandeville. Both the Trust's PFIs are accounted for as on SORP PFIs. The Trust does not have any off SOFP PFIs.

The South Bucks scheme was for the provision of a new building at Wycombe Hospital, and an almost complete rebuild of Amersham Hospital. The contract was signed in December 1997 and the new buildings were fully operational in November 2000. The contract length is 63 years and the Trust has an option to break the contract at 33 years, 43 years and every 5 years after that.

The Stoke Mandeville scheme was for the re-provision of 11 wards (238 beds), a new entrance and restaurant and a new burns unit on the Stoke Mandeville site. The contract was signed in May 2004 and the new buildings became fully operational in August 2006. The contract was for 32 years from the date of signing.

In both cases the Trust retains the ownership of the land. During the period of the contract the Trust is obliged to retain buildings, although it can specify what services are provided on each site.

Under IFRIC 12 the Trust treats the assets (buildings) resulting from these contracts as its own and their value is included within the Statement of Financial Position (Note 12.1). It also includes a liability for the payment that is required to be made to the PFI partners (Note 26.2).

The Unitary Payment paid to the PFI partners is accounted for partly as costs relating to the supply of the facilities management services under General Supplies and Services and partly as finance costs relating to the lease of the buildings.

Note 31.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

Group and Trust	**31 March 2024 £000**	**31 March 2023 £000**
Gross PFI, LIFT or other service concession liabilities	**100,412**	**119,734**
Of which liabilities are due		
- not later than one year;	15,531	14,639
- later than one year and not later than five years;	35,291	41,168
- later than five years.	49,590	63,927
Finance charges allocated to future periods	(41,868)	(82,835)
Net PFI, LIFT or other service concession arrangement obligation	**58,544**	**36,899**
- not later than one year;	8,719	4,516
- later than one year and not later than five years;	15,459	11,824
- later than five years.	34,366	20,559

Note 31.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group	
	31 March 2024	31 March 2023
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**512,587**	**411,242**
Of which payments are due:		
- not later than one year;	52,847	36,565
- later than one year and not later than five years;	176,577	143,668
- later than five years.	283,163	231,009

The Trust is required to disclose total commitments under service concession contracts. This disclosure should be contractual commitments measured at the reporting date (i.e. current prices). It therefore includes actual inflation that has incurred to date since commencement of the scheme but should not include an estimate of future inflation.

The Trust has previously reported total commitments at the inception of the contract i.e. has not included any allowance for inflation. The comparative figures are therefore not prepared on the same basis as those for the current year.

As the impact of the change is not material to the financial statements, the Trust has elected not to restate the comparative year. However, for completeness, the prior year figures would be:
- no later than one year - £45,571k
- later than one year and no later than five years £166,717k
- later than five years £286,035k
- Total - £498,323k

Note 31.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group	
	2023/24	2022/23
	£000	£000
Unitary payment payable to service concession operator	**48,105**	**40,344**
Consisting of:		
- Interest charge	5,742	3,341
- Repayment of balance sheet obligation	9,564	4,135
- Service element and other charges to operating expenditure	30,758	24,254
- Capital lifecycle maintenance	1,076	1,536
- Contingent rent	-	6,796
- Addition to lifecycle prepayment	965	282
Total amount paid to service concession operator	**48,105**	**40,344**

Note 32 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 32.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis)	IAS 17 basis (old basis)	Impact of change
	2023/24	2023/24	2023/24
	£000	£000	£000
Unitary payment payable to service concession operator	**48,105**	**48,105**	**-**
Consisting of:			
- Interest charge	5,742	3,037	**2,705**
- Repayment of balance sheet obligation	9,564	4,443	**5,121**
- Service element	30,758	30,758	**-**
- Lifecycle maintenance	1,076	1,076	**-**
- Contingent rent	-	7,826	**(7,826)**
- Addition to lifecycle prepayment - capital	965	965	**-**

Note 32.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	**£000**
Increase in PFI liabilities	(26,088)
Decrease in PDC dividend payable / increase in PDC dividend receivable	900
Impact on net assets as at 31 March 2024	**(25,188)**

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	**£000**
PFI liability remeasurement charged to finance costs	(6,365)
Increase in interest arising on PFI liability	(2,705)
Reduction in contingent rent	7,826
Reduction in PDC dividend charge	900
Net impact on surplus / (deficit)	**(344)**

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	**£000**
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(24,844)
Net impact on 2023/24 surplus / deficit	(344)
Impact on equity as at 31 March 2024	**(25,188)**

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	**£000**
Increase in cash outflows for capital element of PFI	(5,121)
Decrease in cash outflows for financing element of PFI	5,121
Net impact on cash flows from financing activities	**-**

Note 33 Financial instruments

Note 33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its Integrated Care Boards (ICBs) and the way those ICBs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust had previously borrowed from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings were for 1 – 25 years, in line with the life of the associated assets, and interest was charged at the National Loans Fund rate, fixed for the life of the loan.
However, following conversion of existing DHSC loans in to PDC, the interest accounted for relates to finance leases and PFI, are higher than the Treasury rate, the interest rate for the PFI is pre-set, the Trust therefore has little exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament . The Trust experiences risk around the timing of payments from other NHS organisations. the impact of this is mitigated through the agreement of balances exercise. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Classification and measurement

Certain financial assets after initial recognition at fair value are subsequently measured either at amortised cost, whereas other financial assets are subsequently valued at fair value through income and expenditure.

Financial liabilities after initial recognition at fair value are subsequently measured at amortised cost.

Financial assets measured at fair value through other comprehensive income
Financial assets for charitable fund investments is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Note 33.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	26,121	-	-	**26,121**
Cash and cash equivalents	3,280	-	-	**3,280**
Consolidated NHS Charitable fund financial assets	4,722	7,456	-	**12,178**
Total at 31 March 2024	**34,123**	**7,456**	**-**	**41,579**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	25,119	-	-	**25,119**
Cash and cash equivalents	17,594	-	-	**17,594**
Consolidated NHS Charitable fund financial assets	1,540	8,010	-	**9,550**
Total at 31 March 2023	**44,253**	**8,010**	**-**	**52,263**

Note 33.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	7,594	-	**7,594**
Obligations under PFI, LIFT and other service concessions	58,544	-	**58,544**
Trade and other payables excluding non financial liabilities	54,212	-	**54,212**
Provisions under contract	1,334	-	**1,334**
Total at 31 March 2024	**121,684**	**-**	**121,684**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	7,229	-	**7,229**
Obligations under PFI, LIFT and other service concessions	36,899	-	**36,899**
Trade and other payables excluding non financial liabilities	59,541	-	**59,541**
Provisions under contract	790	-	**790**
Consolidated NHS charitable fund financial liabilities	223	-	**223**
Total at 31 March 2023	**104,682**	**-**	**104,682**

Note 33.6 Fair values of financial assets and liabilities

The book value (carrying value) is considered to be a reasonable approximation of fair value of the financial assets and liabilities the Trust has disclosed.

Note 33.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Group and Trust	31 March 2024 £000	31 March 2023 £000
In one year or less	72,681	76,930
In more than one year but not more than five years	38,598	43,690
In more than five years	53,000	68,426
Total	**164,279**	**189,046**

Note 34 Losses and special payments

Group and trust	2023/24 Total number of cases Number	2023/24 Total value of cases £000	2022/23 Total number of cases Number	2022/23 Total value of cases £000
Losses				
Bad debts and claims abandoned*	284	658	101	160
Stores losses and damage to property**	1	163	1	494
Total losses	**285**	**821**	**102**	**654**
Special payments				
Ex-gratia payments	15	5	19	12
Total special payments	**15**	**5**	**19**	**12**
Total losses and special payments	**300**	**826**	**121**	**666**

* These are written off when all external debt collection agency efforts have been exhausted. Write-offs are reported to the Trust's Audit Committee on a regular basis.

** Stores losses include £163k (2022/23 £424k) for Drugs due to expiries and temperature excursions.

Note 35 Related parties

Under the Requirements of IAS 24 (Related Party Disclosures), the Trust has disclosed as a related party where key management services have been provided by another entity. For the purpose of IAS 24 the related party will be the chair, chief executive, or members of the board of directors as named in the directors and members report.

During the year, with the exception of one director's family member disclosed below, none of the Department of Health & Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Buckinghamshire Healthcare NHS Trust

The Trust has undertaken the following transactions with entities who are related to a Trust board executive director through a close family member. The Trust board member has no control nor joint control of the entities below:

		2023/24	2022/23
		£000	£000
Fed Bucks Ltd			
	Income	74	53
	Expenditure	6851	7,470
	Receivables	22	1
	Payables	0	1064
Marlow Medical			
	Income	-	-
	Expenditure	13	17
	Receivables	-	-
	Payables	1	-

The Department of Health & Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the DHSC is regarded as the parent body:

Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board

NHS England

NHS Resolution

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. The significant transactions have been with HMRC in respect of taxes and national insurance contributions and Bucks County Council in respect of Public Health activity and rates.

The Trust Board is Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund (Registered charity no 1053113), some of the members of the Trust Board are also members of the Charitable Fund committee. The total value of contributions to the Trust was £1,452k (£423k 2022/23). The financial statements of the Group consolidate the financial statements of charitable fund. The Charity's operating income was £1,615k (£3,312k 2022/23), expenditure of £900k (£2,039k 2022/23), investment income of £334k (£171k 2022/23), net income/expenditure gain £1,555k (£1,012k 2022/23).

Some of the members of the Trust board are directors of Buckinghamshire Healthcare Projects Ltd (BHPL). BHPL is a wholly owned subsidiary of the Trust, considered to be under common control. The financial statements of the Group consolidate the BHPL financial statements, and the amounts owed by BHPL to Group undertaking at year end amounts to £37k (£180k 2022/23) . The BHPL turnover was £9,975k of which £9,568k is with the Trust (£8,400k 2022/23 of which £8,051k is with the Trust), admin expenses £1,913k (£1,505k 2022/23), tax on profit is £21k rebate (£8k 2022/23) and profit / (loss) for year is £66k.

One member of the Trust Board is one of the Trustees of the Scannappeal Charity (number 296291). The objectives of the Scannappeal charity is to fund medical and other equipment for Buckinghamshire patients, and is therefore linked to the Trust and its associated Charity. However Scannappeal is independent and this relationship does not confer significant control over the operating or financial activities of other entity, and this disclosure is for transparency only. Scannappeal has reimbursed the Trust's associated Charity for the purchase of medical and other equipment which it agreed to fund during 2022/23 of £1,198k and this is contained within Other Operating Income.

A Non-Executive director is also a Non- Executive director of London and Quadrant Housing Trust, from which the Trust purchased the outstanding term on a lease for land and residences in 2023/4 for £2,075k.

Note 36 Events after the reporting date

There have been no non-adjusting events after the reporting period.

Note 40 Better Payment Practice code

Non-NHS Payables	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Total non-NHS trade invoices paid in the year	66,938	369,502	67,541	323,380
Total non-NHS trade invoices paid within target	59,716	332,795	60,747	288,197
Percentage of non-NHS trade invoices paid within target	89.2%	90.1%	89.9%	89.1%
NHS Payables				
Total NHS trade invoices paid in the year	2,639	59,745	2,674	69,833
Total NHS trade invoices paid within target	1,867	50,607	2,031	63,685
Percentage of NHS trade invoices paid within target	70.7%	84.7%	76.0%	91.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 41 External financing

The trust is given an external financing limit against which it is permitted to underspend

	2023/24 £000	2022/23 £000
Cash flow financing	44,910	38,244
External financing requirement	**44,910**	**38,244**
External financing limit (EFL)	56,899	38,245
Under / (over) spend against EFL	**11,989**	**1**

The Trust undershot its EFL for 2023/24 as approval had been given to draw down PDC that was replaced by additional funding.

Note 42 Capital Resource Limit

	2023/24 £000	2022/23 £000
Gross capital expenditure	61,065	28,701
Less: Disposals	(332)	(208)
Less: Donated, granted and peppercorn leased capital additions	(1,708)	(2,147)
Charge against Capital Resource Limit	**59,025**	**26,346**
Capital Resource Limit	64,664	26,347
Under / (over) spend against CRL	**5,639**	**1**

The Trust undershot its CRL for 2023/24 as approval had been given to draw down PDC in 2023/24 that will be drawn in 2024/25.

Note 43 Breakeven duty financial performance

	2023/24 £000
Adjusted financial performance surplus / (deficit) (control total basis)	(5,564)
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(344)
IFRIC 12 breakeven adjustment	1,805
Breakeven duty financial performance surplus / (deficit)	**(4,103)**

Note 44 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		146	1,026	2,848	299	320	(7,446)	(10,867)
Breakeven duty cumulative position	(3,955)	(3,809)	(2,783)	65	364	684	(6,762)	(17,629)
Operating income		294,906	345,367	340,397	350,921	359,449	369,844	370,225
Cumulative breakeven position as a percentage of operating income		(1.3%)	(0.8%)	0.0%	0.1%	0.2%	(1.8%)	(4.8%)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(1,759)	(2,891)	(31,647)	(28,335)	5,084	(1,053)	(14,158)	(4,103)
Breakeven duty cumulative position	(19,388)	(22,279)	(53,926)	(82,261)	(77,177)	(78,230)	(92,388)	(96,491)
Operating income	391,843	412,591	417,506	454,004	545,095	586,133	601,070	656,504
Cumulative breakeven position as a percentage of operating income	(4.9%)	(5.4%)	(12.9%)	(18.1%)	(14.2%)	(13.3%)	(15.4%)	(14.7%)

Note: The above table reflects the performance of Buckinghamshire Healthcare NHS Trust and its predecessor Trusts.

2023/24 the Trust delivered a deficit of £5.5m against an adjusted deficit plan of £4.4m. The original plan was for a deficit of £12.1m, and this was changed following the provision of additional funding which covered part of some additional costs. The Trust flagged a revised forecast of £6.0m and has improved its position against this.

2022/23 the Trust delivered a £(14.3)m deficit against a £(17.6)m 2022/23 deficit annual plan as submitted to NHSE/I in Q1 2022/23. This improved deficit outturn position is in line with BHT and BOB ICB financial recovery plan for 2022/23 as agreed with NHSE/I.

2021/22 the Trust delivered a deficit of £1.1m. This is £4.4m favourable to the planned YTD position of £5.6m deficit. The key drivers for this are lower than planned spend on the H2 Critical Investments.

2019/20 the Trust agreed and delivered a deficit with the regulator of £29m, the Trust's financial position needs to be viewed in the context of the nationally stressed acute provider sector.

2018/19 the Trust deficit of £29m against a planned surplus of £10m, deficit was driven largely by non-receipt of PSF £12m, CIP not achieved of £12m, income shortfall of £9m, the balance being underlying expenditure pressures.

2017/18 the planned surplus of £6.5m was not achieved, Trust deficit of £3m before technical adjustments, was driven by non-receipt of STF £6m, CIP underachieved £4.5m.

2016/17 a planned surplus of £5.3m was set including £9.4m STF. Due to additional pressures a deficit of £1.8m was agreed with NHSI, and the Trust delivered against this.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2024 which comprise the Trust and Group Statement of Comprehensive Income, the Trust and Group Statement of Financial Position, the Trust and Group Statement of Changes in Taxpayers' Equity, the Trust and Group Statement of Cash Flows and the related notes 1 to 43, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Buckinghamshire Healthcare NHS Trust and of the Group as at 31 March 2024 and of the Trust's and the Group's expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been prepared properly in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group or Trust's ability to continue as a going concern for the period to 30 June 2025.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's and the Group's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- in our opinion the governance statement does not comply with NHS England's guidance; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the Trust under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

- Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

At 31 March 2024, Buckinghamshire Healthcare NHS Trust reported a deficit against its incoming resources for the 2023-24 financial year of £4.1million and has failed to meet the break-even duty over a rolling 3-year period, with a cumulative deficit at 31 March 2024 of £96.5million.

Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

We therefore referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the 'Statement of directors' responsibilities in respect of the accounts', set out on page 95, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations of the group or the Trust, or have no realistic alternative but to do so.

As explained in the 'Statement of the chief executive's responsibilities as the accountable officer of the trust', as the accountable officer of Buckinghamshire Healthcare NHS Trust, the chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Trust's resources.

Auditor's responsibility for the audit of the financial statements

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Buckinghamshire Healthcare NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes and other information. Based

on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue), inappropriate capitalisation of revenue expenditure, and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed a sample of the Trust's manual year end receivable and payable accruals, challenging assumptions and corroborating the transactions to appropriate evidence. We tested year-end cut-off arrangements by selecting samples of income and expenditure from either side of the 31 March 2024 balance sheet date and reviewing to supporting evidence to ensure these were recorded in the appropriate financial year.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine. We also tested that the expenditure was recognised in the correct financial year.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(2A) (c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Buckinghamshire Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

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

Ernst & Young LLP

Ben Lazarus (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
London
26 June 2024