

## Chief Executive's Report

### National and system update

NHS England has now published its long-term workforce plan; this is available [here](#). The report outlines measures designed to address well-publicised workforce shortages through three priority areas: train, retain and reform. We are pleased to see this long-term commitment and meanwhile continue our local efforts to ensure we have the right numbers of people with the right skills to deliver outstanding care, and to make BHT an attractive place to work and train.

At the time of writing this report, we are experiencing our fourth period of industrial action by junior doctors. Once again, significant planning and preparation has gone into ensuring patients remain safe during this period, and urgent and emergency care remains in place. My thanks again to colleagues for their hard work, to those medical colleagues who are undertaking additional shifts, and to the public for their patience and understanding if their care has had to be rescheduled.

We are also preparing for the first consultant industrial action in the coming days, and similarly this involves significant hard work across clinical and support services. These periods continue to be managed through our command-and-control structures to ensure robust governance and oversight of critical decision-making.

Following the submission of the Operational Plan from the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB), which included a deficit financial plan, the CEO has received a letter (Appendix 1) from the South East Regional Director of NHS England, Anne Eden, setting out a series of financial controls required to be in place this financial year. We will also append our response to this ahead of the Trust Board meeting on 26 July (Appendix 2).

### NHS75

On 5 July, seven of our colleagues and volunteers joined their Royal Highnesses the Duke and Duchess of Edinburgh, other NHS staff, senior government and political leaders, health leaders and celebrities at a service at Westminster Abbey in celebration of NHS75.

Nurses Anne Hutton and Ann Clairmonte-Rajab, occupational therapist Claire Farrant, consultant Ralph Robertson and volunteer Trevor Hudson were all chosen to represent the Trust due to their outstanding contributions to healthcare and consistently going above and beyond to look after people both in their own homes as well as in our hospitals.

In addition, we were delighted that May Parsons, one of our senior nurses who delivered the world's first COVID-19 vaccine outside of a clinical trial in December 2020, carried the George Cross into the Abbey in a procession. May received the medal from Queen Elizabeth II, along with NHS England Chief Executive Amanda Pritchard and representatives from the other UK health services at Windsor Castle in July 2022.

Our Chief Nurse, Karen Bonner, also attended the service and we are very proud that both Karen and May have recently been recognised by the Nursing Times as two of 75 nurses and midwives nationally who have positively shaped the NHS over the past 75 years or are doing so right now.

### Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. The data this month are presented slightly differently in an effort to align with our objectives and to help focus the reader's attention to where there are statistically significant changes (through the statistical process chart analysis). I would draw the Board's attention to our current urgent and emergency care performance, which we acknowledge is not where we want it to be both in terms of Type 1 performance and total time in the emergency department.

A key element of delivering outstanding care is seeking and hearing feedback from patients and service users. We were pleased to attend the launch of the Healthwatch Bucks Annual Report and join their 10-year celebrations. The report is available [here](#). Of note in 2022/23, Healthwatch Bucks produced reports on social prescribing and the experience of young people with dementia. In the year ahead, their focus will turn to primary care, social care (with a focus on hospital discharge) and children and young people's experience of health and social care. I was particularly interested to see their ambition to consider health inequalities as part of all future work rather than a standalone issue.

We were pleased to welcome Rob Butler MP to Stoke Mandeville Hospital earlier this month to take a look around our new paediatric emergency and obstetrics and gynaecology departments in the Waddesdon Wing, as well as visit some of the older parts of our estate.

### **Healthy communities**

I described last month some new initiatives by our schools engagement team, inspiring the next generation to consider careers in healthcare and the NHS. This month a new series of evening talks called 'Discover careers in...' launched with a focus on medicine. These are aimed at young people in Years 11 and 12 in local schools and colleges, and future months will focus on other career possibilities and opportunities.

It was a delight to see our garden volunteers at Amersham Hospital organise a celebration of NHS75 earlier this month. The green spaces for colleagues and patients at this hospital are a testament to the generous time and effort local residents choose to give, and we are extremely lucky and grateful for it.

On 29 July we will be delighted to host our Trust Open Day at Stoke Mandeville Hospital – the first in a few years following the COVID-19 pandemic, and an opportunity to celebrate NHS75. There will be tours and behind the scenes visits of various parts of the hospital, including our simulation suite, mortuary and theatres. Horatio's Garden, part of the National Spinal Injuries Centre, will also be open to the public. We hope the day will also inspire local people to consider joining the organisation or volunteering.

### **Great place to work**

Our NHS75 celebrations continued through a series of events and celebrations for colleagues this month, and I would particularly like to thank Mike Wozniak who performed his solo show 'Zusa' (currently touring the UK) exclusively for BHT colleagues and their guests at Waterside Theatre in Aylesbury for free. Thanks also to the Bucks Free Press for bringing free copies of their special edition (plus cakes!) to our Wellbeing Garden at Stoke Mandeville Hospital.

We held our Annual Awards a few weeks ago, and I am sure the Board will join me in celebrating all colleagues and teams who were nominated by peers, patients or their loved ones, with of course particular commendation to those who won. It was wonderful to hold this celebration together in person after reduced activities over recent years.

In celebration of South Asian Heritage Month, colleagues once again organised a fantastic Cricket Match, this year challenging NHS colleagues at Milton Keynes University Hospital. On 22 July the now annual Sportsfest organised by the Kalinga Filipino network will take place at Stoke Mandeville stadium, a fantastic opportunity to have fun and spend time with colleagues we might not usually get to. We also celebrated the Women's World Cup with teams competing to decorate their areas for one of the countries.

I was pleased to join fellow senior leaders from across the organisation at the first of our Leadership Away Days this year focusing on our organisational development plan and taking the time to workshop together ways to increase our productivity and efficiency. I look forward to continuing to work with this group throughout the year to deliver these changes.

Finally, I would like to formally welcome Jon Evans, Chief Financial Officer (CFO), who joined the Trust on 17 July 2023, bringing with him a wealth of experience of both district general and large teaching hospital NHS organisations. I would also like to formally thank Kishamer Sidhu, our interim CFO since autumn 2022. It has been a pleasure to work with Kish and have him as part of the Board and the Executive team, and we wish him well in his future endeavours.

### **Appendices**

Appendix 1 – Letter from Anne Eden

Appendix 2 – BHT response

Appendix 3 – CARE Value awards

Appendix 4 – Executive Management Committee and Transformation Board

Appendix 5 – Place & System Briefing

Sent by e mail:  
Steve.mcmanus4@nhs.net

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

**30 June 2023**

Dear Steve

I am writing to acknowledge receipt of Buckinghamshire, Oxfordshire and Berkshire West ICBs final system operating plan for 2023/24 and set out next steps.

The objectives set out in [2023/24 priorities and operational planning guidance](#) are framed around three tasks for the coming year. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

You have developed your plan during a period of intense pressure on services and in the context of industrial action and uncertainties around pay and inflation. Systems will receive additional funding for the cost impact of the recently announced 2023/24 pay award. The finance and contracting actions that ICBs and NHS providers should take have been set out in the recently published [guidance](#) on the 2023/24 pay award.

We have reviewed your submission in this context, and I have set out below some of the key elements of your plan that you are committed to deliver on as a system. Where appropriate, I have also highlighted issues for you to keep under review and / or that require specific action. Please could you share this letter with your full Board for consideration.

### **Emergency care and system resilience**

- Bed occupancy remains high across the ICB >95% throughout the entire year.
- 76% of 4-hour performance is predicted to be met by the system.
- Demand assumptions seem realistic with an increase in capacity in virtual wards and admission avoidance.
- The system identifies promoting alternatives to ED via 111.

*Please refer to the letter from the national ambulance team regarding the SCAS allocation.*

### **Elective and Outpatients**

- The system is committed to reducing the of long waits and plans to work with other partners to achieve the target of eliminating 65weeks+ waits by April 2024. Guidance

states March 2024 and to include 52 weeks waits, this is dependent on staffing levels although robust workforce plan in place.

- The system does not plan to meet the OPFU activity target. OPFU reduction recalculated with corrected baseline, now 102% (27% above target).
- The system plans to meet 104.4% of the Value Weighted activity.
- The system plans do not meet the 25% OPFU reduction targets and planned delivery for BHT would make the system an outlier nationally.
- The System does not plan to meet 85% Theatre utilisation and 85% Day Case targets.

## **Cancer**

- The system does not meet national requirements to recover Cancer 62d backlog by March 24 driven by RBFT (200 vs 161). Plans are in place with Thames Valley Cancer Alliance to support.
- The system plan does not aim to meet the 80% FIT target, however, plans have been made to increase FIT uptake.
- The system is planning to meet the 75% FDS target by end of March 2024, noting that BHT is not currently meeting FDS target but is meeting interim milestones to support end of March 24 ambition with clear plans.

## **Diagnostics**

- The system recognises that it needs to increase activity in 2024/25 and believes it can be delivered through increased CDC capacity.
- System diagnostic plans include a reduction in WL size and number of >6ww, but with comparatively small positive performance impact. Only £2m capital expenditure earmarked for imaging equipment replacement compared to a requirement of c.£46.7m.

## **Mental health and Learning Disability and Autism**

- System activity plans are below LTP objective for perinatal mental health access (69% of the LTP objective) and Talking Therapies access (87% of objective). Dementia diagnostic standard revised to meet target. However, prevalence has not been amended so delivery of DDR not expected to be recovered.
- Ambitious plan identified on reducing OAPs from 750 to 120.
- We look forward to seeing the implementation of work to reduce health inequalities in relation to cancer care with specific focus screening for our citizens with learning disabilities.
- We are mindful that the submission doesn't explicitly reference Autism or SEND however, we are aware of workstreams within the recovery plan shared with the LDA Programme.

## **Workforce**

- The system plans for a small workforce increase overall, with increases in the substantive workforce offset by a significant decrease in agency usage.

All ICBs are expected to monitor delivery against their workforce plans and work with colleagues at all levels to consider whether actions to improve substantive recruitment, retention and staff health and wellbeing are sufficient to meet workforce demand.

## Finance

Delivering system-level financial balance remains a key requirement for all ICBs. We note that you have submitted a deficit plan, and that this deficit is in line with the level discussed in the recent meeting with Amanda Pritchard, Julian Kelly and Sir David Sloman/Sarah-Jane Marsh. Given that the level of deficit is in-line with expectations the additional inflationary funding we communicated has been added to your allocation.

Although the level of deficit in your plan is in line with our expectations at this stage, we still expect you to work to mitigate this in-year and strive to deliver a break-even out-turn position. Regional teams will continue to monitor progress.

We expect all systems and providers to continue to apply the following conditions stipulated in 2022/23:

- Commit to recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve 23/24 plans. Within this we expect all systems to be able to describe how this will be achieved by the end of quarter 1.
- Fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing.
- Monitoring of agency usage by providers, and compliance with usage and rate limits.
- Any revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team based on agreed regional process.

We also expect that by the end of quarter 2 every system will prepare a medium-term financial plan, demonstrating how recurrent financial sustainability will be delivered. These plans should provide a clear demonstration how the recurrent exit run-rate from 2023/24 will be consistent with this, and how this run-rate will be improved through 2023/24.

In addition, because your system did not submit a balanced plan, you will also be required to comply with the following conditions (all of which should be shared with Regional teams for oversight and sign-off, with agreed process for assuring implementation):

- Review your current processes and arrangements around the pay controls described in the appendix to this letter.
- Ensure that you have a vacancy control panel in place for all recruitment.
- That you apply the agency staffing and additional payment controls stipulated in the appendix to this letter.
- Ensure you have an investment oversight panel in place to oversee all non-pay expenditure, with papers shared with NHSE. Within this process we would not expect approval of any non-funded revenue or capital business cases.
- Where revenue or capital cash support is required, the additional conditions described in the appendix to this letter will apply.

## **Next Steps**

Where this has not been done already, ICBs must ensure that all contracts are agreed and completed in line with final plans, and signed as soon as possible.

We will continue to work with you to address the issues highlighted above and ensure you are able to access the necessary development support to strengthen the system's capability and capacity for delivery.

We will review progress through our [regular monitoring meetings].

If you wish to discuss the above or any related issues further, please let me know.

Yours sincerely,



**Anne Eden**  
**Regional Director – South East**

Cc Neil Macdonald, CEO Buckinghamshire Healthcare Trust  
Meghana Pandit, CEO Oxford University Hospital NHS Foundation Trust  
Nick Broughton, CEO Oxford Health NHS Foundation Trust  
Janet Lippett, CEO Royal Berkshire Hospitals NHS Foundation Trust  
Julian Emms, CEO Berkshire Healthcare NHS Foundation Trust  
David Eltringham, CEO South Central Ambulance Service NHS Trust

## Appendix – Standard Financial Controls

Where the system has not submitted a balanced plan the follow standard reviews and controls should be applied across organisations in the system.

<b>1. Pay Controls</b>
<b>Review of Recruitment and Processes</b>
1.1 Produce and review a complete reconciliation of staff increases since 19/20 with full justification for post increases based on outcomes/safety/quality/new service models. A review of the value for money of the outcomes of these new posts should be included. Where value for money is not demonstrated a plan for the removal of the post needs to be in place. The overall plan to be signed off by the Board and the ICB.
1.2 Review all current open vacancies to consider where the removal or freezing of posts is appropriate. This should initially focus on posts which have been vacant for over 6 months with a starting assumption that these should be removed or re-engineered.
1.3 Review the establishment to remove partial posts not required and identify unfunded/unapproved posts which should be removed.
1.4 Review current governance arrangements for recruitment and temporary staffing (panels and sign off at all levels of the organisation including groups, terms of reference, SFIs and sign off rights).
1.5 Ensure workforce plans are in place and that these are in a granular level of detail (e.g. by service, workforce type and substantive / temporary) and align to approved establishment levels and budget.
1.6 Ensure that rigorous illness policy and procedure is in place and consistently applied.
1.7 Ensure that retention processes are reviewed – including exit interviews, flexible working options and retentions schemes.
1.8 Ensure that rota processes are reviewed to provide assurance to the Board that they are embedded and operate as anticipated across the organisation.
<b>General Vacancy Controls</b>
1.9 Ensure that a regular vacancy control panel or equivalent is in place to check and challenge recruitment to ensure all vacancies remain within authorised budgetary limits.
1.10 Ensure Vacancy Control Panel terms of reference enable flexibility to avoid operationally delaying opportunities for savings and considering clinical need.
<b>Non Clinical Posts</b>



1.11 No use of non-clinical agency staff, with exceptions authorised by an executive director and then requiring onward approval by ICB and NHSE regional director.

## **Nursing**

1.12 Review one to one nursing policies, approvals, and tracking process to ensure standardised approach linked to patient need/acuity.

## **Medical**

1.13 Review consultant job planning compliance and policies.

1.14 Benchmark waiting list initiative and other additional payments against local organisations. An enhanced authorisation process for these payments should be in place, ensuring that such payments deliver value for money or are operationally critical before approving.

## **Agency Controls and Additional Payment Controls**

1.15 Established governance process to oversee agency staffing with clear terms of reference (either at overall level or by key staffing group e.g. nursing, medical, corporate) to be chaired by an executive director.

1.16 Limit the authorisation of agency staff to Executives or named senior managers. Executive level sign-off of locum spend and off-framework spend.

1.17 Agree an implementation date for the removal of all non-framework agency staffing with an associated organisation-wide temporary staffing policy.

1.18 Clear Board accountability and reporting of plans and actual spend.

## **2. Non-pay**

2.1 Commitment of additional expenditure over £10,000 which will add to the expenditure run-rate, excluding categories out of scope, to be approved at an executive chaired group.

### **Non-pay categories of spend out of scope of non-pay controls:**

Supplies and services - clinical (excl. drugs)

Drug costs

Clinical negligence fees

Audit fees

Depreciation and Amortisation

### **3. Cash**

3.1 Where a trust is seeking cash support for their revenue or capital position, they will need to continue to provide all of the documentation required as part of this process.

## Appendix 1 – Trust CARE values awards

I am delighted to share this summary of the winners of our Trust CARE value awards. Every month from all nominations received from colleagues and members of the public, the Executive Management Committee award four winners, one for each of four categories, which are: Collaborate, Aspire, Respect, and Enable.

May 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Caroline Coomber	Community Nursery Nurse Marlow Health Visiting Team	I would like to nominate Caroline for a CARE award due to her outstanding willingness to help others. Whether it is a child who needs extra support, the office in need of clearing in preparation for new flooring or a service improvement to be made, Caroline is always happy to lend a helping hand. Caroline has for example been instrumental in setting up continence webinars for parents/carers, which can now be accessed through the Trust website. She has helped create an evidence-based PowerPoint presentation and recently successfully delivered the first live webinar. Caroline has a real 'can do' attitude and creates solutions for the team whilst always putting the needs of others first, which is truly inspiring and make her an invaluable member of our team. Thank you, Caroline, for all that you do and for the positive impact that you have on the families we work with and the team.	Colleague
Aspire	Liz Ritson	Health Visitor Wycombe West Health Visiting Team, Chichester House	I would like to nominate Liz for a CARE award due to the outstanding care she has provided to a baby with biliary atresia, the support she offered the family and her commitment to raising awareness about this rare disease. In her role as Health Visitor for the family, Liz has demonstrated compassion and expertise in her role. Biliary atresia is a rare and serious liver disease that affects infants. While Liz and the multi-disciplinary team supported baby (and family), Liz ensured seamless communication from all members of the team to ensure optimal care for baby. Liz has become an advocate for raising awareness about biliary atresia and the challenges families face when caring for a child with this condition. She has delivered teaching sessions for her Health Visiting colleagues and provided a presentation about biliary atresia to specialist community public health students at Buckinghamshire New University, which was highly received. Her efforts have helped to raise awareness about biliary atresia and to promote understanding and support for families affected by this rare disease.	Colleague
Respect	Stuart Berry	Ophthalmology technician/HCA	My 5-year-old daughter came to her ophthalmology appointment and had her first ""eye pictures"" done. Stuart spoke to my daughter in such an age-appropriate manner. Taking his time to explain everything, even down to why he was having to turn the light off and for her to tell him if it was too dark and she was worried. He talked through everything he was going to do whilst kneeling to her eye level to engage with her. He showed her the images afterwards and praised her for being so brave. We have had lots of eye tests, but Stuart showed so much compassion and empathy towards my daughter. My daughter has regular checks, and he has made it less worrying for her to come back.	Patient relative

Respect	Alice Rigby, Sophie Adams and Lorna Peace	Aylesbury District Nurse Team	I must praise 3 community district nurses who have made a massive impact on my life, my family and in particular my mother. Sadly, Mum is now on end-of-life care since coming out of hospital and me and my sisters are caring for Mum 24 hours a day with the help of Carers, the District Nurses and Marie Curie nurses. These 3 District Nurses have been outstanding, the care, compassion and knowledge is phenomenal as mum is quite complex with advanced dementia she has a syringe driver, catheter, cannula, is no longer eating and only having a few droplets of water via a syringe. The District Nurses come every day to change the medication in the driver. We have also called them on numerous occasions, all hours of the day/night to come and give more pain relief. Nothing is too much bother for them. Even when I ring and I'm in tears and struggling to get my words out the admin ladies on the other end are so kind and compassionate.	Patient relative
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June 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Jayne Rode & Kathryn Frechter	Administration Community Head Injury Service	Jayne and Catherine were instrumental in supporting their clinical colleagues to take on supportive administrative duties from them to create more capacity to complete clinical duties. The whole team came together to work through tasks they frequently did to see if these tasks could be done by others within the team. The admin team were open to supporting the team and took on multiple extra tasks to free up time for their colleagues. They were willing to test if this worked and although not everything was suitable most of the tasks trialled, they were able to complete. This helped the OT clinical staff to free up between 2 & 4 hrs per week to complete more clinical tasks. This was a fantastic team effort from the administrative team to support their colleagues.	Colleague
Aspire	Quasim Zaman, Filipe Ussene, Natasha Hamilton- Tanner	ICU Pharmacy Team	Natasha as the former pharmacy lead for the ICU and now the wider divisional lead has been instrumental in striving to staff the ICU pharmacy team properly in the face of increasing pressure on the pharmacy service, both before, during and since the Covid 19 pandemic. Natasha always went above and beyond her role working long hours and had significant input into establishing the ICCA electronic records including prescribing which went live in summer 2022. Philippe was recruited as a pharmacy technician and his role has been invaluable. Thanks to his diligence and commitment the ICU have saved a 5-figure sum on drug spend alone due to careful stock take and control. He provides regular updates on stock shortages and anticipates and sources alternative products to ensure there are no gaps. To provide an optimum service with limited resource Quasim has adjusted his hours and supports the ICU on both Saturday and Sunday mornings which makes a huge difference to the service we deliver. He joins the ward round, having already reviewed many of the patient's drug charts. He advises on switches to improve efficacy, reduce interactions, and make cost savings. My ward rounds function so much more efficiently with the presence of the pharmacy team, Quasim is a first point of call for advice on medicines and always does this with good humour and patience. The ICU pharmacy team are always trying to improve the excellent service they deliver and aspiring to be the best and I	Colleague

			would like this to be formally recognised through the CARE awards, as would my consultant colleagues on the ICU.	
Respect	Aleksandra Drewnowska	Physiotherapy Assistant Southern RRIC Team	Aleks demonstrated incredible compassion, patience and care during the initial assessment and aftercare of a non-English speaking patient approaching the end of life. She agreed to act as a translator and accompany the initial assessment to ensure that the patient's wishes and husbands wishes could be conveyed and to reassure the patients relatives who spoke English as a second language. Aleks was able to gain the confidence of the patient and family through her manner and use of humour which meant that all options for transfers and care could be explored. This included multiple complex moving and handling transfers during the provision of a hospital bed. Aleks then supported other staff during care visits meaning that the patients and family needs were supported during a difficult time.	Colleague
Enable	Various	Medical Photography Team	The medical photography team agreed to take photos of all shortlisted nominations for this year's Annual BHT Awards to enable us to include images on the event presentation. They created a timetable for us to send out to the nominees, providing drop-in sessions across the 3 main sites for individuals and smaller teams, but also offered to meet with teams to get larger group shots that could not be done in the studio, but to also maximise the number of people in the photo, especially in clinical settings where they are unable to leave their department for too long. There were a few images that had to be sent in by the nominees as they could not make it to one of the sites, and a few teams that sent in multiple images of their team as they could not get everyone together. Deniz worked his magic on the images, putting them all together to make it look like they were all in one photo! Having the photos in the presentation gave it an extra special touch and it was nice for the attendees and those watching the live stream to be able to put faces to names. Thank you for enabling us to create the perfect presentation.	Colleague

## Executive Management Committee and Transformation Board

### Executive Management Committee 27 June to 11 July 2023

Executive Management Committee meets three times a month and covers a range of subjects including progress against our strategic aims, performance monitoring, oversight of risk and significant financial decisions. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors and leads from the clinical divisions. The following provides an overview of some of the key areas considered by the committee over the last month:

#### **Quality and Performance**

Summary of Internal Audit Work/Outstanding Actions  
 Approval to change use of area that was previously paediatric decision unit  
 Pharmacy Homecare Service  
 Quality Account  
 Diagnostic backlogs  
 Integrated Performance Report (Quality section)  
 National inpatient survey 2022  
 Getting it Right First Time Annual Report  
 Clinical Effectiveness Annual Report  
 Clinical Audit Plan 2023/24  
 Emergency Department observations report  
 Enteral feeding contract  
 Homelink Healthcare

#### **Money and Estates**

Productivity and efficiency weekly update  
 Wycombe Tower Report June 2023  
 Utilities Purchase Order Uplift  
 Waivers of Standing Financial Instructions  
 Future Delegation of Statutory Functions  
 Contract Management update

#### **People**

Safe Staffing Report  
 Medical Appraisal & Revalidation Annual Report  
 International recruitment  
 Divisional structure review  
 CARE Value awards

#### **Digital and Governance**

Minutes from EMC sub-committees  
 Data and Security Protection Toolkit: Internal Audit report

### Transformation Board 19 July 2023

Transformation Board is an Executive-level meeting with clinical and operational leads from across the Trust and is dedicated to strategic projects and oversight of delivery of the operating plan. It meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement (QI). The following provides an overview of the key areas considered in the last meeting:

QI projects on a page

Corporate objectives progress update

Transformation portfolio overview

- Metrics and milestones
- Planned care

Transformation portfolio updates:

- Urgent and emergency care
- Healthy communities
- Digital
- Diagnostics

Project lifecycle management

Productivity and efficiency weekly update

Temporary staffing programme

Patient flow projects

## Place and System Briefing

July 2023

### Place

#### Buckinghamshire Executive Partnership (BEP) meeting 11 July 2023

Item	Summary	Impact
<b>Priorities update</b>	Detailed scope of three agreed priorities: <ul style="list-style-type: none"> <li>Transforming Special Educational Needs &amp; Disabilities</li> <li>Joining up care</li> <li>Tackling health inequalities</li> </ul>	Report summarises key measures, milestones and activities, alongside progress and emerging risks/issues for each priority
<b>Buckinghamshire Health &amp; Social Care Academy</b>	Overview of BHSCA aims, purpose, objectives, milestones and future aspirations	Paper also focuses on how the BHSCA workforce and training focus can support the three BEP priorities
<b>Primary care deep dive</b>	Report from The United Front for General Practice in Buckinghamshire (GPPA; an alliance) to inform a discussion on Primary care strategy	This detailed report identifies links to the BEP priorities as well as offering potential solutions for local issues including demand in urgent care, planned care, and estates and digital issues
<b>Winter planning</b>	Outline of the proposed approach to planning for winter 2023/24	Four key challenges identified, with proposed approach as a system described: <ul style="list-style-type: none"> <li>Primary Care Access</li> <li>High Admission levels</li> <li>Low Bed Capacity</li> <li>High Delayed Discharges</li> </ul>

#### Buckinghamshire Health & Wellbeing Board 22 June 2023

Papers are available [here](#)

Item	Summary	Impact
<b>Joint Strategic Needs Assessment Update</b>	The JSNA is a joint statutory obligation of Local Authorities and NHS Integrated Care Boards. The purpose is to improve the health and wellbeing outcomes of the local community and reduce inequalities for all ages.	The Buckinghamshire JSNA aligns with the Health & Wellbeing Board Strategy and three priority areas of Start Well, Live Well, Age Well. The full directory can be found <a href="#">here</a> .
<b>Joint Local Health &amp; Wellbeing Strategy</b>	Review of delivery of two of Joint Local Health and Wellbeing Strategy areas: <ul style="list-style-type: none"> <li>Improving outcomes during maternity and early years</li> <li>Improving mental health support for Children &amp; Young People, Adults &amp; Older People</li> </ul>	Of particular note are two projects under the Start Well priority: <ul style="list-style-type: none"> <li>Pre-conception health and service access/awareness pilot project</li> <li>Improving the educational/parenting support available to families in deprived areas</li> </ul>
<b>Healthwatch Bucks Quarterly Overview</b>	A review of the work undertaken by Healthwatch Bucks over the previous quarter	Two recent projects: <ul style="list-style-type: none"> <li>Young onset dementia</li> <li>Early intervention for eating disorders: youth engagement in</li> </ul>

		<ul style="list-style-type: none"> <li>Buckinghamshire</li> </ul>
<b>Buckinghamshire Executive Partnership</b>	Summary of first meeting in May 2023, plus Health & Care Integration programme plan for 2023/24	Key developments of the Health & Care Integration programme include: <ul style="list-style-type: none"> <li>New bed-base</li> <li>Integrated discharge team</li> <li>Transfer of care hub</li> <li>Trusted assessor model</li> </ul>
<b>Better Care Fund</b>	Out-turn for 2022/23 and plan for 2023/25	This includes the majority of Trust adult community service provision and overseas implementation of additional discharge funding.
<b>Integrated Care Partnership</b>	Joint Forward Plans from the two Integrated Care Partnerships within the Buckinghamshire geography	Approved BOB Joint Forward Plan previously been to Board for comment.

## System

### **BOB Integrated Care Board (ICB) 18 July 2023**

The BOB ICB meeting takes place every other month and this month was the first with Nick Broughton as Interim CEO of the ICB, having taken over from Steve McManus at the start of July.

Papers are available [here](#), and I would draw the Board's attention to the Performance report. Alongside other standing items on Finance and Risk, the Board considered the following for Approval:

- Joint Forward Plan (final version)
- Interim People Plan – this is a short-term plan for 2023/24, to be followed by a longer term plan in light of the NHS England Long Term Workforce Plan publication
- Communications and Engagement Strategy

I would also highlight the report on progress against findings of a Peer Review by the Leading Integration Peer Support Programme.

This meeting was my last as Provider Representative, with Steve McManus resuming this role on the BOB ICB having resumed his position as CEO of Royal Berkshire NHS Foundation Trust.