

**Meeting:** Trust Board Meeting in Public

**Date:** Wednesday, 29 May 2024

**Time:** 09.45 – 12.00

**Venue:** Hampden Lecture Theatre, Wycombe Hospital and live streamed to the public

Start Time	Item	Subject	Purpose	Presenter	Encl.
09.45	1.	<ul style="list-style-type: none"> <li>Chair's Welcome to the Meeting</li> <li>Meeting Guidance</li> <li>Who's Who of the Board</li> <li>Apologies for absence</li> </ul>	Information	Chair	Verbal
	2.	Declarations of Interest	Assurance	Chair	Verbal
	3.	Patient Story	Discussion	Chief Nurse	Paper

### General Business

10.15	4.	Minutes of the last meeting <ul style="list-style-type: none"> <li>24 April 2024</li> </ul>	Approval	Chair	Paper
	5.	Actions and Matters Arising <ul style="list-style-type: none"> <li>Evaluate the lost bed day reduction initiatives the impact on productivity</li> </ul>	Assurance	Chair	Paper
	6.	Chief Executive's Report	Information	Chief Executive Officer	Paper

### Committee Reports

10.30	7.	Audit Committee Chair Report <ul style="list-style-type: none"> <li>Terms of Reference</li> </ul>	Assurance Approval	Committee Chair	Paper Paper
	8.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Verbal
	9.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Verbal
	10.	Strategic People Committee Chair Report	Assurance	Committee Chair	Paper
	11.	Charitable Funds Committee <ul style="list-style-type: none"> <li>Terms of Reference</li> </ul>	Assurance	Committee Chair	Paper

### Performance

10.45	12.	Integrated Performance Report	Assurance	Chief Operating Officer	Paper
11.00	QUESTIONS FROM THE PUBLIC				

COMFORT BREAK – 10 minutes

### Finance

11.10	13.	Finance Report	Assurance	Chief Finance Officer	Paper
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	14. Operating Plan 2024/2025	Approval	Chief Digital & Transformation Officer	Verbal Update
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## Risk & Governance

11.25	15. Organisational Risk Report	Assurance	Trust Board Business Manager	Paper
	16. Annual Governance Statement	Approval	Chief Executive Officer	Paper

## People

11.35	17. Education Contract	Approval	Chief People Officer	Paper
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## Quality

11.40	18. Maternity Quality Reports	Assurance	Chief Nurse	Paper
	19. Midwifery Staffing Six Monthly Oversight Report	Assurance	Chief Nurse	Paper

## Information

11.55	20. Mortuary Public Inquiry Report	Information	Trust Board Business Manager	Paper
	21. Private Board Summary Report	Information	Chief Executive Officer	Paper

## AOB

	22. Risks identified through Board discussion	Discussion	All	Verbal
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ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:  
26 June, 9:45am

**The Board will consider a motion:** "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

## TRUST BOARD MEETINGS

### MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available on our website [www.buckinghamshirehealthcare.nhs.uk](http://www.buckinghamshirehealthcare.nhs.uk).

Members of the public will be given an opportunity to raise questions related to agenda items during the meeting or in advance of the meeting by emailing: [bht.communications@nhs.net](mailto:bht.communications@nhs.net)

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

An acronyms buster has been appended to the end of the papers.

David Highton  
Trust Chair

## THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

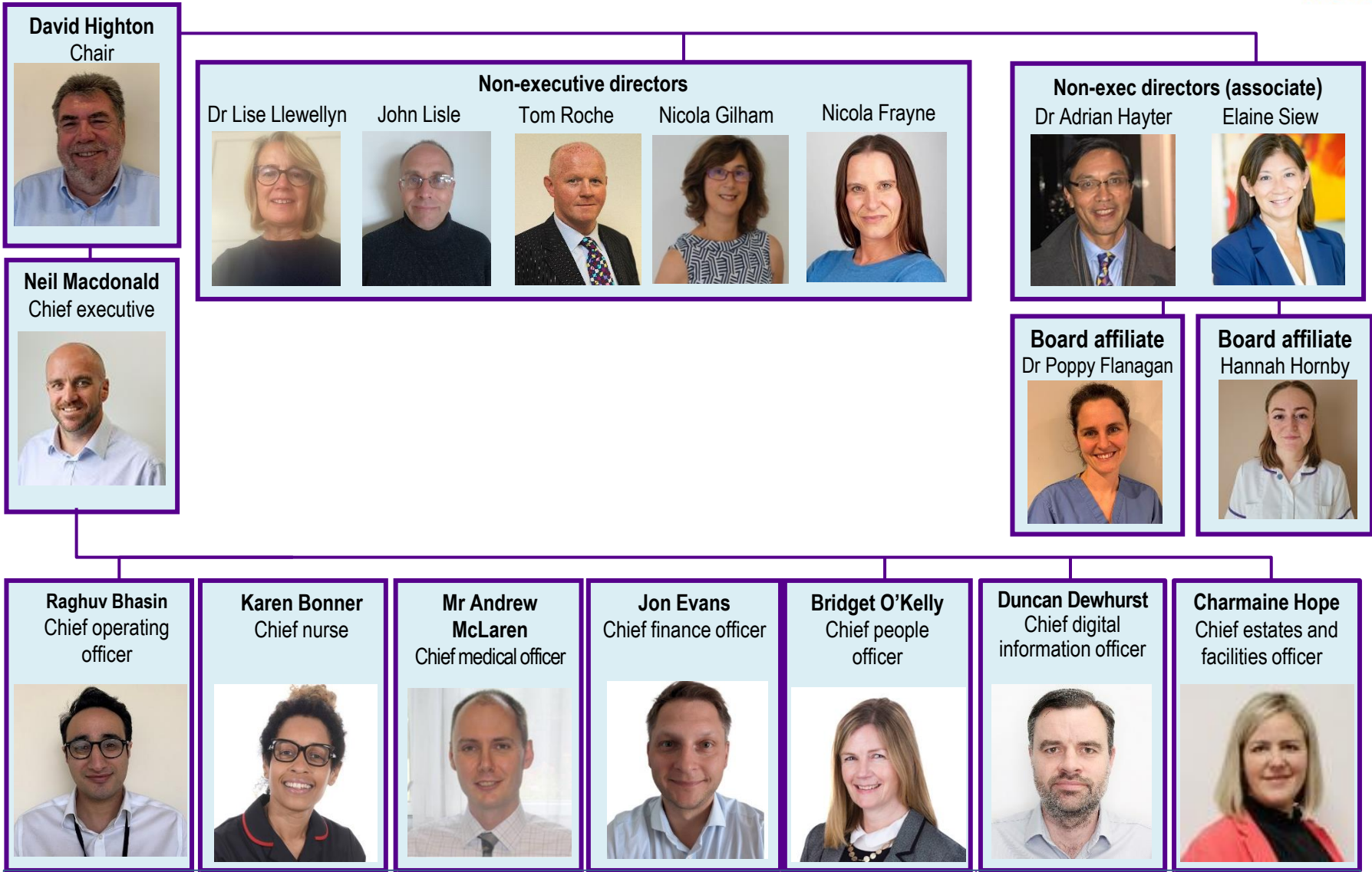
Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.

# Board of directors



Buckinghamshire Healthcare  
NHS Trust



**Meeting:** Trust Board Meeting in Public

**Date:** 29 May 2024

<b>Agenda item</b>	Joel's Story, Patient Story on Experiences of Care
<b>Board Lead</b>	Karen Bonner, Chief Nurse and Director of Infection Prevention & Control
<b>Author</b>	Heather Brown, Patient Experience Improvement Manager
<b>Appendices</b>	Joel's Story, YouTube Clip
<b>Purpose</b>	Discussion
<b>Previously considered</b>	Quality and Clinical Governance Committee 15.05.2024 Patient Experience Board 16.05.2024

### Executive summary

This paper summarises the patient feedback given by Joel, a paediatric Cystic Fibrosis patient who has been accessing the service from 3 months old.

Joel has really enjoyed documenting his clinic visit and plans to do more videos to help us hear the 'voice of the child'. He is very keen to raise awareness of cystic fibrosis (CF) and its impact on his life. He particularly feels the isolation of CF since he cannot be in the same room as another person with the condition.

Joel will be attending the multi-disciplinary clinic every 3 months and in May will start having regular hospital admissions for intravenous antibiotics which he is planning to document and share with the team as a resource.

The CF team's psychologist and Paediatric Cystic Fibrosis Clinical Nurse Specialist started a CF parent forum in September 2023 to try and increase support amongst the families that the Trust care for as well as to provide further education and information for them about their child's condition and management. These meetings are held online and provide a way for parents of children with CF, cared for by our team, to get together and share their thoughts, concerns, tips and tricks for caring for a child with CF.

Next Steps are to expand the forum to include sessions for the children both as part of the parent session but also as a space for just the patients to meet and chat.

<b>Decision</b>	The Board requested to reflect and learn from the patient feedback provided.
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### Relevant strategic priority

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

<input type="checkbox"/> Improve waiting times in ED	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

### Implications / Impact

<b>Patient Safety</b>	Impact on quality and safety standards and patient experience
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<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	None
<b>Financial</b>	Financial impact of clinical variation, avoidable harm and length of stay and complaints.
<b>Compliance</b> Select an item. Select CQC standard from list.	Person centred care, safety, safeguarding, complaints, Duty of Candour compliance
<b>Partnership: consultation / communication</b>	Working with key stakeholders in quality, safety and experience including the paediatric wards.
<b>Equality</b>	Potential for inequality due to known health inequalities across the county. The current Covid-19 pandemic has been found to disproportionately impact on specific patient groups e.g. men, over 50s and BAME. Risk of discrimination of patients from diverse backgrounds and poorer socio-economic communities.
<b>Quality Impact Assessment [QIA] completion required?</b>	No All policies impacting on activity referred to in this report have undertaken Equality Impact Assessments.

## 1 Introduction/Position

- 1.1 Listening to the personal stories of others, especially those about emotional issues like health, can help us learn and make an impact on how we behave. Reading/listening to their stories helps us understand the experience of being a patient/relative. They also show how staff can play a critical role in optimising the power of the story in the patient's journey towards physical and psychological healing.

## 2 Feedback

- 2.1 Patient feedback identifying the journey through a paediatric Cystic Fibrosis outpatient appointment. Documenting some of the care and treatment Joel receives as well as the clinical colleagues he interacts with.
- 2.2 The isolation felt at times by not being able to socialise with others experiencing the same care and treatment impacts on Joel but he also shares the comfort and compassion he receives from staff within the team.

## 3 Possibilities

- 3.1 Learning for colleagues from the feedback given which has come directly from the paediatric patient on what works well and what changes/improvements could be made to make the experience even more positive.
- 3.2 Learning for other patients who may be going through the same or similar treatment.

3.3 Improve on listening to the 'voice of the child' through finding innovative ways to capture and share their experiences.

#### **4 Proposal, conclusions recommendations and next steps.**

Telling the story of one patient's experience of care can memorably illustrate improvements or problems in a care pathway. Statistics and data have an important place in monitoring and understanding services and facilitating improvement, but the right story can also have the power to motivate and change minds.

#### **5 Action required from the Board/Committee**

3.1 The Board is requested to:

- a) Reflect on the feedback provided by the patient and their family
- b) What learning can come from the feedback/story provided to either celebrate or learn from.

#### **APPENDICES**

Appendix 1: Joel's Story YouTube Clip - <https://youtu.be/DZJZBYJqzxE>



## Meeting: Trust Board Meeting in Public

**Date:** Wednesday, 24 April 2024

**Time:** 09.45 – 11.30

**Venue:** R&I Centre, Stoke Mandeville Hospital and live streamed to the public

### MINUTES

#### Voting Members:

Mr D Highton (DH)	Trust Chair
Mr R Bhasin (RB)	Chief Operating Officer
Ms K Bonner (KB)	Chief Nurse
Mr J Evans (JE)	Chief Finance Officer
Mrs N Frayne (NF)	Non-Executive Director
Mrs N Gilham (NG)	Non-Executive Director
Mr J Lisle (JL)	Non-Executive Director
Dr L Llewellyn (LL)	Non-Executive Director
Mr N Macdonald (NM)	Chief Executive Officer
Mr A McLaren (AM)	Chief Medical Officer

#### Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital Information Officer
Dr P Flanagan (PF)	Board Affiliate
Ms C Hope (CH)	Chief Estates and Facilities Officer
Mrs B O'Kelly (BOK)	Chief People Officer
Ms E Siew (ES)	Associate Non-Executive Director

#### In attendance:

Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)

#### 01/04/24 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Tom Roche, Non-Executive Director, Adrian Hayter, Associate Non-Executive Director and Hannah Hornby, Board Affiliate.

#### 02/04/24 Declaration of Interests

None declared.

#### 03/04/24 Minutes of the last meeting

The minutes of the meeting held on 27 March were **APPROVED** as a true and accurate record.

#### 04/05/24 Actions and Matters Arising

The Action Matrix was **NOTED**.

#### 05/04/24 Chief Executive's Report

NM referred to the submitted report and highlighted the following points:

- The system and national planning processes were ongoing and should conclude the following week. The planning had been difficult with challenges around finances with the Trust setting a cost improvement plan of 6% which was the largest ever set and would

require the organisation to reduce the number of people working in the Trust recognising the significant growth during the period of the pandemic.

- There was a financial deficit gap of £19m in income compared to the previous year and conversations were ongoing with other providers and the Integrated Care Board. The Board were requested to challenge the ambition, which had been set to deliver the position, was both safe and feasible.
- The financial accounts for 23/24 had been closed in line with the Trust's financial obligations and some of the regulatory requirements and objectives from the planning guidance last year.

The Board **NOTED** the CEO report.

06/04/24

#### Place and System Briefing

NM referred to the submitted report and highlighted the following points:

- The development of the Acute Provider Collaboration (APC) was a change in terms of structure and intent, noting DH was the Chair of the APC.
- Frustration in the lack of progress to date and the commitment from the acute providers to improve this, noting the Board would receive regular updates.
- The Clinical Strategy and the shared plan for 24/25 were being developed.
- The Terms of Reference for the APC including the mechanism for delegated authority would be brought to Board next month.

LL queried if the population health management tool was now in place and how the training and awareness was being rolled out. DD noted the digital strategy would drive the take up of the tool which was being used variably across the Trust.

The Board were **ASSURED** by the report.

07/04/24

#### Finance and Business Performance Committee Chair Report

NG highlighted the following points:

- The Committee had received assurance from the integrated performance report (IPR) on the significant achievement against the 23/24 breakthrough objectives.
- Further detail on the achievement of the operational objectives and lessons learnt was requested by the Committee.
- The current challenges in ED were noted and the work in the community to divert admissions was recognised.
- The monthly finance report noted the Trust had achieved a £5.5m deficit which was approximately £1m over the planned outturn and related to additional costs because of industrial action during the year.
- Additional work had been requested around pay spend including temporary and bank staff to allow for scrutiny for the coming year.
- The full spend of £58m capital had been achieved which was the largest capital spend for the Trust. A benefits analysis on large capital projects would be brought to Committee.
- The operational plan, work to date, had been reviewed.
- The BHPL plan for 24/25 had been approved for onward approval by the Board.
- The Procurement Strategy for 24/27 had been approved subject to further work noting the Trust's procedures for procurement were compliant.
- The Committee had received the property services 6-month review for assurance.
- The Committee self-assessment review for 23/24 was received and the Terms of Reference would be reviewed.

The Board **NOTED** the Committee Chair report.

08/04/24

#### Quality and Clinical Governance Committee Chair Report

LL highlighted the following points:

- Assurance around the aseptic pharmacy audit had been received and there was a continual focus on recruitment into the Pharmacy recognising this was a national issue.
- The contribution of a lead tissue viability nurse who was retiring was recognised.
- The Committee self-assessment review for 23/24 and the Terms of Reference were reviewed.
- The Impact of the Patient Safety Incident Response Framework (PSIRF) on the work of the Committee was discussed recognising the move from reviewing individual incidents to underlying themes and system improvements.

- A deep dive would be undertaken looking at the rise in the number of pressure ulcers being recorded, underlying themes, and contributing factors.
- The learning from measles cases and the issue of clarity around immunisation of the Trust's contractors was discussed to ensure IPC included contractors.

The Board **NOTED** the Committee Chair report.

09/04/24

### Integrated Performance Report (IPR)

RB highlighted the following points:

- The format of the IPR would change from next month with a reduced number of metrics and a tighter focus on the actions taken to address performance and the learning from success.
- The longest waits in the ED had been reduced which had been a key breakthrough objective and had a positive impact both on patients and colleagues.
- There were reduced levels of healthcare acquired infections which had been a challenge for several years highlighting the good work of the antimicrobial resistance stewardship team and infection prevention control teams.
- There was consistent strong performance across all people metrics putting the Trust in a good position as it goes into the challenging position this year for workforce spend.

During Board discussion the following were noted:

- The sustainability of the breakthrough objectives success and how embedded they were to allow ongoing maintenance was queried.
- Reflections on what had driven improvements was underway and included the consistency of purpose and seeing things as part of a 2–3-year plan looking at operational processes and cultural changes.
- The leadership groups were ready to deal with a growing set of challenges which they were able to absorb and overcome.
- The Peaks Leadership Programme for corporate and clinical leaders was having an impact on improvements, role modelling and quality ownership which was feeding down to those teams delivering care.
- Recognising which interventions made the most difference in terms of sustainability.
- There was a focus on colleagues in support worker roles who were dealing with face-to-face care for patients and these colleagues, and their managers were supported as part of the retention work.
- A focus on bullying and harassment would be embedded in the leadership programme this year.
- The Peaks Leadership Programme was offered to colleagues working in the system and the Board were encouraged to attend their final presentation event.
- There were no national targets for community waiting lists however the Trust had set an internal target which was the same as the acute waiting list.
- Community paediatrics would be included in the new IPR recognising the amount of work undertaken to reduce the waiting list numbers with more work to do.
- There was a significant backlog of follow up appointments following Covid who needed to be seen before an onward decision could be made for their care. This needed to be cleared before the outpatient model could be transformed.
- There were embedded inequalities in the system especially around cardiology referrals which was a focus for the Trust and partners to address.

The Board **NOTED** the report.

10/04/24

### Delivery of 2023/24 Objectives

DD referred to the submitted report and highlighted the following:

- The Cardiology and Productivity objectives had not been met and it was noted the Trust was likely to hit 2-3% productivity improvement. If this was adjusted for the effect of industrial action it was likely the objective would have been met.
- The objectives had provided a brand and consistent way of talking.
- The Cardiology objective was out of the Trust's direct control and the Board were asked to reflect on the learning from delivery.

During Board discussion the following was noted:

- The target for frailty was set at a lower number then currently, it was a 30% target and now it has reached 90% so the target was being met.

- The workforce metric in the IPR was a rolling turnover which was the number of leavers against the average number of people in the organisation. The metric was set as the number of leavers in the first year of service which was 8.2%.
- The breakthrough objectives were tracked monthly on a trajectory throughout the year and the accumulation of work through the year enabled the target and trajectory to deliver in a sustainable way.
- The metrics were all set in different ways and the challenge was to be ambitious in the targets specifically in the ED standards.
- It was important to ensure the targets were being met in the right way and were sustainable.
- F&BP Committee had discussed the alignment between the objective that has been committed to with the plan that had been set.
- The impact of losing 10% of theatre capacity earlier in the year and the impact of industrial action was not known when the plan was set.
- The data available to identify those areas who achieved the 5% productivity improvement was not readily available however it was important to do this as best as can be done and celebrate with those areas and learn to allow continuous improvement.
- A comparative performance dashboard was being developed for the APC Board and the Trust Board to review.
- The importance of the Board understanding how it leads and how it works differently and what it means for care for patients and support for colleagues.

The Board **NOTED** the report.

11/04/24

Finance Report

JE referred to the submitted report and highlighted the following points:

- The Trust's deficit was £5.5m which was £1.1m worse than the plan but £0.5m better than the forecast the Trust had committed to delivering.
- The industrial action in the second half of the year had not been factored into the plan and the Trust had not received as much money as the impact had made. This was an agreed and known position with ICB and NHSE colleagues and they were satisfied with the performance that had been delivered.
- The importance of doing what the Trust had promised it would do would become more important in the conversations with ICB and ICS colleagues around the NHS oversight framework.
- The largest capital programme ever for the Trust had been delivered with a few different programmes and was continuing.
- The draft accounts were in the process of being submitted to the auditors and no issues were flagged.
- There was a significant focus on pay and workforce costs going into the new financial year with a small increase in the costs of substantive pay in month 12 and that was a result of recoding those costs from capital which sat in a different set of reporting revenues and was no reason for concern.
- There had been a drop in temporary staffing spend for March because of hard work and difficult decisions.

During Board discussion the following was noted:

- There had been success in recruiting new colleagues from overseas which had resulted in reduced turnover and an increase in substantive workforce numbers.
- The focus would be to retain the workforce and make sure they were delivering to the best of their ability to deliver great care.
- Temporary staffing would be scrutinised to ensure better value for money and care and would be reported through the finance report and weekly reporting to EMC for visibility.
- A robust process throughout the year had been undertaken to agree a set of investments of increased outsource diagnostics to improve performance.
- Planning for 24/25 had looked at diagnostic capacity and insourcing and outsourcing surgical capacity. A new in-house capacity for diagnostics would soon be in place in addition to the additional theatre capacity which was now back online.
- Funding arrangements were the same as the previous year and included a proportion of diagnostics. There would continue to be a pressure around diagnostics although there were no big impacts.
- The Care Groups and Service Delivery Units were clear on what was required.

The Board **NOTED** the report.

12/04/24

### Fundraising Policy

JE noted the policy detailed the responsibilities and roles in charitable fundraising and the broad principles on fundraising activities.

LL queried if there was a policy for staff raising funds for other charities whilst on the Trust's premises.

**Action: BOK to report back on whether there was a policy for staff raising funds for other charities.**

The Board **APPROVED** the Fundraising Policy.

13/04/24

### Private Board Summary Report

The Board **NOTED** the report.

14/04/24

### Risks identified through Board discussion

None.

15/04/24

### Any other business

None.

16/04/24

### QUESTIONS FROM THE PUBLIC

No questions from the public had been received.

**Date of the next Trust Board Meeting in Public: 29 May, 09.45**

Generated Date	21 May 2024 15:27
Action Criteria	
Project	Public Board

Public Board							
Reference	Minute Reference	Agenda Item	Detail	Owner	Fixed Target	Variable Target	Last Update Description
1813		External Reviews	Combine reporting with the annual Compliance with Legislation Report	Chief Nurse	31 Jan 2024	26 Jun 2024	Update to March Board: Compliance with Legislation Report within Board papers for March 2024 meeting  External Reviews Policy due for renewal June 2024; policy to be rewritten in line with findings and recommendations from recent independent governance reviews/audits.  Review of reporting to be considered as part of policy review.
2023	13/03/24	IPR	Evaluation of the lost bed day reduction initiatives and impact on productivity	Chief Operating Officer	26 Jun 2024	26 Jun 2024	Propose close: Paper provided under matters arising to address this action.
2032	03/07/23	Patient Story	Annual summary of developments in services related to those patients seen by the Board via the Patient Story agenda item	Chief Nurse	26 Jun 2024	26 Jun 2024	
2053	12/04/24	Fundraising Policy	Report back to Board on whether there was a Policy in place regarding staff raising funds for charities other than BHT Charitable Fund)	Chief People Officer	25 Jun 2024	25 Jun 2024	

# March '24 Trust Board action: 'Evaluate the lost bed day reduction initiatives and the impact on productivity'

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Jenny Ricketts  
Deputy Chief Operating Officer





# Lost bed days reduction initiatives

## Community Discharge Hub Beds

- 26 care home beds ringfenced to facilitated out of hospital discharge (August 23)

## Integrated discharge team

- Adult Social Care workers and BHT hospital discharge team established (Sept 23)

## Transfer of Care Hub

- Virtual Health and Social Care coordinating centre (Oct 23)

## Chartridge redesign

- 22 bed community reablement unit to support system flow (Nov 23)

## System Discharge Lead

- System Head of Patient Flow and Discharge role now in place (Jan 24)

## Care Coordination Centre

- A dedicated operational centre designed to oversee real time flow across all hospital sites (Feb 24)

## Enhanced Discharge Lounge

- 2 additional 'ring fenced' beds in addition to six chairs to facilitate earlier discharges (Mar 24)

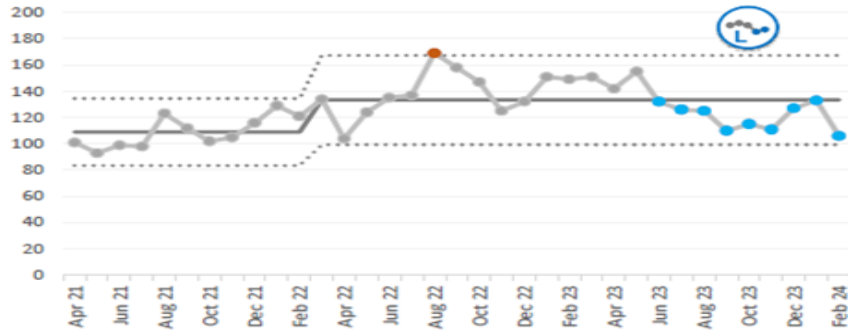
## MADE events

- Annual programme of 24/25 Multi Agency Discharge Events in place

# Discharge performance

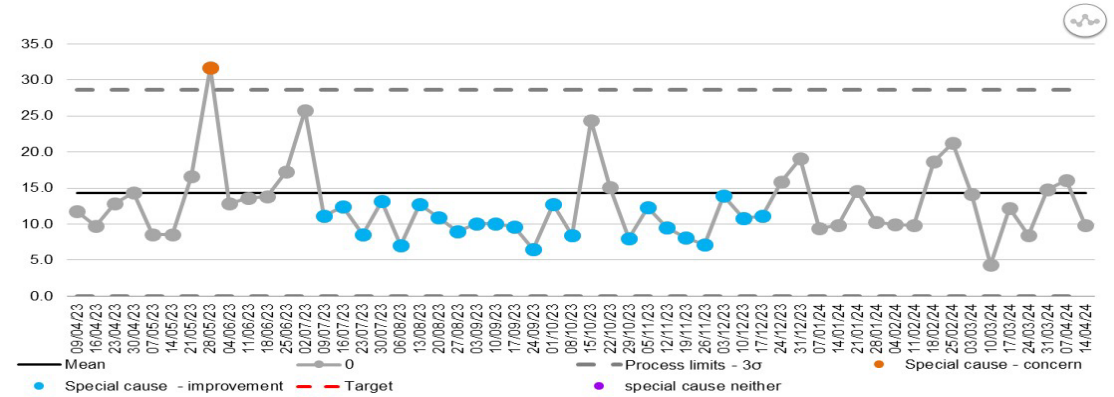
## 14 day LOS - acute

Count of patients in an acute bed (Stoke and Wycombe only) at the end of the month who have a total length of stay of more than 14 days. Based wards included in the daily Sitrep.



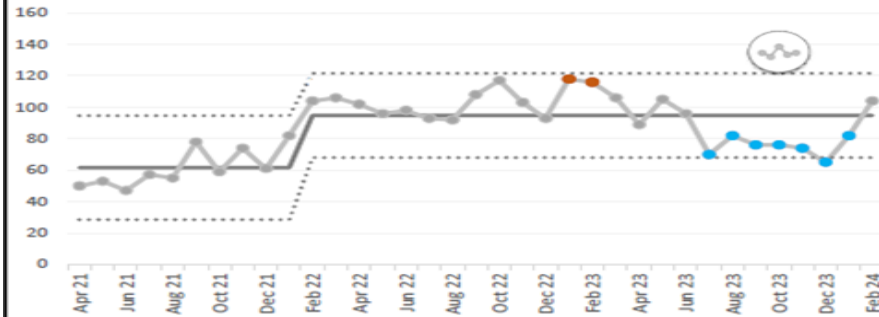
Feb-24
106
Variance Type
Special cause variation - improvement
Target
-
Achievement
N/A

## Weekly LOS-Chartridge Ward starting 09/04/23



## Medically optimised for discharge patients

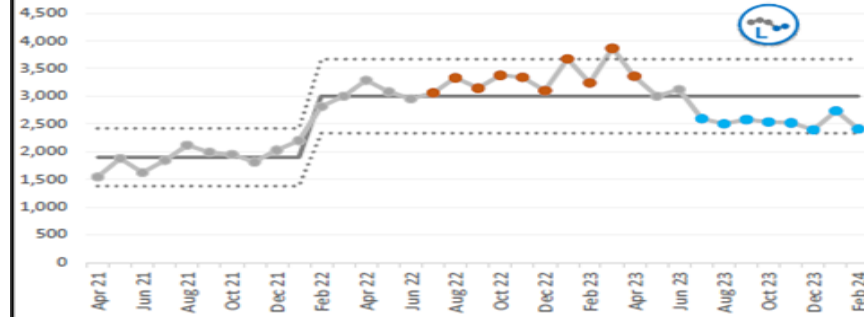
The number of patients in hospital who are medically optimised for discharge. Snapshot taken at month end.



Feb-24
104
Variance Type
Common cause variation
Target
-
Achievement
N/A

## Medically optimised for discharge bed days lost

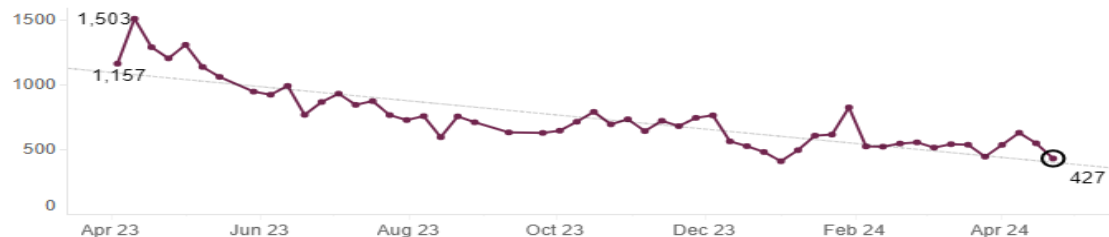
The number of bed days lost during the month for patients who were medically optimised for discharge but not discharged.



Feb-24
2414
Variance Type
Special cause variation - improvement
Target
-
Achievement
N/A

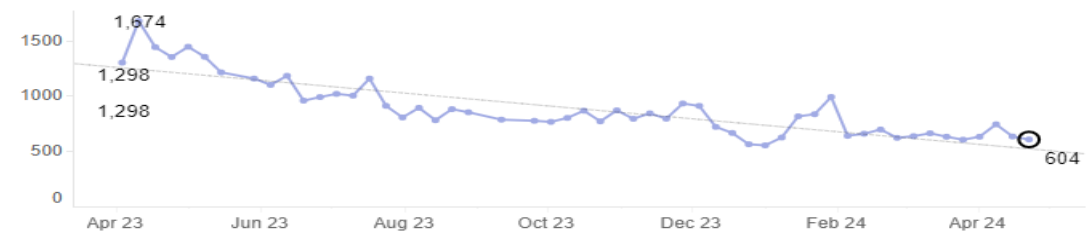
## Additional days and reasons to continue to reside: LOS 21+ days

Number of additional days in total that patients with **LoS 21+** days have spent in hospital since the discharge decision was made



## Additional days and reasons to continue to reside: LOS 7+ days

Number of additional days in total that patients with **LoS 7+** days have spent in hospital since the discharge decision was made.



# Evaluation of impact



Discharge and Flow in BHT has improved significantly following the implementation of the Integrated Discharge Team model, the 'Chartridge model' and the opening of the Transfer of Care Hub.

Metric	Dec 22	Dec 23	Variation
No of MOFD patients	99	60	-36
No of MOFD bed days lost	3,017	2,339	-678
Chartridge Ward LoS	23	19	-4
No of admissions to Chartridge	30	48	+18
No of discharges from Chartridge	26	43	+17
% of G&A beds occupied across BHT	111.1%	100.4%	10.7%
No of patients boarding	246	55	191

### **Our reduction initiatives have reduced MOFD bed days lost by 22.4%**

The new discharge hub bed model and the Transfer of Care Hub have positively impacted flow of discharge to temporary nursing homes. The number of temporary nursing home discharges has reduced by 66%, year on year, from 68 to 22. As a result, bed days lost for this cohort reduced 72% from 618 to 170

The operational changes in staff-mix eg the creation of an integrated discharge team therapy provision on Chartridge, weekly MDTs etc has demonstrably improved productivity and performance

### **Productivity - Dec 22 vs Dec 23**

Overall, the average delay in discharge came down from 19.14 days to 12.18 days – reduction of seven days. This has been achieved with a reduced year on year spend (£) on system discharge in 23/24

In 22/23 the spend for discharge in Buckinghamshire was £16.6m. As of Dec 23 the forecast spend for 23/24 was £11m – a forecast reduction of £4.6m

The new 'Chartridge model', with increased therapy and pharmacy support, has driven the reduction in MOFD lost bed days - 22% of the lost bed days and a four day decrease in average length of stay.

Overall % G&A bed occupancy reduced YoY by 10.7% to 100.4% suggesting a reduced reliance on escalation beds.

The number of patients boarding in corridors has reduced by 77% year on year