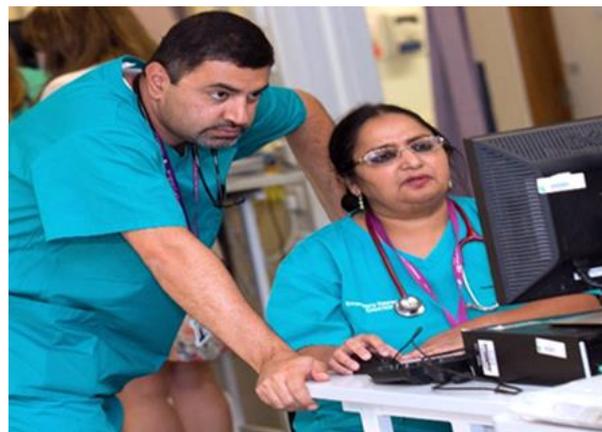


Report to Health & Adult Social Care Select Committee

29 July 2021



Overview of services and key partnerships

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for the 550,000 residents of Buckinghamshire and the surrounding area, including Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire).

Our main 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
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Thame Community Hub, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge, Croft Road, Aylesbury HP21 7RD

The Trust's headquarters is based at the Hartwell Wing, Stoke Mandeville Hospital.

We employ over 6,000 highly trained clinical staff, including doctors, nurses, midwives, health visitors, radiographers, surgeons, therapists and healthcare scientists who are supported by our corporate services.

We are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients from across England and internationally. In the community our district nurses and therapists support people in their own homes and in care homes as well as immunising school children, supporting women before and after their pregnancies and providing sexual health services and advice.

The Trust works closely with, but is not responsible for, GPs, community pharmacies, the ambulance service, social care, care homes and mental health services to provide the best possible care for the residents of Buckinghamshire.



Partnerships

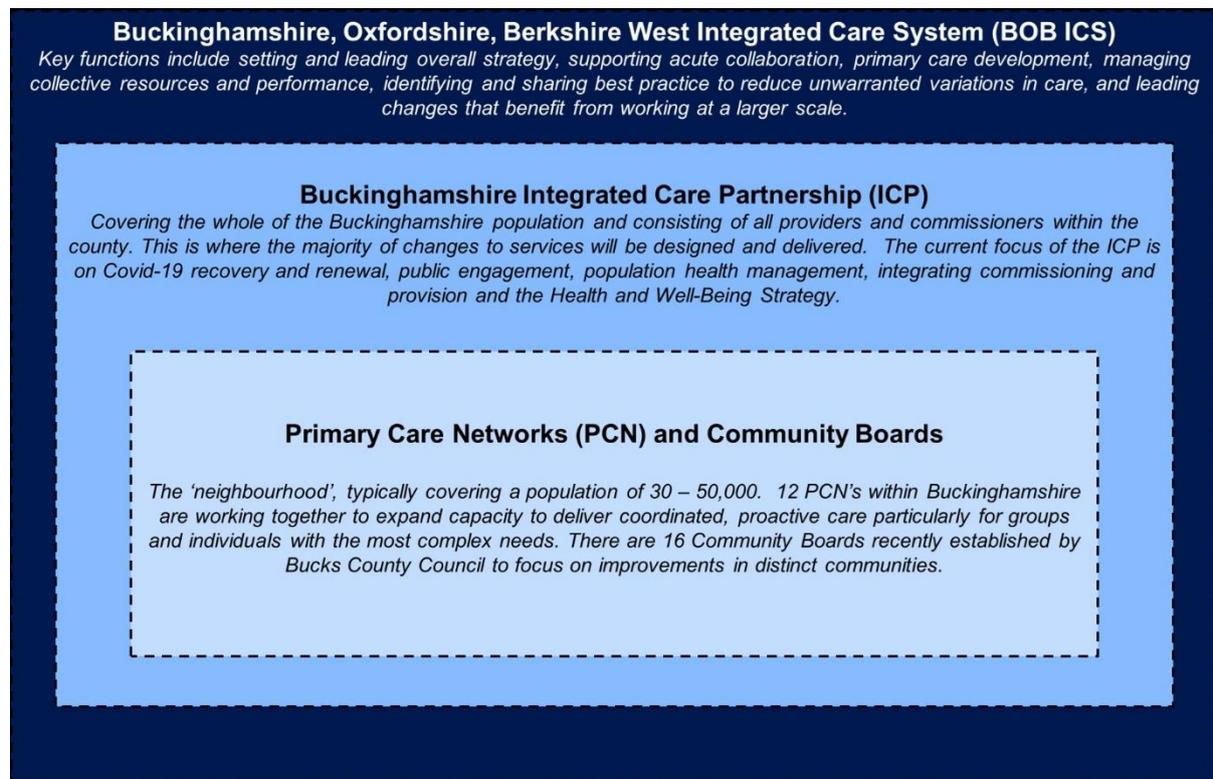
Our strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to local plans and the wider health and social care economy.

The Trust is part of the Buckinghamshire Integrated Care Partnership (ICP) which includes:

- NHS Buckinghamshire Clinical Commissioning Group
- Oxford Health NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Buckinghamshire Council
- FedBucks GP Federation

As the Buckinghamshire ICP, all partners work closely together to look after the health and well-being of our residents.

The Trust is also part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB).



Key challenges and impact on services

The last year has been a year like no other and has impacted on every aspect of society and the way we live and work. Throughout the pandemic our primary objective has been to keep our patients and our colleagues safe.

Our colleagues have worked tirelessly to ensure that we have continued to provide safe and compassionate care throughout the pandemic to those that need it most.

Our cancer and urgent care services were maintained throughout and our community teams have continued to look after the most vulnerable in their own homes. We moved to new ways of working, such as virtual appointments, so that we could continue to provide as many outpatient services as possible in a way that was safe for our patients and our colleagues, preventing the spread of infection. Our School Aged Immunisation team was the only immunisation team nationally who continued delivering the school aged immunisation programme.

Whilst we, like all Trusts across the country, had to suspend some non-urgent activity, we have continued to monitor the patients on our waiting list and now that all services have re-started, patients are being assessed and treated based on clinical need.

The pandemic has also meant making some difficult decisions such as suspending visiting at times to ensure the safety of our patients and colleagues but we have worked hard to support our patients and their loved ones to keep in touch.

Throughout all of this, our most important asset has been our people. Looking after the physical and psychological wellbeing of our colleagues has been key to ensuring that we have been able to continue to provide safe and compassionate care throughout the pandemic.

None of this could have been achieved without the support of our partners and we have worked closely and collaboratively with our colleagues from primary and social care, both within the county and also within the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

However, the pandemic has brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability or with underlying health conditions being disproportionately impacted by COVID-19. There has also been a significant impact on our children and young people. A priority for us in the coming



year is to work with our partners across Buckinghamshire to look at what more we can do to support children of all ages and address these inequalities. One of our key objectives is for the Trust to take a leading role in the local community, not just in terms of delivering healthcare but also in terms of health education, prevention and providing local employment.

As we look to the future, we do so knowing that we face significant challenges for the year ahead. Our colleagues are extremely tired – physically and emotionally – and whilst the number of COVID-19 cases continues to reduce, the size of the task has not diminished. In line with national guidance, non-urgent elective procedures were suspended at the height of the pandemic and this, combined with a reluctance for people to seek help for fear of contracting the virus or because they were concerned about putting additional strain on NHS resources, has resulted in a significant number of people on our waiting lists.

The virus will be with us for some time so we all need to adapt to life and work with a new ‘normal’. This means learning from our experiences from the past year, embracing new ways of working and digital technology and not going back to the way we were as we adjust to operating and recovering in a very different way.

We are taking the learnings from the pandemic as we prepare for the months ahead. We are expecting this winter to be particularly challenging with anticipated high demand and impacts from: a potential third/fourth wave of COVID-19; flu and potential severe weather. Plans are being delivered to ensure we continue to deliver safe care for all our patients whilst also continuing to deliver our recovery plans as detailed below.

Long-term and short-term recovery plans

At the start of May we submitted our operational plan for the first six months of 2021/22, which for the first time has been prepared together with BOB ICS partners across the system as per requirements from NHS England & Improvement (NHSE/I). The plan includes the following: workforce capacity and recovery; continuing to meet the needs of patients with COVID-19; maximising elective activity; delivering improvements in maternity care including the recommendations of the Ockenden Review; implementing population health management and personalised care approaches to address health inequalities and improve outcomes; transforming community services and improving discharge of patients from



hospital. I would like to take this opportunity to thank the teams involved for all the hard work in pulling this plan together in collaboration with our BOB ICS partners.

Our clinical, operational and support service teams are working extremely hard both to see patients as quickly and safely as possible, while ensuring that those who are waiting continue to have clinical oversight.

We are working together with colleagues from across the ICS to meet the required targets of a national initiative called the Elective Recovery Fund (ERF). The ERF has been set up by NHS England to encourage an increase in planned care as opposed to emergency care (e.g. surgery and outpatient appointments). Payments are awarded to Integrated Care Systems based on exceeding certain activity thresholds.

The Trust is committed to delivering its share of activity to ensure that the BOB Integrated Care System can maximise additional payments.

During April, May and June, the Trust exceeded the ERF targets which are based on activity levels compared to 2019/2020. However, NHSE increased the target threshold to 95% for July (it was 85% in June) which will make it more challenging to achieve during the coming months.

The ERF is also subject to the BOB Integrated Care System achieving a number of other criteria including - addressing health inequalities; transforming outpatient services; implementing system-led elective working; tackling the longest waits; and supporting staff. Work is underway within the Trust to ensure that we successfully meet these additional criteria.

Elective care

Situation during the pandemic

All patients were prioritised and treated according to likely clinical harm:

- P1 – patients whose lives are at risk if not treated urgently
- P2 – patients who have severe or life-threatening conditions needing an operation in a matter of weeks
- P3 – patients who need to be operated on within 3 months as their condition may become severe if they wait any longer
- P4 – patients whose condition is more stable.



We kept our waiting lists open for all routine referrals. This ensured that we were able to identify potential cases of cancer on referrals which had deemed to be routine. Patients who chose to defer due to infection concerns, or wishing to wait until vaccinated, retained their place on the waiting list and were not discharged.

Clinical Oversight

We are continuing to prioritise treatment for those in the P1 and P2 categories with weekly clinical oversight meetings to monitor these patients and our cancer capacity remains protected.

There is a regular clinical review of patients in the P3 and P4 categories who have been waiting for more than 78 weeks. In addition, patients are contacted to reassure them that they remain on our waiting list and to ask them to contact us if there has been a change in their condition so that their P category can be reassessed to ensure that they don't need more urgent treatment.

Key Actions for Increasing Routine Capacity

- All available theatre capacity has been reopened.
- Continued use of the independent sector – nearly 700 longer waiting patients in pain and trauma & orthopaedics will be invited for treatment at The Chiltern Hospital, with the Trust retaining clinical oversight.
- Our diagnostic services have been expanded with the introduction of mobile scanning units as well insourcing for endoscopy i.e. a private company providing additional resource at weekends to increase our in-house capacity.
- We have kept the mobile operating theatre at Stoke Mandeville Hospital to enable us to continue to perform cataract operations – we were the first Trust in the country to restart cataract operations during the pandemic.

Expected Trajectory

Patients waiting over 52 weeks reducing by 500 per month so we expect the waiting list for those waiting over 52 weeks to have reduced from c. 6,000 to 3,000 by September 2021. NB. 2,300 are waiting for surgery. The remainder are waiting for a new appointment or an outpatient procedure.



Maternity

The suspension of some services at Wycombe birth centre during the pandemic has been essential in order to maintain safe staffing across all of maternity services at BHT. This has meant that Wycombe birth centre has not been available as an option for place of birth and we know that this has affected about 130 women over the year. We continue to offer antenatal and post-natal care at Wycombe Birth Centre and we have continued to offer three options for place of birth: at home, the midwifery led birth centre and the main labour ward at Stoke Mandeville Hospital.

The Trust will be aiming to recruit new midwives over the summer. This, combined with the students who will complete their training in October, will enable us to implement continuity of carer as part of the Trust's commitment to delivering Better Births in Buckinghamshire:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

It should also enable us to re-open Wycombe Birth Centre as an option for women due to give birth – hopefully from December 2021.

The new community based continuity of carer midwifery teams will include teams based in Wycombe providing care to women and birthing people at their planned place of birth including Wycombe birth centre. What this means is that a team of midwives will be assigned to support an individual so that the same individuals will provide support throughout the pregnancy, birth and postnatal period.

Chartridge Ward, Amersham Hospital

Whilst the Trust received a Good rating following its inspection in 2019, with Outstanding for Caring, the Care Quality Commission (CQC) imposed conditions regarding staffing levels in its community inpatient wards. The Trust was unable to meet these conditions due to a shortage of nurses and therapists so took the difficult decision to temporarily close one of the inpatient wards, Chartridge. This enabled the Trust to concentrate staff across two wards instead of three, ensuring safe staffing at all times and providing a better experience for patients.

Recruitment for staff to work at Amersham Community Hospital has remained difficult but we have recently been successful with the appointment of 12 nurses – 6 from overseas. As a result, we will be able to reopen Chartridge Ward towards the end of August. We continue to report on staffing, quality and safety to the CQC on a monthly basis.



Quality assurances, including key performance indicators

Our performance management framework is based on the National 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.

A 'Ward-to-Board' approach is applied and monitored through the Trust's divisions 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 (www.buckshealthcare.nhs.uk/aboutus/ourtrustboard).

In addition to this, we continue to use national data where available to compare our performance against other Trusts; this includes national staff, patient and clinical audits.

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Regulatory standards

The operational performance of the Trust is measured against key constitutional targets and outcomes issued by NHS England & Improvement.

These are:

- Accident & Emergency (A&E) waiting time of four hours from arrival to admission/transfer/discharge
- Patients should not have to wait more than 18 weeks from being referred to treatment (RTT)
- All cancers – maximum 62 day wait for first treatment from referral



Emergency Department (also known as A&E)

Our ED department has been extremely busy with 13,189 attendances in June compared to 11,399 in April 2021. In June 2021 we reported that 80.3% of people were seen within four hours against a target of 95%. There was also an increase in the number of people waiting more than 12 hours and an increase in delayed ambulance handovers.

Our focus is on reducing the number of people in department with a total length of stay of twelve hours, reducing the time that people who are medically fit wait to be discharged and our ambulance handover times.

The proposed improvement plan for ED includes interventions from both within the Trust and partner organisations. Additional support from partners in the region will help deliver rapid and more sustainable benefits.



Support from primary care to better manage demand in the community



Support from local authority colleagues to help improve flow out of the hospital, including rapid reablement support



Support to improve physical capacity in light of structural deficit even after completion of paediatric ED



Resources to introduce digital systems to allow real-time data driven flow management



Clinical leadership mentoring and support from regional colleagues

Referral to Treatment Time

During 2020/21 our performance against a referral to treatment time target of patients waiting no longer than 18 weeks from being referred to treatment was 61.7% for admitted



pathways (i.e. those who required a stay in hospital) and 75.6% on the non-admitted pathway (i.e. those who were treated as outpatients).

This is a decline on our performance in 2019/20, which was 67.7% and 85.6% respectively. We maintained 66% of our day case and elective activity during 2020/21 compared to the same period in 2019/20. The biggest factor in this decline was the need to pause routine service delivery to support our response to the COVID-19 pandemic.

Going forwards, we are focusing on ensuring that patients do not wait longer than 52 weeks for their treatment and that patients receive treatment in clinical prioritisation order. In June 2021 we reported 5,092 patients waited over 52 weeks compared to 6,556 in March 2021.

Cancer

Cancer services were prioritised and remained open throughout the pandemic. The first wave of COVID-19, and the national lockdown in March 2020, led to a dramatic fall in urgent cancer referrals across the country. Locally, referrals to the Trust from GPs fell from around 500 to 100 per week, with patients cautious about going to their GP surgery to be seen.

The Trust, alongside local and national primary care teams, made a concerted effort to reassure patients and remind them that cancer services were still 'open for business' which resulted in a gradual increase in referrals.

Here in Buckinghamshire, the team took a number of steps in order to continue to provide key cancer services to the local population throughout the pandemic. This included conducting many first patient consultations over the telephone, maintaining diagnostic services and reporting, and temporarily relocating the haematology ward from Stoke Mandeville Hospital to BMI Shelburne during both waves of the pandemic.

We maintained compliant performance against all 31-day cancer diagnosis targets throughout the year and have achieved compliance against the 2-week referral targets. In addition, compliance against the 62-day referral to first treatment target of 85% has improved to 81.4% compared to 79.4% for the previous year.

In May (the latest figure available) we are pleased to report that 97.4% of patients with suspected cancer were seen within 2 weeks against a national target of 93% although our



compliance against the 62-day referral to first treatment performance dropped slightly to 80.1%.

Whilst we have not achieved the standard, we have overachieved the faster diagnostic standard, which requires us to have diagnosed or excluded cancer within 28 days of referral. This reduces the amount of time patients carry uncertainty about their condition and as well as being an important quality improvement it allows more time to arrange treatment.

Proud to be BHT

These are some of the highlights from the last few months:

- We held our very first virtual nursing conference, “The Courage of Compassion” on the 7th May 2021. We would like to extend our thanks to all our guest speakers who included Professor Dame Elizabeth Nneka Anionwu, Dr Crystal Oldman CBE, CEO Queens Nursing Institute, Andrea Sutcliffe CBE, CEO and Registrar of the Nursing and Midwifery Council and Professor Jacqueline Dunkley-Bent OBE.
- Our dedicated stroke unit at Wycombe Hospital has again achieved the highest standard for care. Results from the Jan-March 2021 Sentinel Stroke National Audit Programme show it has maintained its ‘A’ status – as it has done throughout the pandemic.
- Our anaesthetics department has received Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists for the second year running.
- The Trust’s paediatric team received the award for the training unit of the year in the The Paediatric Awards for Training Achievements (PAFTAs) – organised by the Royal College of Paediatrics and Child Health awards.
- In June, the Trust performed the first NHS corneal cross-linking treatment (“CXL”) in Buckinghamshire and Oxfordshire. Using the Avedro KXL machine, Consultant Ophthalmologist Mike Adams performed the procedure at Stoke Mandeville Hospital. CXL is a treatment for an eye condition called keratoconus, which primarily affects young adults and which, if left untreated, can lead to visual loss and can necessitate more invasive corneal transplant surgery. CXL stops the condition progressing and stabilises the patient’s vision.
- The Trust has partnered with the Bucks Local Enterprise Partnership (LEP) to build a new research and innovation centre on the Stoke Mandeville Hospital Site. The new



three-story modular eco-build offers modern agile working space to start-up small and medium sized businesses from across the region, as well as housing the Trust's own state-of-the-art Research and Innovation Department. It will give our clinicians direct access to the latest digital health developments, medical technologies and artificial intelligence. It has been built with 99% recyclable materials, harvests rainwater, is energy efficiency and even features a living wall.

- A programme of building work to create a Children's Emergency Department and improve maternity and gynaecology facilities at Stoke Mandeville Hospital will begin this summer. Not only will the new building provide a dedicated area for children, it will also free up much-needed capacity for adult patients in the existing emergency department, as well as reduce overcrowding and improve infection control. The plans also include new facilities to improve access to our maternity and gynaecology outpatient services in a modern, purpose-built environment.
- The Trust has launched a new website. The new website, which was developed in conjunction with our patient Communications Advisory Panel, is device responsive, has patient / visitor led navigation and is compliant with accessibility standards – now scores 91% v an industry benchmark of 88.3%.

Key priorities over the next 12-18 months

Our vision is to deliver “outstanding care, healthy communities and a great place to work” whilst our mission is to “provide personal and compassionate care every time.”

Our role is to ensure everyone working, living and visiting Buckinghamshire Healthcare NHS Trust has equal access to fair and inclusive services and opportunities. As part of our own objectives, core values and strategy, we are committed to:

- the elimination of discrimination
- reducing health inequalities by building community partnerships
- promoting equality of opportunity
- dignity & respect for all our patients, service users, their families, carers and our staff
- listening to our patients; and
- being a great place to work.



To achieve these aims our three strategic priorities are:

- Providing outstanding, best value care;
- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported.

Digital transformation

The 5-year strategy (2019-2024) identified three pillars – Technology, Digital and Information that provided the IT organisation and programme structure required to deliver against our strategic objectives. It was recognised in the strategy that our initial focus needed to be on the Technology pillar which would enable the Trust to deliver a resilient, reliable, scalable, secure and performant technology infrastructure that additionally would provide the platform needed to meet the requirements of the Digital and Information pillars. Significant progress made in this during 2020/21, with over £23m in capital funding secured. With this funding, four major technology multiyear programmes were approved and are now either completed or underway:

- Mobile working – the move to new PCs and windows 10 for all staff across the Trust. This project successfully completed in May 2021.
- Networks – in partnership with the council, the end to end transformation of our entire voice and data network, now underway with major implementations scheduled starting Q3 2021/22.
- Data Centre – again in partnership with the council, the transformation of our server and storage estate with the move to the cloud, again now underway with implementation starting Q3 2021/22.
- Telephony – the replacement of our legacy and aging telephony infrastructure with a new cloud-based telephony solution supporting the increasing requirement for agile working across the Trust. This project is underway and is scheduled to complete by the end of 2021/22.

This commitment and progress allows us to now begin to focus on the Digital pillar. Like much of the health and care system there has been an acceleration in the adoption of digital technology such as video consultation to continue provision of safe care while many patients were spending their time at home. Highlights of our digital transformation include:



- Hospital digitisation – critical patient information is now captured digitally which is improving our ability to improve safety and outcomes. We are now establishing a programme to rapidly adopt best practice use of our core systems, such as System-C CareFlow Electronic Patient Record, which will improve our ability to plan and deliver the best possible care to all patients.
- Shared Care – working with partners across Buckinghamshire we have established myCareRecord. This provides GPs, mental health services, ambulance, hospital and social care staff with appropriate access to patient data. This essential capability helps staff to access previous diagnosis, test results and more in order to help provide the best quality care.
- Supply chain management – We have implemented real-time digital monitoring of oxygen levels to ensure continued safe supply throughout the hospital sites.

Care at home – we have implemented virtual wards which provide the ability to medically monitor patients while in their own homes – in order to help those who can stay at home safely to do so. We are investing in video consultation and plan to launch this in Q3 2021/22 which will help those who are confident to do so receive timely care in a safe and efficient manner. This will continue to protect face to face capacity for those who prefer to receive care in that way.

Health inequalities

Looking at health inequalities, the Trust will be focusing on the following key priorities during 2021/2022:

- Supporting system wide health prevention and promotion activities linked to reductions in cardio-vascular disease in specific areas and communities where inequalities are most apparent.
- Supporting the '**Start Well**' action plan to promote maternal and child health and wellbeing including prioritising support for vulnerable children and families.
- Developing the Trust's role as an **anchor institution** to encourage wider employment opportunities for Buckinghamshire residents, promote health and wellbeing and developing an inclusive, diverse and compassionate workforce.
- Ensuring we evidence that we are recovering services from the COVID-19 pandemic inclusively and that no particular group or community is disadvantaged.
- Ensuring that our patient groups better represent the diversity of the communities we serve.
- Improving our recording of ethnicity across all our services and actively use ethnicity data to assess the inclusiveness of all our services and target services to those most in need.



Supporting our workforce

Thrive@BHT is the Trust's roadmap for how we can support our colleagues and create a great place to work for all. The programme aims to deliver 4 key things:

- More and continued support for the physical and emotional well-being of our colleagues
- Making sure we get the basics right, including more and improved rest areas and supporting colleagues to achieve a better work/life balance
- More support for managers so they are better able to help their teams
- A place where everyone feels they are treated equally, with respect and kindness and are valued for the work they do.

A Thrive@BHT brochure has been sent to the home of every employee outlining the range wide range of support available to individuals, managers and teams.

Equality, diversity and inclusion

As a Trust we have made a commitment to our colleagues and the local community that we serve, that we have an inclusive organisation, with equality of experience and opportunity for everyone who works here, and zero tolerance to discrimination. In terms of race equality, the specific goals that we have set ourselves are:

- **The ethnic make-up of our Board and senior leaders will be 24% BAME reflecting that of our workforce by 2022**
- **There will be no inequality in our recruitment processes for BAME applicants by the end of 2021.**

Our Workforce Race Equality Standard action plan sets out how we plan to do this, through new ways of fostering accountability and ownership, continuing to engage allies, putting processes in place to debias existing systems and methods, and strengthening the equality of opportunity and experience for all. Our approach will be evidence-based and co-designed with our BAME colleagues and we will continually evaluate the impact.

Recruitment

The recruitment of registered nurses remains a key priority. A nurse recruitment action plan is being delivered in line with our People Strategy under three headings; growing our own; UK candidate market and international. This strategy has been in place for a couple of years but due to COVID-19, we have had to flex our approach as to how we deliver some of our



plans. For example, nurse and healthcare assistant recruitment events have been held online.

Growing our own

Growing our own focuses on recruiting from within the Trust and the local community. We aim to give people the relevant skills and training to meet our current and future healthcare needs. This approach will be the most sustainable for the next decade and will be deployed in a number of ways:

- *“Positive Steps”* is our programme for recruiting healthcare assistants working in partnership with the Bucks College Group and the local Department for Work & Pensions. The aim is to support young people and the unemployed to become healthcare assistants.
- *Nurse Cadets* is a two-year programme aimed at further education college students. At the end of the programme the individuals can either train to become a nursing associate at the Trust or apply to university to study nursing.
- *School & College career fairs* – In previous years, the Trust has had a very busy calendar of localised events promoting nursing as a career route to young people. Due to the pandemic, the majority of these were postponed during 2020, however we have continued to build relationships and are planning events for 2021.
- *Nursing Associate Apprenticeships* – This is a two-year apprenticeship programme for healthcare assistants to be trained and become a Nursing & Midwifery Council (NMC) registered nursing associate. It provides an accessible pathway into nursing on an ‘earn and learn’ programme for those that do not have the academic qualifications to access the nurse degree route.
- *Nursing/Midwifery degree, Advanced Clinical Practice Masters Apprenticeships* – The nurse/midwifery degree apprenticeship route is vital to ensuring we have an adequate pipeline of registered nurses and midwives moving forwards and to provide a career pathway for the development and retention of substantive staff. The challenge for the Trust in sustaining nursing apprenticeships is in the provision of recurrent budget to fund the salary of employees as they undertake their nursing qualification.



- *Bucks Health & Social Care Academy* – A non-profit partnership between the Trust, Buckinghamshire Council, Bucks New University, University of Bedfordshire, Health Education England, Buckinghamshire Local Economic Partnership, Buckinghamshire College Group and Buckingham University. It aims to create a one-stop-shop for the provision of innovative and integrated education, training, organisational and professional development requirements for the health and social care workforce in Buckinghamshire.

UK candidate market

This approach is about raising our profile and positioning the Trust as a great place to work within Buckinghamshire and the surrounding counties. We have invested in a new recruitment microsite that was launched in September 2020, with online media publicity raising its profile. We have held nurse career fairs virtually and have adapted our recruitment process, for example running our healthcare assistant assessment centres online.

International

The recruitment of internationally trained nurses remains important, both through agencies and directly by the Trust. Current work-streams include:

- *Non-European Union* – supported by national funding, we have started the recruitment of Indian and Filipino trained nurses. The first cohort arrived in mid-March 2021, with further colleagues joining us throughout the next 12 months, subject to government travel restrictions. We will be supporting them to achieve their Objective Structured Clinical Examination test and to help them to settle into their new roles. Some of our current Indian and Filipino colleagues have volunteered to support them and ensure they receive a warm welcome.
- *Portuguese recruitment* – whilst our existing Erasmus programme was paused during 2020, we were still able to appoint candidates holding online assessments. Twenty-seven individuals joined us during the year, and we hope to build on this successful programme. Since 2015, 76% of colleagues joining us from Portugal still work for the Trust.
- *Direct recruitment* – We have also seen an increase in the number of candidates applying to our Trust adverts from other countries. We are now creating adverts targeting international candidates and raising awareness so that we can appoint from international markets directly.

