OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Report from Chair of Strategic People Committee (SPC)
Date of Committee 08 July 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Strategic Workforce Committee meeting on 13 May 2024	Approved	None	Refer to Audit Committee for noting	n/a
Chief People Officer (CPO) Report	Update on key people developments since the previous Committee meeting (May 2024)	Assured, noting appraisal completion rates which were significantly better than at the same point during the previous year.	None	n/a	n/a
Colleague Voice	Presentation by the Community Team Lead for Southern & Thame Adult Community Healthcare Team (ACHT), providing an overview of the work conducted with teams in response to staff survey results recognising: - Thame ACHT as being the top 5 teams for staff engagement scores. - Southern ACHT as being in the top most improved teams for staff engagement scores.	Assured, recognising the following: - The need to share the learning from within these teams and roll out to other teams across the organisation. - The importance of constant review of practice and on-the-job teaching, investing in colleagues. - The commitment and dedication of the Community Team Lead to both her clinical and leadership roles.	None	n/a	To note and discuss (colleague story due at Board in September 2024)
Risk Register	Review of 'People' risks within divisional and corporate risk registers.	Assured, noting the plan to de-escalate the broad nursing workforce risk once individual workforce risks clearly articulated for specific/specialty areas.	None	n/a	To take assurance from Committee discussions when considering the Organisational Risk Report

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Integrated Care Report (IPR) **People Metrics**	Monthly reporting on Trust people metrics and actions/progress with actions to address any performance issues.	Assured, noting the following: - Recent trends in sickness absence, recognising the deep dive underway in this area. - Impact of recent external context including 'hyper-fatigue', PTSD syndrome and the 'always-on' culture. - Vacancy and turnover rates.	Full report to be presented to the next Committee meeting. Triangulation of IPR metrics with Freedom to Speak Up and other sources to facilitate the identification of hot spot areas.	n/a	To note Committee discussions. Full IPR considered by Trust Board on a monthly basis.
Annual Health & Safety Reports	Annual reports for 2023/24 covering the following areas: - Health & Safety. - Fire Safety. - Security.	Assured, noting the following: - Data suggestive of good incident reporting practices. - Relevant health and safety raining in place for junior managers. - Close working between colleagues within health and safety, infection prevention and control and medical engineering teams. - The use of lone worker devices and body cameras and the number of additional requests for security cameras particularly those alongside restricted door access. - Specific security provisions within the mortuary. - Health and safety being the responsibility of all colleagues.	Expedite the rolling out body cameras within the organisation, fully considering any barriers to this and update the Committee by email in four weeks Update to Committee re: mortuary security arrangements in six months.	n/a	To note reports and Committee consideration and discussion of these.

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Guardian of Safe Working Hours (GSWH) Annual Report	Summary of activity related to exception reporting and immediate safety concerns for 2023/24 recognising the importance of culture related to reporting.	Assured, noting the following: - The success of the reporting system with data suggestive of good reporting practices, broadly. - Work to fully understand the demographics of colleagues making exception reports and whether this is representative of the full Trust junior doctor population. - Challenges related to capturing data from rotational staff. - Shortage of colleagues in middle grade/registrar level posts in specific areas. - Specific action plan in place to support the training environment within Cardiology & Stroke services.	Consider how best to use available data to facilitate improvements	n/a	To note the report and matters considered and discussed by the Committee
Workforce Transformation Objectives 2024/25	Overview of progress against actions to support transformation of the workforce during 2024/25 in line with financial targets.	Assured noting the Trust was on plan for workforce spend at the end of M03, recognising there would always be a requirement for a temporary workforce. The Committee discussed the appropriate management of bank at length, considering both financial implications for the organisation and the implications on our people.	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Breakthrough Objectives 2024/25	Breakthrough Objective for 2024/25 focussed on People including an overview of the framework for delivery: - Improve the experience of working at BHT by reducing bullying and harassment, becoming best in class within two years.	Assured, noting the organisational communications campaign which was planned. The Committee discussed the level of ambition for this objective and that responsibility sat across the entire Trust, welcoming the linking of individual objectives to the organisational objectives.	None	n/a	n/a
Sexual Safety in the Workplace Charter	Following the commitment by Trust Board of compliance with the Sexual Safety in the Charter in February 2024, am overview of work ongoing to progress to full compliance.	Assured, recognising all key requirements of the Charter were met.	None	n/a	n/a
Improving the Working Lives of Doctors in Training	Further to a letter from NHS England in April 2024, an overview of Trust compliance with prescribed actions.	Assured	None	n/a	n/a
Medical Appraisal & Revalidation Report	Annual report providing assurance on internal processes supporting medical appraisal and revalidation for 2023/24	Assured	None	n/a	To approve the signing of this report by the Chief Executive Officer
Corporate Performance Review	Summary of the Corporate Performance Review for the People Directorate, June 2024	Noted	n/a	n/a	n/a

Emerging Risks Identified:

- The full impact of societal changes following the pandemic including the ‘always-on’ culture, hyper-fatigue and Post Traumatic Stress Syndrome,
    - Impact on sickness absence levels recognising the expected reduction has not been seen during summer.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

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Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Integrated Performance Report (IPR)
Board Lead	Raghuv Bhasin, Chief Operating Officer
Author	Wendy Joyce
Appendices	IPR June 2024
Purpose	Assurance
Previously considered	Transformation Board – 23.07.2024 F&BP – 23.07.2024

Executive summary

The IPR this month includes updated community waiting list information and shows further progress on delivery of the operational plan. The trajectory for reduction in twelve-hour waits was predicated on the opening of our new ward at the end of July however this has been unfortunately delayed due to final commissioning issues.

Of note in the IPR is the increase in sickness rates across the Trust which is putting pressures on other colleagues and increase bank costs for cover of key roles which has been the focus of the senior leadership team of the organisation.

Decision	The Committee is requested to take assurance from the report

Relevant strategic priority

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

Relevant objective

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

Implications / Impact

Patient Safety	The Integrated Performance Report reflects the full suite of performance measures for the Trust. The quality and safety measures are discussed in detail at the Quality Committee.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards
Financial	The productivity metrics in the IPR are key to the financial sustainability of the Trust
Compliance	Public and Board accountability
Partnership: consultation / communication	The IPR reflects programmes run in partnership with ICB and Place partners.
Equality	The IPR contains a focus, through our Healthy Communities metrics, on reducing health inequalities
Quality Impact Assessment [QIA] completion required?	Not required

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Integrated Performance & Quality Report

June 2024

CQC rating (July 2022) - GOOD

Introduction & Contents

Buckinghamshire Healthcare NHS Trust

The Buckinghamshire Healthcare Trust Integrated Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust based on the latest performance information available and reporting on actions being taken to address any performance issues with progress to date.

Outstanding Care

Provide outstanding cost effective care

Operational Standards

Access and performance

- Waiting Lists
- ED Performance
- Ambulance Handovers
- Urgent 2 hour response
- Cancer
- Diagnostics
- Activity

Productivity

- Length of stay
- Theatres
- Outpatients

Quality and Safety

- Incidents
- Infection Control
- Patient Safety
- Patient Experience
- Maternity

Healthy Communities

Taking a lead role in our community

- Cardiology referrals
- Smoking in pregnancy

A Great Place to Work

Ensuring our people are listened to, safe and supported

- Vacancy rates
- Turnover
- Sickness
- Training

Report changes this month

Metrics that have been added to or removed from the report since last month

Added

Removed

Cardiology referrals from deprived wards

Changed

Community waiting lists now exclude universal referrals and include community paediatrics

Executive Summary

Buckinghamshire Healthcare NHS Trust

June's IPR shows continued stable performance across the Trust with some slight improvements across measures over May and June with further changes planned to accelerate improvement over the summer months. With regards Urgent and Emergency Care there has been a slight uptick in 4-hour performance and good progress made in arresting the increase in the number of patients without a criteria to reside in the Trust. The key next intervention to drive improvement and return to trajectory for 12-hour waits is the opening of our new ward and reorganisation of the emergency floor which has been delayed from the start to the end of July.

Planned Care metrics show a slight improvement in performance in cancer, diagnostics and reduction in long waiters with the Trust remaining on track to deliver the national target of having zero patients waiting more than 65 weeks by the end of September 2024 and increasing volumes of support being provided to Oxford University Hospitals through the Acute Provider Collaborative to reduce long waits for patients at this specialist centre. We have reinstated the community waiting list metrics following a process of data cleansing with significant progress made in reducing the number of patients waiting over 52 weeks.

The latest productivity data shows continued improvement with the Trust just missing it's ambition of a 5% productivity improvement in 2023/24 achieving c.4.5% improvement depsite significant impact of Industrial Action and closed theatres due to estate challenges. The high levels of elective activity in the first part of 2024/25 coupled with reduced pay spend, although June's temporary staff numbers have increased in part due to the impact of industrial action cover, and continued reductions in length of stay have maintained this productivity improvement.

Our quality metrics maintain their positive trend with the Hospital Standardised Mortality Ratio lower than expected and our falls rate lower than the national benchmark. There is an increase in pressure ulcer incidents reported and an annual review has been initiated with an accompanying quality improvement plan. No still birth cases were reported in June and this metric continue to demonstrate special cause variation of an improvement.

People metrics for M3 all remain below (better) than the Trust Targets except for sickness absence - which is improving with dedicated programme in place supported by HR and Occupational Health and Wellbeing.

We continue with our programme to safely manage our substantive and temporary workforce, to ensure safe staffing levels to support patient care and to meet our financial targets.
Bullying and harassment breakthrough objective programme in place to improve colleagues experience, linked to our behaviour framework and CARE values, to make BHT a great place to work.

SPC Charts

Buckinghamshire Healthcare NHS Trust

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on three years' worth of data to show the post Covid period (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

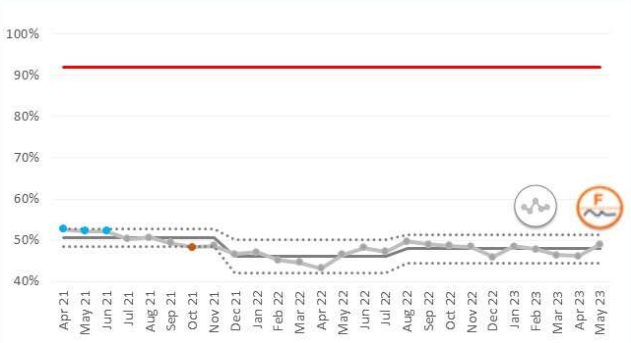
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

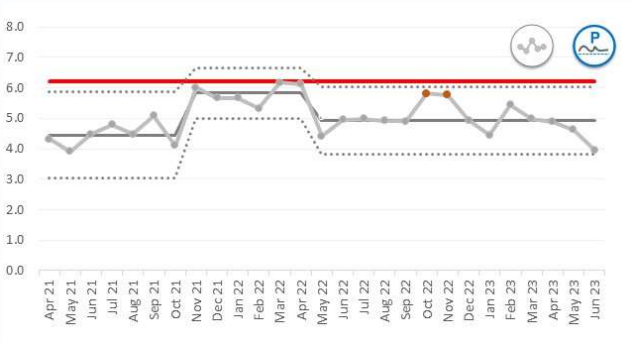
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

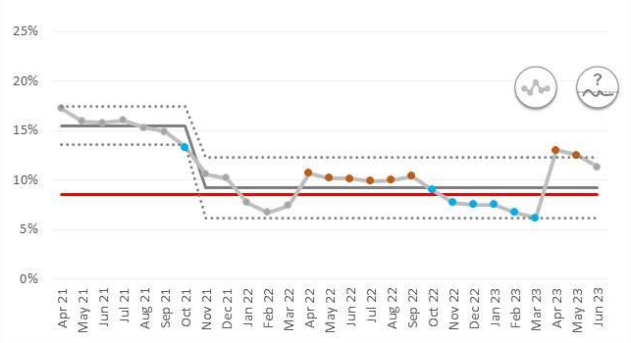
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently without a change to the process.



Target line is above the upper limit for this indicator (lower is better) showing that it will be achieved consistently without a change to the process.



Target line is between the control limits for this indicator (lower is better) showing that the process will hit or miss the target without a change.



Key to variation and assurance icons

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	Variation/Performance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Key to matrix

Buckinghamshire Healthcare NHS Trust

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: none
H	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Take Action • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.
L	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Take Action • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.
—	**Good** — Celebrate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	**Average** — Investigate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Investigate and Take Action • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	**Average** — Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	**Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.
L	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	**Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.
↗				**Unsure** — Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
↘				**Unsure** — Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
—				**Unknown** — Watch and Learn • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric

Overall Performance Summary

Buckinghamshire Healthcare NHS Trust

Variation/Performance	Assurance (P)	Assurance (?)	Assurance (F)	Assurance (–)
(H)	Urgent 2 hour response	Daycase rate	NHSE productivity	
(L)	Trust overall vacancy rate	Stillbirths - total cases Nursing and midwifery vacancy rate	Acute open pathway 65 week breaches Diagnostic compliance	Conversion rate to admission Acute open pathway 52 week breaches Community waiting list 52 week breaches Community waiting list 65 week breaches Median acute waiting time adults & paeds Temp staffing levels spend
(–)	Turnover rate Statutory & Mandatory training HSMR	Hospital at home utilisation Theatre utilisation CWT - FDS general standard CWT - 62 day general standard Incidents that are low/no harm Falls per 1,000 bed days Clostridioides difficile Complaints response rate Term admissions to neonatal unit Pre term birth rate Maternity smoking at time of booking Maternity smoking at delivery Attendance rates for Health and Development Review Level of achievement for Health and Development Review Sickness	12 hour waits in ED ED 4 hour performance Ambulance handovers within 30 mins Acute open pathway RTT performance CWT - 31 day general standard Theatre cases per 4 hours planned time Outpatient DNA rate	Discharges by 2pm Urgent community response referrals Patients without Criteria to Reside Bed days lost for patients without Criteria to Reside Cancer referrals Urgent community response referrals Community waiting list size New OP activity Average LOS community hospitals 14 day LOS - acute & community 14 day LOS - acute Community contacts - District Nursing Incidents reported Complaints received
(H)				Pressure ulcers per 1,000 bed days
(L)				

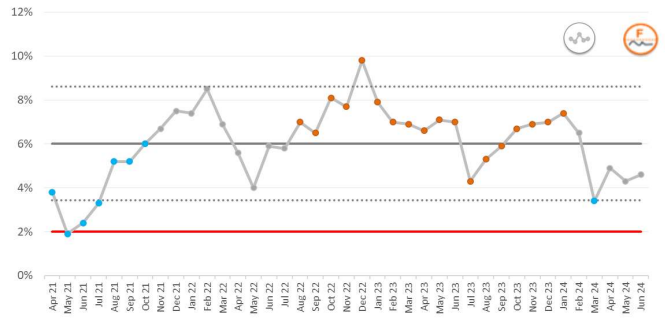
Variation/Performance	Assurance (P)	Assurance (?)	Assurance (F)	Assurance (–)
(↗)				Acute waiting list size Elective activity WTEs in the trust Substantive staffing Community contacts - Community
(↘)				Temporary staffing
(–)				Acute open pathway 65 week risks Elective activity against plan New OP activity against plan Substantive staffing against plan Temporary staffing against plan

Breakthrough objectives

Buckinghamshire Healthcare NHS Trust

12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).

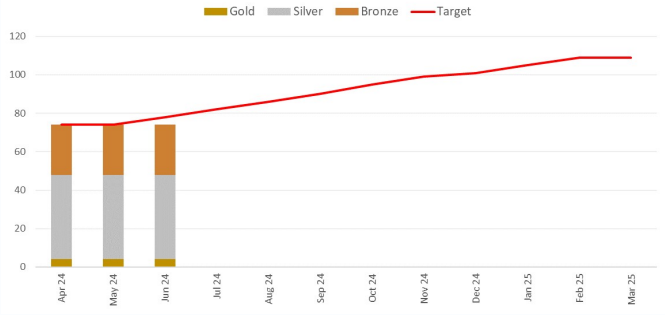


NHS Productivity measure

Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.

Clinical accreditation

The cumulative total number of accreditations awarded in month.

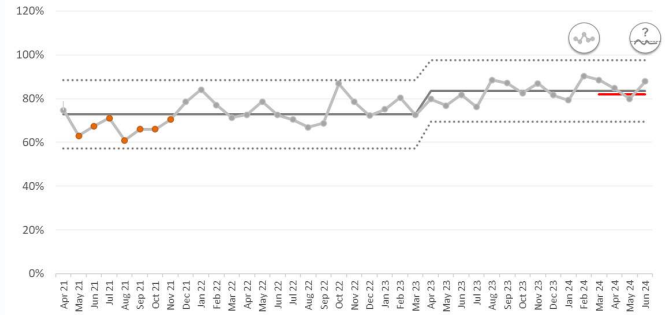


Bullying

Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse from managers.

School readiness

Percentage of children in opportunity Bucks wards that attend 12-month health and development review by the time they're 15 months.



BP checks

The percentage of face to face, acute, adult outpatients having their blood pressure taken.

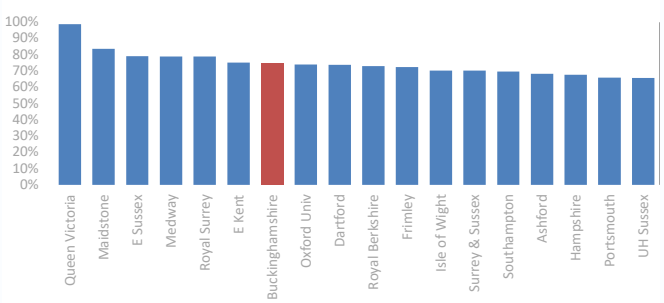
Chart for BP checks

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

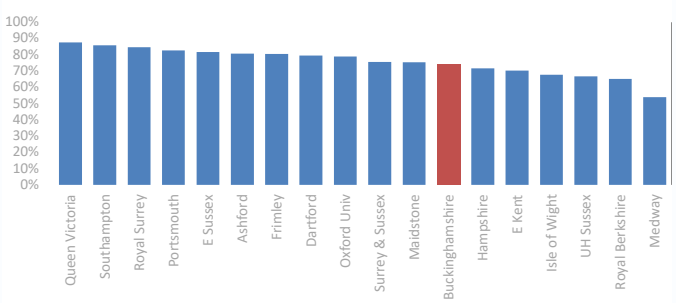
ED 4 hour performance

South East A&E 4 hour performance benchmarking - Jun-24



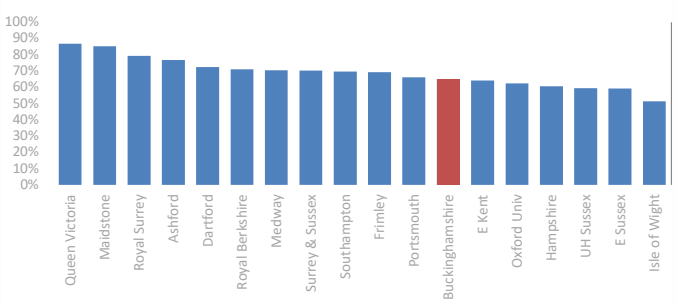
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - May-24



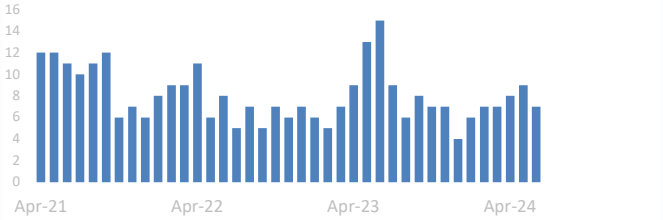
62 day wait cancer

South East region 62 day wait cancer benchmarking - May-24



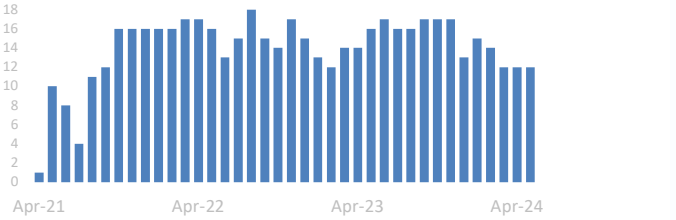
ED 4 hour performance ranking

South East A&E 4 hour performance benchmarking - historic rankings out of 16



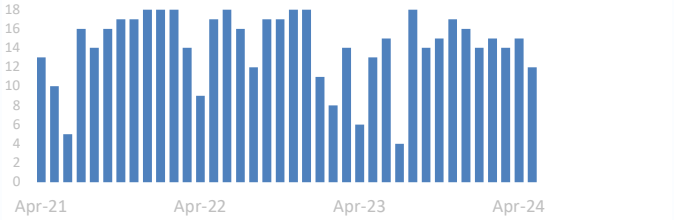
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - historic rankings out of 18



62 day wait cancer ranking

South East region 62 day wait cancer benchmarking - historic rankings out of 18



Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

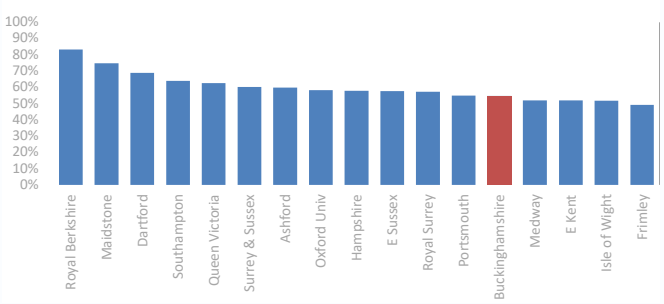
Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

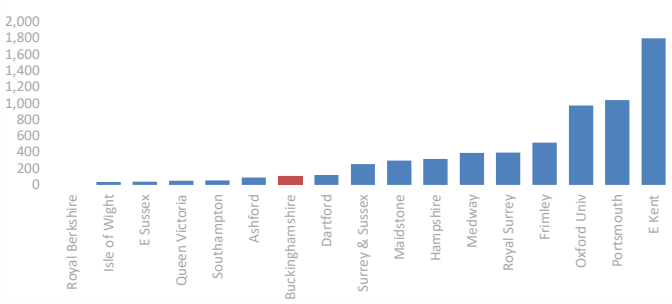
RTT performance

South East RTT performance benchmarking - May-24



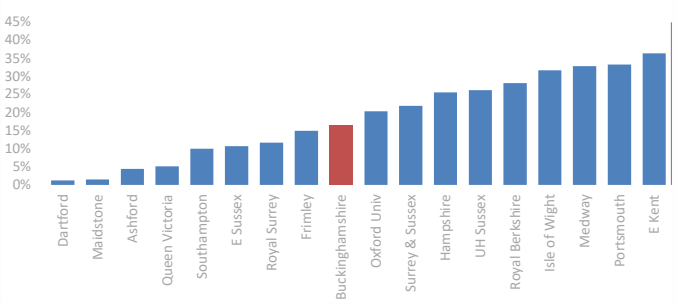
65 week waits

South East over 65 week waits benchmarking - May-24



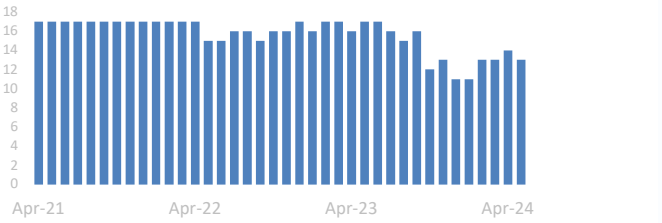
Diagnostic performance

South East diagnostic performance benchmarking - May-24



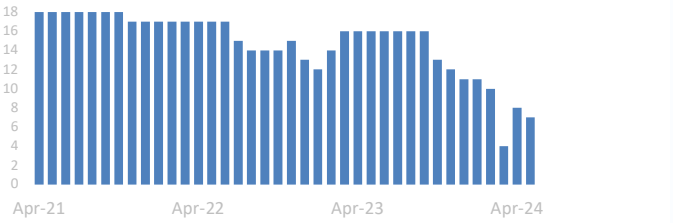
RTT performance ranking

South East RTT performance benchmarking - historic rankings currently out of 18



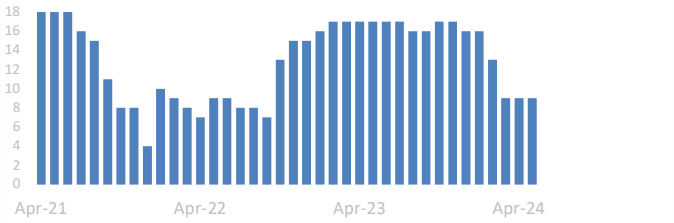
65 week waits ranking

South East over 65 week waits benchmarking - historic rankings currently out of 18



Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Access & Performance

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
12 hour waits in ED	Jun 24	4.6%	2.0%		F	6.0%	3.4%	8.6%
Driver metrics								
Conversion rate to admission	Jun 24	9.7%	-	L		10.9%	8.9%	12.9%
ED 4 hour performance	Jun 24	74.6%	78.0%		F	72.1%	66.7%	77.6%
Discharges by 2pm	Jun 24	26.2%	-			25.4%	21.3%	29.4%
Urgent & emergency care								
Ambulance handovers within 30 mins	Jun 24	89.8%	95.0%		F	85.3%	76.0%	94.5%
Urgent 2 hour response - community	Jun 24	89.0%	70.0%	H	P	88.3%	80.3%	96.4%
Urgent community response referrals	Jun 24	435	-			379	284	474
Patients without Criteria to Reside	Jun 24	73	-			76	51	101
Bed days lost for patients without Criteria to Reside	Jun 24	2349	-			2502	2156	2848
Hospital at home utilisation	20 Jun 24	82.8%	80.0%		?	83.1%	64.7%	101.5%

12 hour waits in ED

Definition: Percentage of patients spending more than 12 hours in Stoke Emergency Department (ED) from arrival to departure (over all types departures in the month).

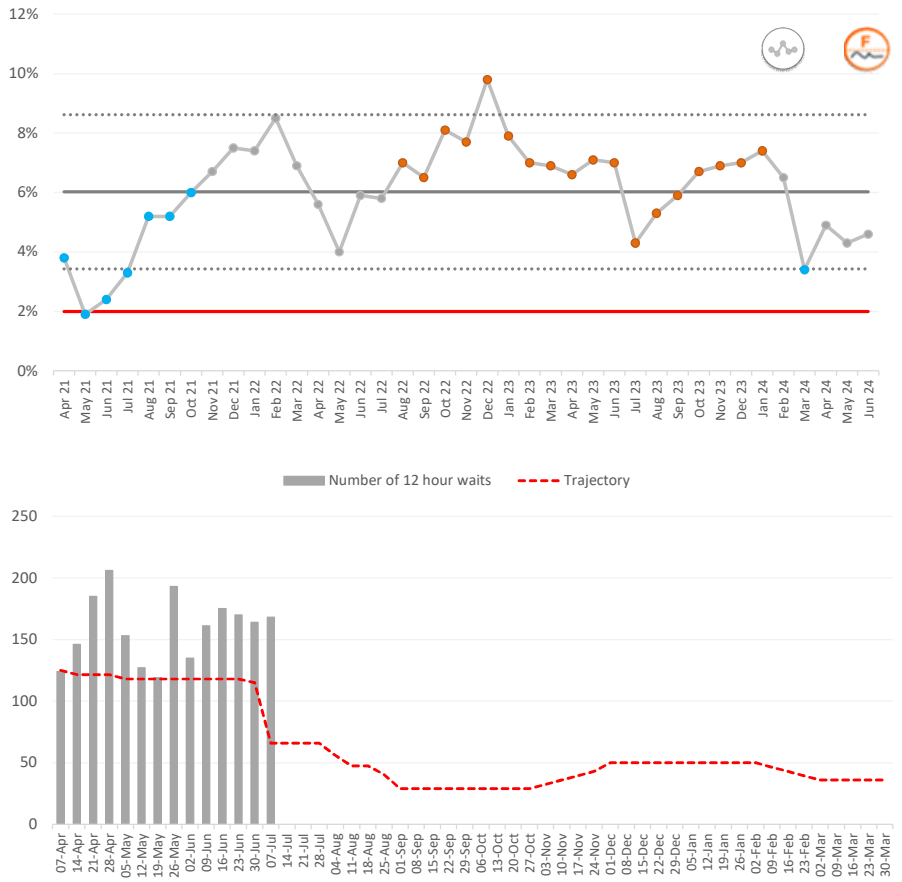
Target: In March 2025 no more than 2% of patients spend more than 12 hours in Stoke Mandeville ED

Owner: Chief Operating Officer
Committee: Finance and Business Performance

Jun-24	Variance Type	Target	Achievement
4.6%	Common cause variation	2.0%	Incapable process - likely to consistently fail to meet the target

How we are performing

This metric is experiencing common cause variation i.e. no significant change.
However the target lies belwo the current control limits and so cannot be achieved unless something changes in the process.



Drivers of performance

Lack of bed capacity on the Stoke site
Long ED waiting times through the night mean late referrals to specialties
Inappropriate admissions overnight due to fewer senior decision makers and alternatives to admission
Minimal number of discharges in the mornings leads to congestion in the Department
Lack of effective & consistent use of our pathways.

Actions to maintain or improve performance

Intervention	Target Area	Timescale and Impact
Operation Flow incl. maximal use of the discharge lounge	Supports reduction in all areas	New flow boards – June Expanded Discharge Lounge - July
Reconfiguration of Emergency Floor incl. new ward	Medicine (Acute Medicine and Medicine for Older People) breaches – 57.2% of overall breaches	July plus two months to see impact Initially halve number with aim to get to 2% by March
Effective and consistent utilisation of the Clinical Observation Unit	Paediatric breaches – 2.2% of breaches	July Aim to virtually eliminate
Reconfiguration of Surgical Floor	General Surgery and Urology breaches – 7% of overall breaches	August Initially reduce number by 2/3 with aim to get to 2% by March
Maximise use of Trauma Assessment Unit	T&O breaches – 6.2% of overall breaches	August Initially reduce number by 2/3 with aim to get to 2% by March
Emergency Department Improvement Plan	No specialty referral (ED) breaches – 18.3% of overall breaches	September Aim to virtually eliminate

Risks and mitigations

Limited control over patient attendances. **Mitigation -** we continue to work with Buckinghamshire Place pathways on alternative pathways and redirection pathways through the Buckinghamshire Place Board. This has result in the continued investment in the Primary Care Clinical Assessment Service for 2024/25.
Constraints on out of hospital care funding in the NHS and social care may inhibit reduction of non-criteria to reside patients. **Mitigation -** we are working closely with system partners to improve discharge processes and manage capacity collectively.
Winter pressures will bring increased demand. **Mitigation** - we are planning now for increased capacity with Olympic Lodge and increased integration of our community services to support admission avoidance.

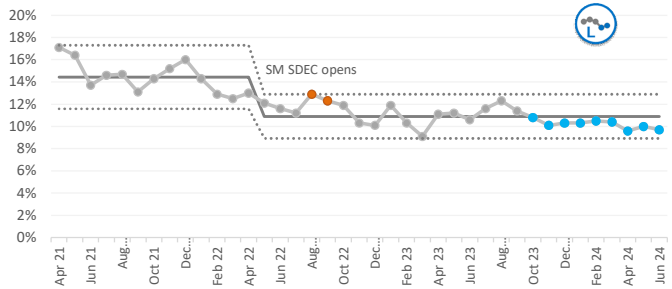
Driver metrics

Buckinghamshire Healthcare NHS Trust

Conversion rate to admission

Number of patients admitted to a General & Acute (G&A) bed (directly or indirectly) from Stoke Mandeville ED over total number of type 1 ED attendances during the month.

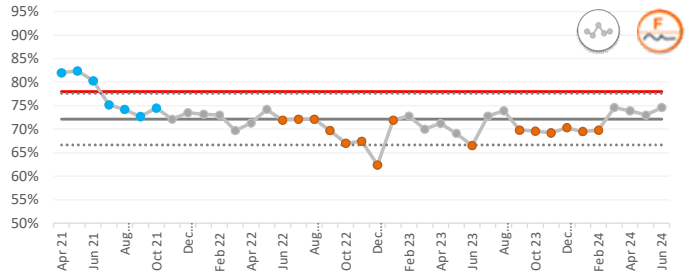
Jun-24	Variance Type	Target	Achievement
9.7%	Special cause variation - improvement	-	N/A



ED 4 hour performance

The percentage of patients spending 4 hours or less in ED from arrival to departure over all types of in month departures from ED.

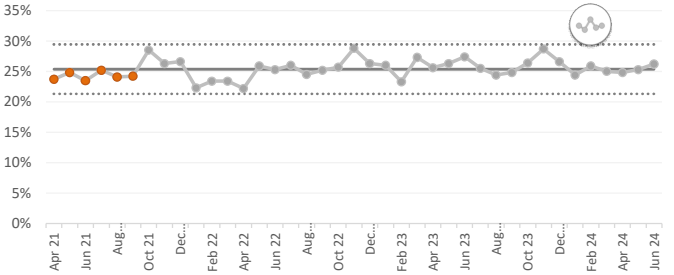
Jun-24	Variance Type	Target	Achievement
74.6%	Common cause variation	78%	Incapable process - likely to consistently fail to meet the target



Discharges by 2pm

Proportion of inpatients discharged between 5am - 2pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.

May-24	Variance Type	Target	Achievement
25.3%	Common cause variation	-	N/A



How we are performing

Conversion rate to admission: This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line.

ED 4 hour performance: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Discharges by 2pm: This metric is experiencing common cause variation i.e. no significant change.

Drivers of performance

Expansion of SDEC hours has faciltated this reduction in admissions.

Challenges in consistently delivering high performance at the Stoke Mandeville Urgent Treatment Centre.
Increased waiting times in ED in the evenings and then overnight which are challenging to recover during the day.

Inconsistent processes across wards can lead to late discharges including lack of clarity on the key steps needed for a discharge.
Delays due to length process to write TTOs (drug prescriptions) for patients

Actions to maintain or improve performance

Further expansion of Fraility SDEC in July with the new ward and increased space for medical admissions.

Review of UTC leadership to be concluded in June.
New middle grade rota in ED from August to move more colleagues later in the day
New ED clinical leads driving focus on clinician productivity. Impact expected in July.

New electronic whiteboards to facilitate Board Rounds and clarify next discharge steps rollout started and to be completed by end July.
Expanded discharge lounge with ability for patients to move there without a TTOs to go live in July.
Multi Agency Discharge Event (MADE) June 24 and quarterly thereafter.

Risks and mitigations

Limited control over patient attendances, however we continue to work with ICB on alternative pathways and redirection pathways through the UEC programme.

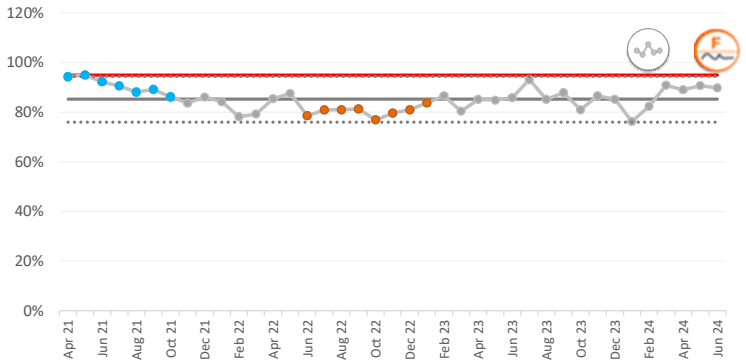
Cultural changes to working practices can take time to be accepted and embed and this is being supported through an external provider.

There have been a number of previous attempts to implement new ward round processes including digital input. Learning has been taken from these attempts and a more deliberate, phased and better resourced approach is in place to ensure success.

Ambulance handovers within 30 mins

The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.

Jun-24	Variance Type	Target	Achievement
89.8%	Common cause variation	95.0%	Incapable process - likely to consistently fail to meet the target

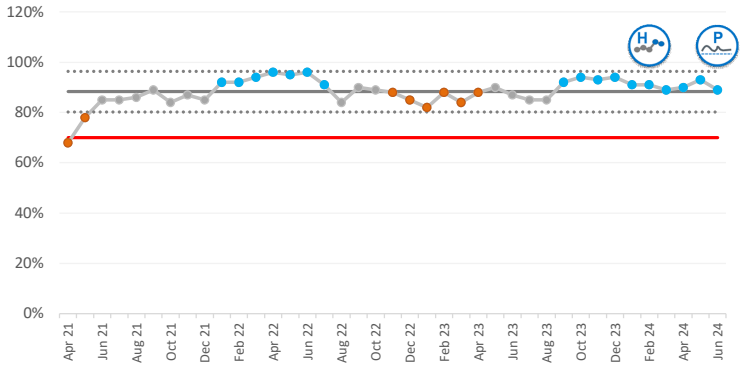


This metric is experiencing common cause variation i.e. no significant change.
The target lies just above the current control limits and so cannot be achieved unless something changes in the process.

Urgent 2 hour response - community

Percentage of urgent referrals (2 hour) from community services or 111 that are seen within 2 hours.

Jun-24	Variance Type	Target	Achievement
89.0%	Special cause variation - improvement	70%	Capable process - likely to always meet the target

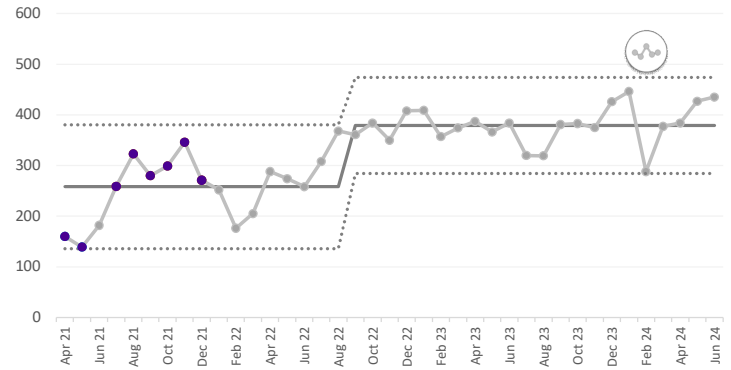


This metric is experiencing special cause variation of an improving nature with the last ten data points falling above the central line.
The target lies below the current control limits and so can be consistently achieved unless something changes in the process.

Urgent community response referrals

Number of urgent referrals (2 hour) from community services or 111 received.

Jun-24	Variance Type	Target	Achievement
435	Common cause variation	-	N/A

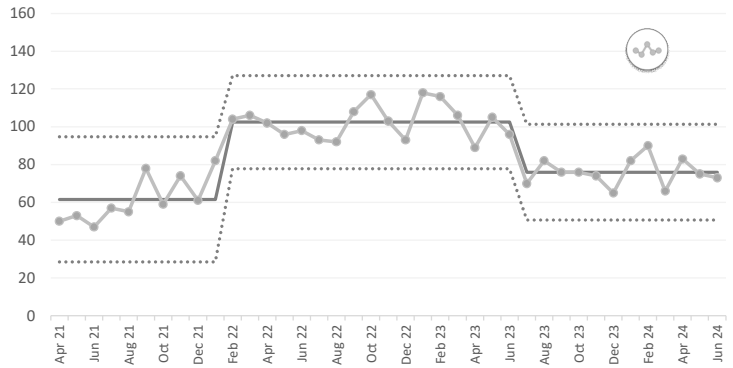


This metric is experiencing common cause variation i.e. no significant change.

Patients without Criteria to Reside

The number of patients in hospital who do not meet the criteria to reside. Snapshot taken at month end.

Jun-24	Variance Type	Target	Achievement
73	Common cause variation	-	N/A

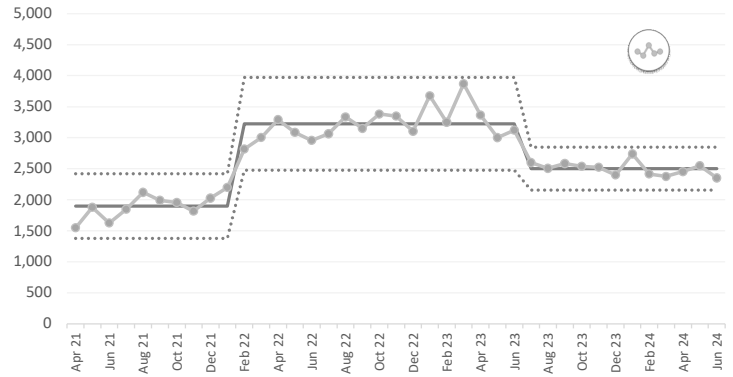


From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

Bed days lost for patients without Criteria to Reside

The number of bed days lost during the month for patients who did not meet the criteria to reside but were not discharged.

Jun-24	Variance Type	Target	Achievement
2349	Common cause variation	-	N/A

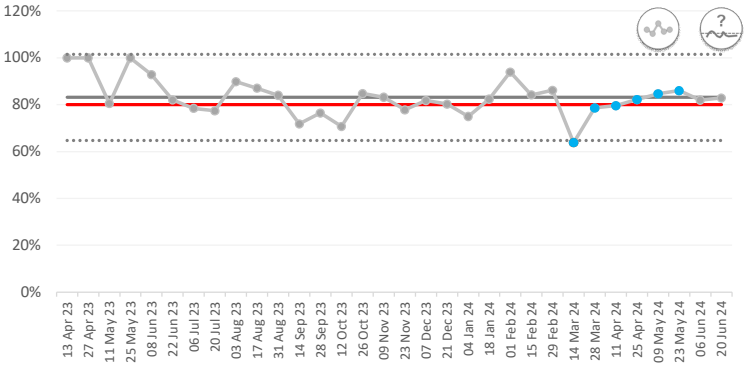


From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

Hospital at home utilisation

Bucks Hospital at Home current patients using the service divided by number of open beds. Fortnightly snapshot.

20-Jun-24	Variance Type	Capacity	Achievement
82.8%	Common cause variation	80.0%	Unreliable process - may or may not meet the target consistently



This metric is experiencing common cause variation i.e. no significant change.
However the target lies within the current control limits and so the metric will consistently hit or miss the target.

Access & Performance

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Planned care								
Acute open pathway RTT performance	May 24	54.7%	92.0%			53.5%	51.8%	55.2%
Acute waiting list size	May 24	51635	-			48156	46369	49942
Acute open pathway 65 week breaches	May 24	109	-			888	587	1189
Acute open pathway 65 week risks	Jun 24	2305	2768			-	-	-
Acute open pathway 52 week breaches	May 24	2210	-			3218	2473	3963
Median waiting time for acute waiting list for adults (days)	May 24	113	-			118	110	127
Median waiting time for acute waiting list for paediatrics (days)	May 24	106	-			127	115	140
Community waiting list size	Jun 24	8145	-			8490	8061	8920
Community waiting list 65 week breaches	Jun 24	833	-			1011	869	1153
Community waiting list 52 week breaches	Jun 24	1098	-			8490	8061	8920
Median waiting time for community waiting list for adults (days)								
Median waiting time for community waiting list for children (days)								

Access & Performance

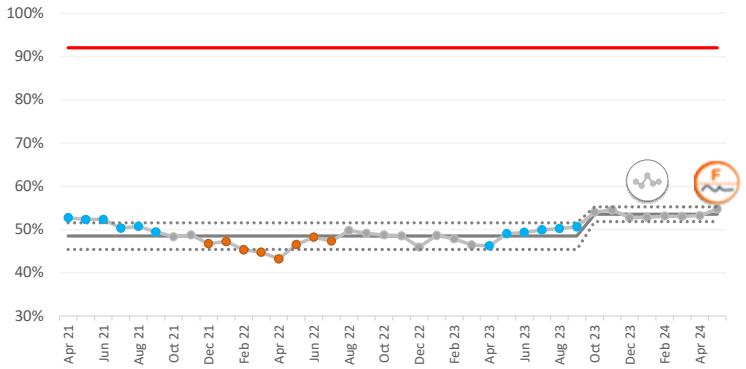
Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Planned care continued								
Diagnostic compliance	May 24	16.3%	5.0%			37.4%	28.1%	46.8%
CWT 28 Day General Faster Diagnosis Standard	May 24	74.0%	75.0%			68.2%	56.2%	80.2%
CWT 31 Day General Treatment Standard	May 24	83.9%	96.0%			81.9%	73.9%	89.8%
CWT 62 Day General Treatment Standard	May 24	64.9%	70.0%			62.7%	45.5%	79.9%
Cancer referrals	May 24	2550	-			2233	1691	2776
Elective activity	Jun 24	4492	-			4027	3202	4853
Elective activity against plan	Jun 24	6.6%	0.0%			-	-	-
New outpatient activity	Jun 24	18168	-			18881	14288	23473
New outpatient activity against plan	Jun 24	-6.4%	0.0%			-	-	-

Acute open pathway RTT performance

Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.

May-24	Variance Type	Target	Achievement
54.7%	Common cause variation	92.0%	Incapable process - likely to consistently fail to meet the target

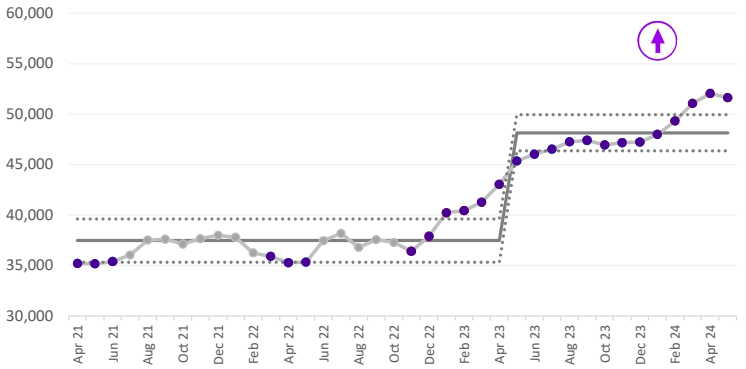


From the data, there appears to have been a step change in October 2023 so the limits have been recalculated at this point.
This metric is experiencing common cause variation i.e. no significant change.
However the target still lies above the upper control limit and is unlikely to be acheived without a change in the process.

Acute waiting list size

The number of acute incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.

May-24	Variance Type	Target	Achievement
51635	Special cause variation - neither concerning nor improvement	-	N/A



This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last three data points falling above the upper control limit.

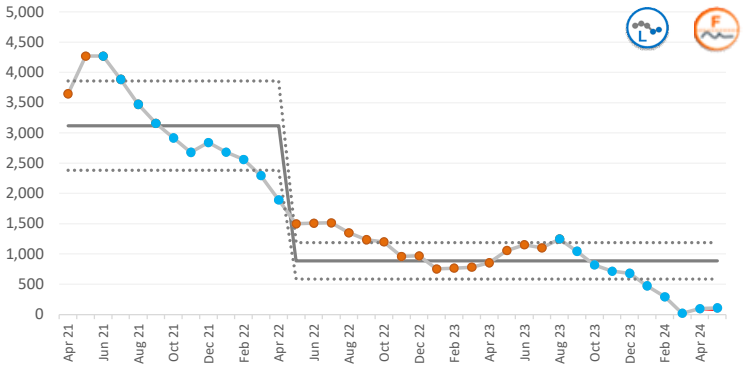
The waiting list is starting to reduce in line with additional activity available and stabilised referral rates.

We aim to continue this trajectory and achieve a waiting list reduction of 10,000 by March 25.

Acute open pathway 65 week breaches

Number of patients waiting over 65 weeks on an incomplete RTT pathway at the end of the month.

May-24	Variance Type	Target	Achievement
109	Special cause variation - improvement	80	Incapable process - likely to consistently fail to meet the target

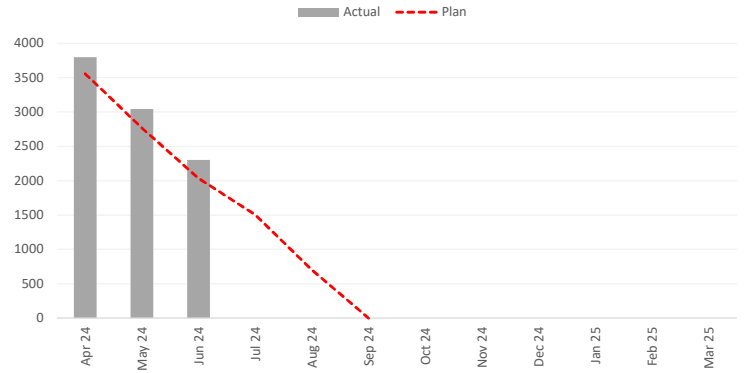


This metric is experiencing special cause variation of an improving nature with the last five data points falling below the lower control limit.

Acute open pathway 65 week risks

The number of patients who will breach 65 week waiting time by September 2024.

May-24	Variance Type	Plan	Achievement
3046	N/A	2768	N/A

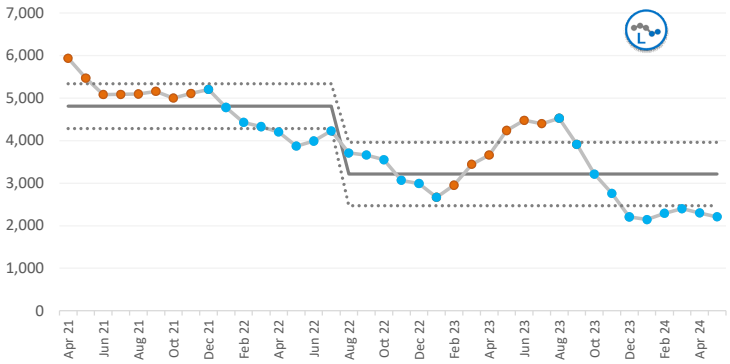


We continue to have more patients at risk of breaching 65 weeks by September 24, and this is mainly due to Vascular service. A plan has now been agreed which will provide more capacity from July and this will quickly reduce 65 week breach risks.

Acute open pathway 52 week breaches

Number of patients waiting over 52 weeks on an incomplete RTT pathway at the end of the month.

May-24	Variance Type	Target	Achievement
2210	Special cause variation - improvement	-	N/A

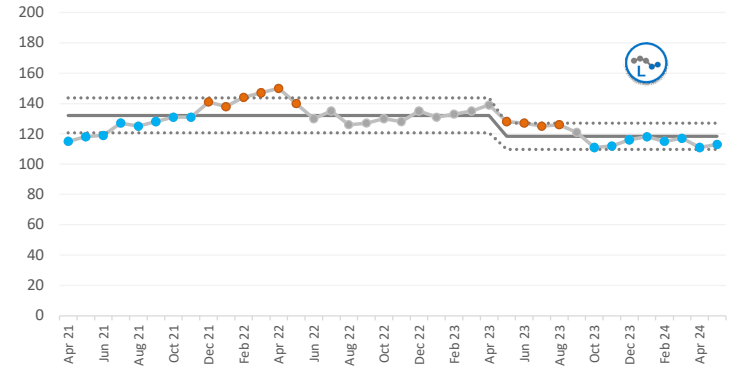


This metric is experiencing special cause variation of an improving nature with the last six data points falling below the lower control limit.

Median waiting time for acute waiting list for adults (days)

Median waiting time in days between referral and month end snapshot for adult patients on the acute waiting list. Patients are aged 16 years and over.

May-24	Variance Type	Target	Achievement
113	Special cause variation - improvement	-	N/A

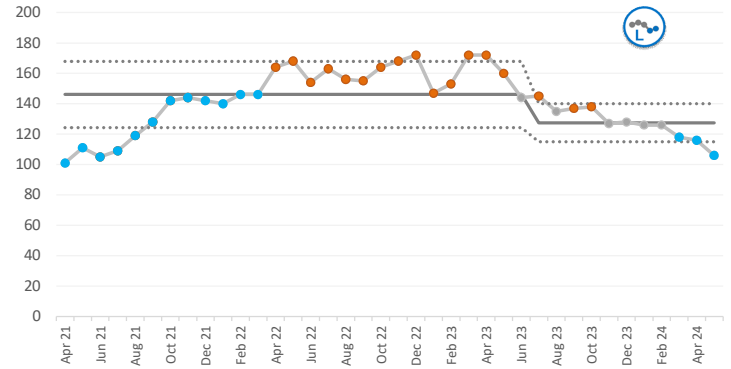


This metric is experiencing special cause variation of an improving nature with the last eight data points falling below the central line.

Median waiting time for acute waiting list for paediatrics (days)

Median waiting time in days between referral and month end snapshot for paediatric patients on the acute waiting list. Patients are aged under 16 years.

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

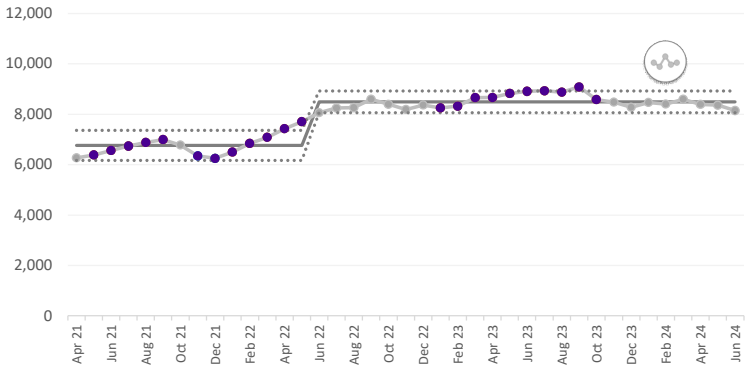


This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit and the last data point falling below the lower control limit.

Community waiting list size

Number of patients waiting on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Jun-24	Variance Type	Target	Achievement
8145	Common cause variation	-	N/A



This metric is experiencing common cause variation i.e. no significant change.

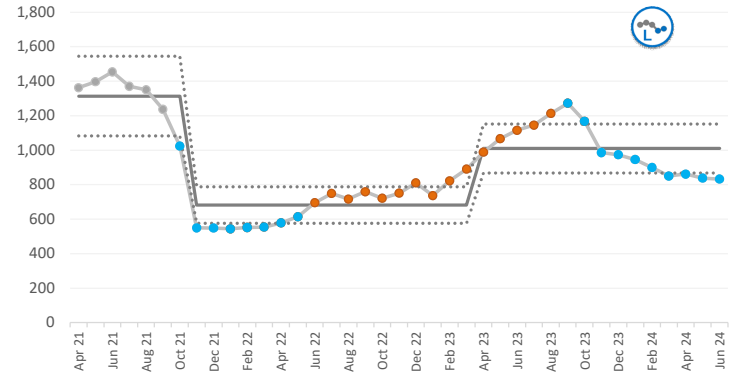
This report has been modified to ensure it includes only those who are waiting for their first appointment.

Further work is planned in terms of validation and data improvement to ensure it is a true record of patients waiting.

Community waiting list 65 week breaches

Number of patients waiting over 65 weeks on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Jun-24	Variance Type	Target	Achievement
833	Special cause variation - improvement	-	N/A

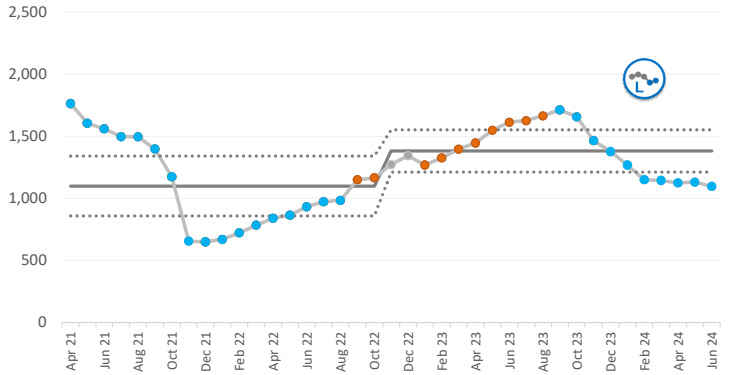


This metric is experiencing special cause variation of an improving nature with the last four data points falling below the lower control limit.

Community waiting list 52 week breaches

Number of patients waiting over 52 weeks on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Jun-24	Variance Type	Target	Achievement
1098	Special cause variation - improvement	-	N/A



This metric is experiencing special cause variation of an improving nature with the last four data points falling below the lower control limit.

Median waiting time for community waiting list for adults (days)

Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients are aged 16 years and over.

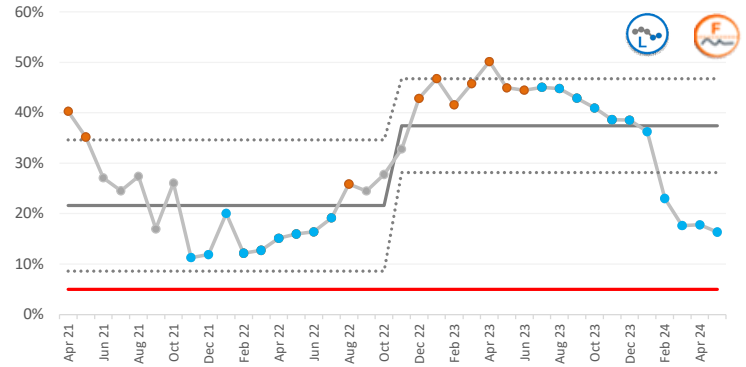
Median waiting time for community waiting list for children (days)

Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients are aged under 16 years.

Diagnostic compliance

The number of patients waiting more than 6 weeks at month end for Imaging, Physiological Measurement or Endoscopy tests over all patients waiting at month end for tests.

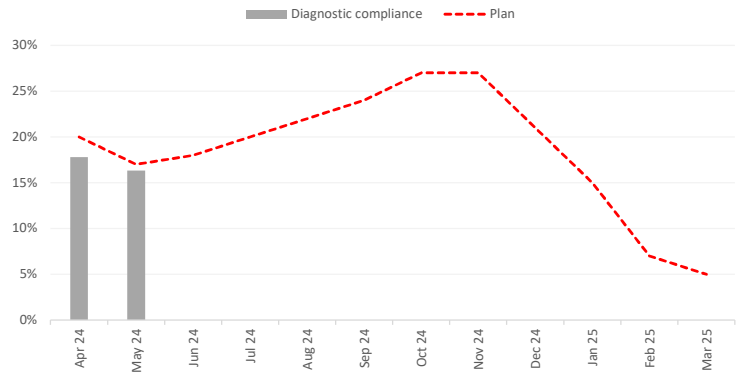
May-24	Variance Type	Target	Achievement
16.3%	Special cause variation - improvement	5%	Incapable process - likely to consistently fail to meet the target



This metric is experiencing special cause variation of an improving nature with the latest four data points falling below the lower control limit.
The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Diagnostic trajectory

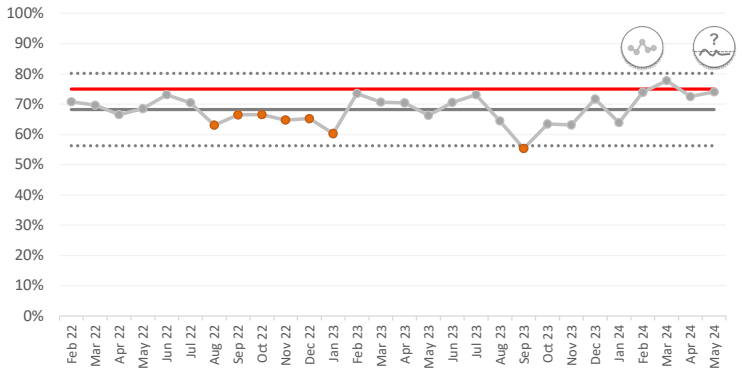
May-24	Variance Type	Plan	Achievement
16.3%	N/A	17.0%	N/A



CWT 28 Day General Faster Diagnosis Standard

Maximum four weeks (28 days) from receipt of urgent GP (or other referrer) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to the point at which the patient is told they have cancer, or cancer is definitively excluded.

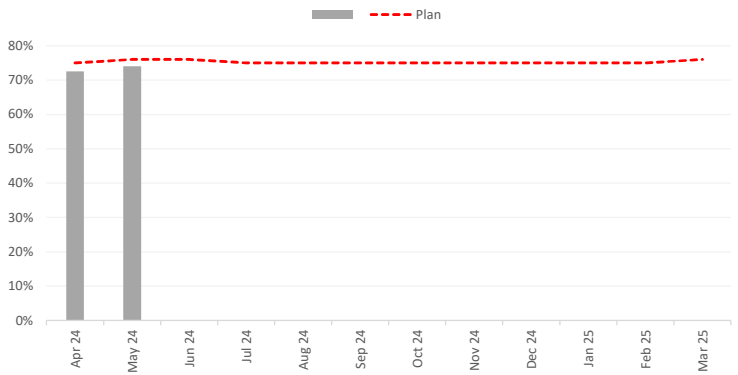
May-24	Variance Type	Target	Achievement
74.0%	Common cause variation	75%	Unreliable process - may or may not meet the target consistently



This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits, but just below the upper control limit and so the target is unlikely be achieved unless something changes in the process.

CWT 28 Day trajectory

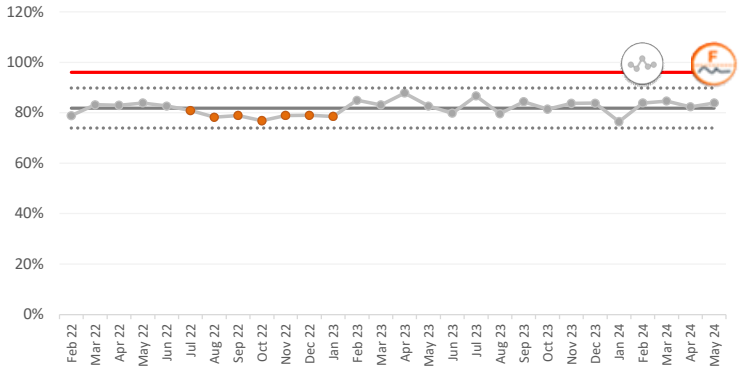
May-24	Variance Type	Plan	Achievement
74.0%	N/A	76.0%	N/A



CWT 31 Day General Treatment Standard

Maximum 31 days from Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer. Percentage of patients receiving a first definitive treatment or subsequent treatment for cancer within 31 days in the reporting period over all patients receiving treatment.

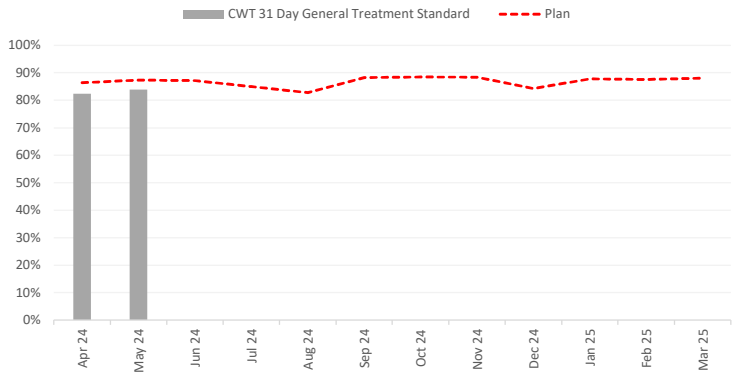
May-24	Variance Type	Target	Achievement
83.9%	Common cause variation	96%	Incapable process - likely to consistently fail to meet the target



This metric is experiencing common cause variation i.e. no significant change.
The target lies above the current control limits and so cannot be achieved unless something changes in the process.

CWT 31 Day trajectory

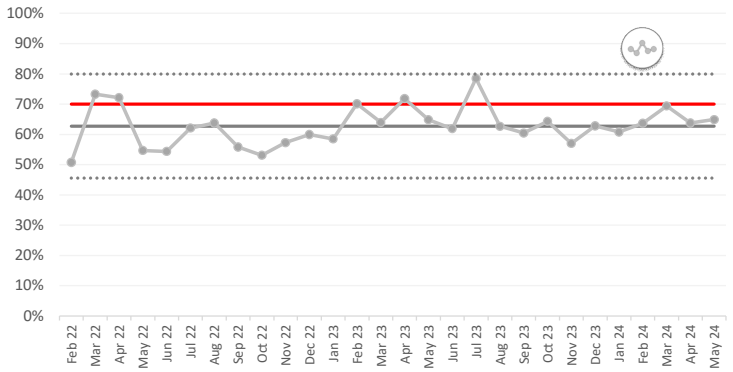
May-24	Variance Type	Plan	Achievement
83.9%	N/A	87.4%	N/A



CWT 62 Day General Treatment Standard

Maximum 62-day from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer, breast symptomatic referral, urgent screening referral or consultant upgrade to First Definitive Treatment of cancer

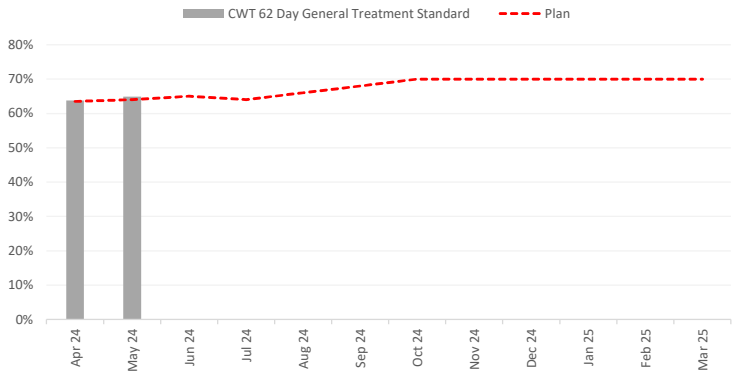
May-24	Variance Type	Target	Achievement
64.9%	Common cause variation	70.0%	Unreliable process - may or may not meet the target consistently



This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

CWT 62 day trajectory

May-24	Variance Type	Plan	Achievement
64.9%	N/A	64.0%	N/A

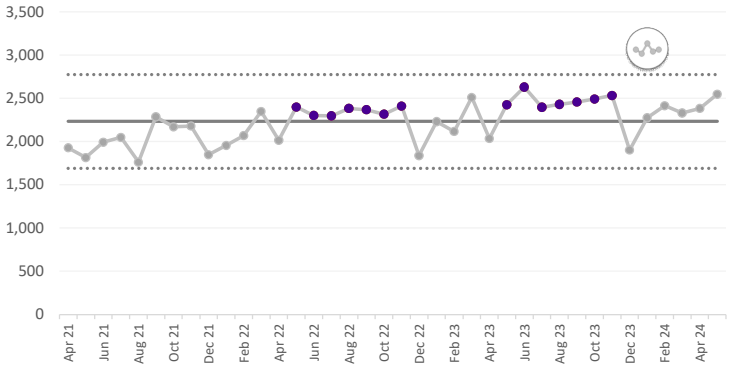


Nurses' recruitment in progress for chemo.
Oncology – 1 Locum recruited on a 12 months contract in view to substantively recruit. BHT will join the BOB TVCA task and finish group.
Forward clinic utilisation process review in place to manage capacity.
Vacant follow up slots converted to news.
Weekly meeting set up with dermatology to manage 31 and 62 days – limited MOPs capacity, SDU lead is looking at recruiting locums to increase MOPs capacity. Adhoc additional MOPS in progress. Plastic surgeon recruited.
Theatre capacity breast and plastics improved.
DIEP capacity to be reviewed.

Cancer referrals

Number of patients referrred each month on a cancer pathway.

Apr-24	Variance Type	Target	Achievement
2385	Common cause variation	-	N/A

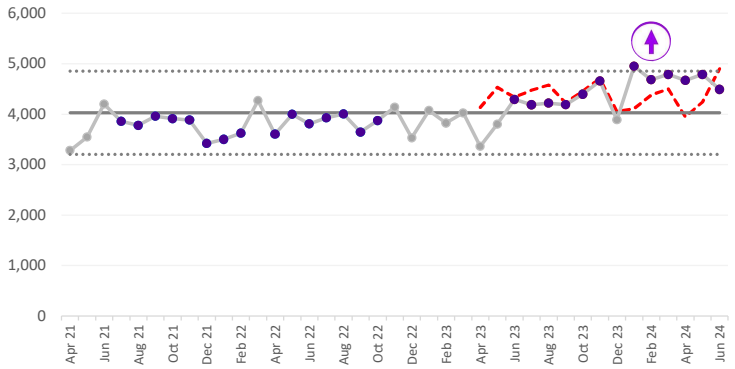


This metric is experiencing common cause variation i.e. no significant change.

Elective activity

The number of elective inpatient and day case admissions during the month.

Jun-24	Variance Type	Plan	Achievement
4492	Special cause variation - neither concerning nor improvement	4241	Unreliable process - may or may not meet the target consistently

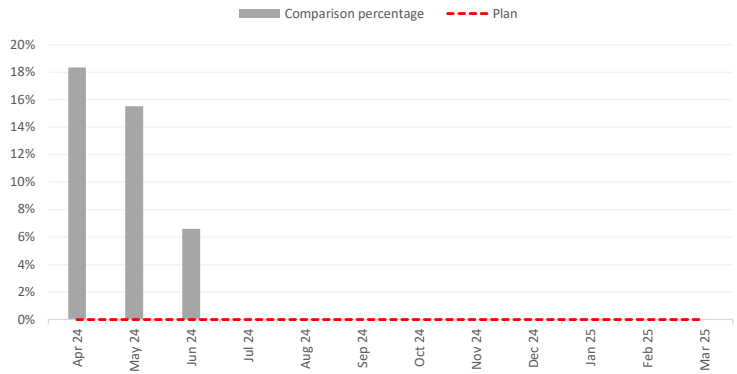


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the two out of three data points falling close to the upper control limit and the last six data points falling above the central line.

Elective activity against plan

The year to date number of elective inpatient and day case admissions over year to date plan for the same period. For financial year 2024/25.

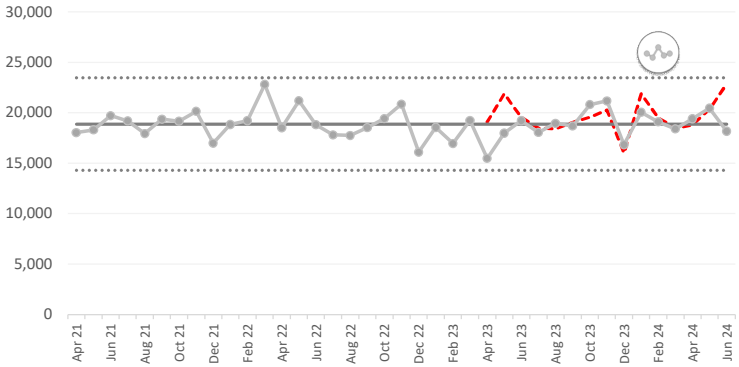
Jun-24	Variance Type	Target	Achievement
6.6%	N/A	0%	N/A



New outpatient activity

Total number of new outpatient attendances during the month.

Jun-24	Variance Type	Plan	Achievement
18168	Common cause variation	22877	N/A

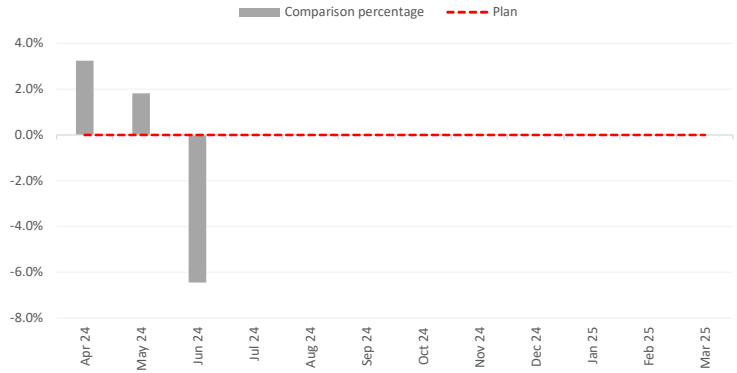


This metric is experiencing common cause variation i.e. no significant change.

New outpatient activity against plan

The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2024/25.

Jun-24	Variance Type	Target	Achievement
-6.4%	N/A	0%	N/A



Outpatient clinics were unfortunately cancelled due to Industrial Action and new attendances were lowere than plan in June.

All opportunities are being worked up to reinstate clinic capacity in July and August to recover our position.

Clinical accreditation

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Clinical accreditation	Jun 24	74	-			-	-	-
Driver metrics								
Incidents that are low/no harm	Jun 24	98.8%	98.0%			98.4%	97.0%	99.7%
Complaints responded to within 25 days	May 24	90.0%	85.0%			77.1%	45.9%	108.3%
Falls per 1,000 bed days	Jun 24	5.0	6.2			4.9	3.6	6.3
Quality & safety								
Incidents reported	Jun 24	1220	-			1220	949	1490
Pressure ulcers per 1,000 days	May 24	3.11	-	H		2.96	1.38	4.53
HSMR	Mar 24	91.1	100.0		P	91.5	87.5	95.4
Clostridioides difficile	Jun 24	4	4			4	-3	10
Complaints received	Jun 24	26	-			40	13	67
Stillbirths - total cases	Jun 24	0	0	L		1	-2	4
Term admissions to the neonatal unit	Jun 24	3.4%	5.0%			4.3%	1.1%	7.6%
Overall preterm birth rate	Jun 24	7.0%	6.0%			5.9%	1.9%	10.0%

Clinical accreditation

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Patient Safety Incident Response Framework								
After Action Reviews	Jun 24	8	-			-	-	-
Multi Disciplinary Team reviews	Jun 24	1	-			-	-	-
Patient Safety Incident Investigations	Jun 24	0	-			-	-	-

Clinical accreditation

Definition: The cumulative total number of accreditations awarded in month.

In June, a PDSA (Plan-Do-Study-Act) cycle was conducted to test the revised program. Activities included area tailoring, review of the question set, review of the program process, and a program impact assessment.

Target: All acute areas undergo clinical accreditation and at least 40% achieve a silver award

Owner: Chief Nursing Officer

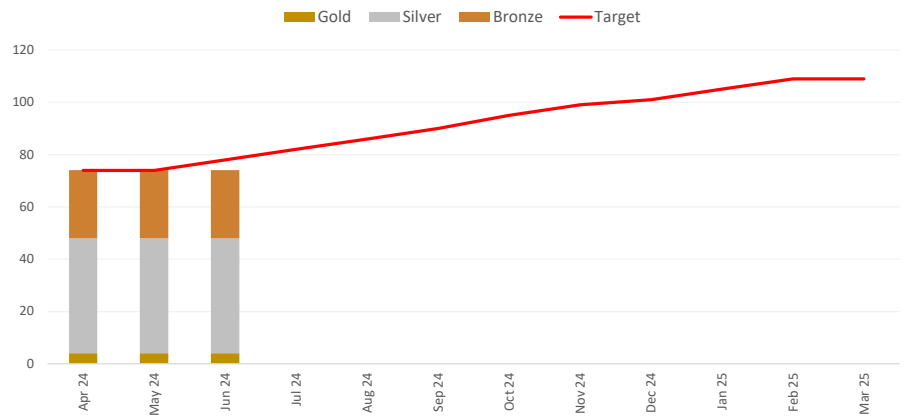
Committee: Quality and Clinical Governance

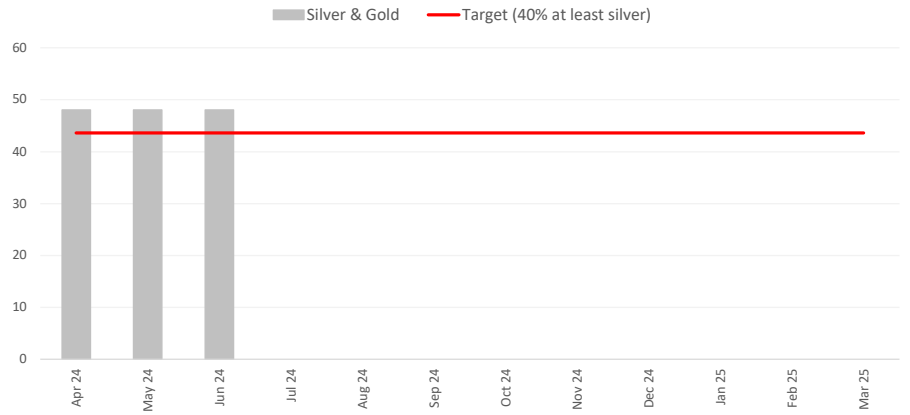
How we are performing

** White Status - where the staff have not scored 100% in the Mandatory Question set (previously called pre-accreditation).*

Assessments for 2024/25 began in July, with one area already accredited and awarded White Status*. 10 additional areas are scheduled for assessment throughout July.
Of the total 109 areas identified for accreditation as part of the breakthrough objectives;
36 are new areas for assessment, 66 are due for re-accreditation in 2024/25 whilst 7 are due for re-accreditation in 2025/26
Community areas (additional 45 areas) – Planning to commence by Sept '24.

Jun-24	Variance Type	Target	Achievement
74	N/A	78	N/A





Drivers of performance

- Adherence to core quality and safety standards: Ensuring that wards and departments consistently follow established quality and safety standards.
- Consistent governance of these standards through Care Group quality governance systems.
- Focus on upholding the highest behavioral standards and fostering an environment where colleagues feel safe and empowered to speak up about any concerns.
- Foster a culture where every team member is encouraged to continuously seek and implement improvements in processes and workflows.
- Leverage data analytics to monitor performance metrics and make informed decisions that drive quality and safety improvements.

Actions to maintain or improve performance

The programme has been revised in June to incorporate the key recommendations, including:
An in-depth review of accreditation questions to ensure relevance and pertinence to specialities, and alignment with quality audit questions.
A review of timescales for the re-accreditation cycle, as the current cycle was deemed too short to fully enact the action plan and embed the changes resulting from the first accreditation.
Sharing of best practices as standing agenda item in Ward Sisters and Matron's meetings to facilitate knowledge exchange and improvement initiatives.
Continuous monitoring and demonstration of clear benefits of the programme
A smaller team of people to undertake assessments in a more consistent and efficient manner (now in place).

Risks and mitigations

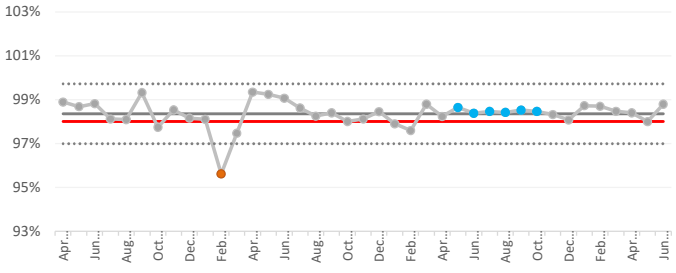
Resource Allocation: Insufficient allocation of resources, such as personnel, funding for certificates, plaques, and the award ceremony, poses a significant risk to sustaining staff engagement and motivation.
Monitoring and Evaluation: Inadequate mechanisms for tracking progress and evaluating success may lead to missed opportunities for improvement and recognition of achievements.
Risks are being mitigated in part through additional support from QI & Transformation team (project support and evaluation) and a bid to Charities for activities to support staff engagement.

Driver metrics

Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month (over all incidents reported in the month).

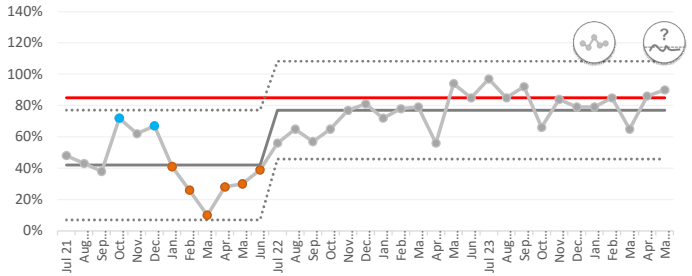
Jun-24	Variance Type	Target	Achievement
98.8%	Common cause variation	98%	Unreliable process - may or may not meet the target consistently



Complaints responded to within 25 days

Percentage of complaints responded to within 25 days of receipt.
Reporting suspended until July 21 due to Covid.

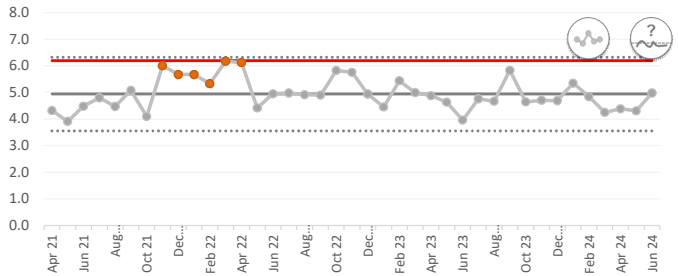
May-24	Variance Type	Target	Achievement
90.0%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



Falls per 1,000 bed days

Rate of inpatient falls incidents reported per 1,000 inpatient bed days.

Jun-24	Variance Type	Target	Achievement
5.0	Common cause variation	6.2	Unreliable process - may or may not meet the target consistently



How we are performing

Incidents that are low/no harm: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints responded to within 25 days: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Falls per 1,000 bed days: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits however it is close to the upper control limit and so the metric is likely to acheive the target most of the time unless there is a change to the process.

Drivers of performance

Harm Free Care Group theming of incidents by Care Group and subsequent development of trust wide quality improvement plan

Implementation of Patient Safety Incident Response Framework (PSIRF) promoting incidents reporting for learning

Actions to maintain or improve performance

Continue to embed PSIRF principle as a learning organisation.

Theming of incidents and learning responses presentation by Care Groups to the newly established patient safety incident panel.

Risks and mitigations

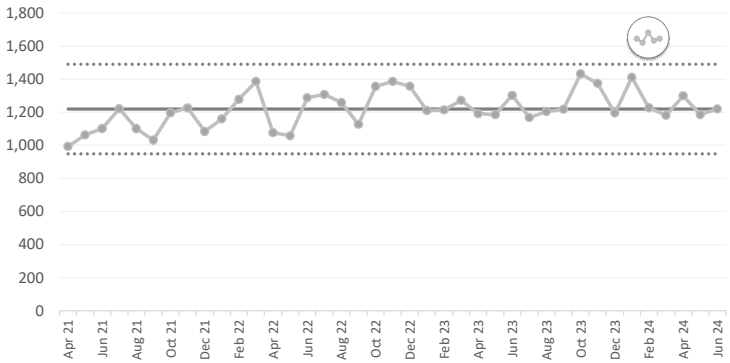
Transition from serious incident framework (SIF) to PSIRF

Mitigation:
PSIRF policy and plan developed and cascaded.
Recruitment to patient safety manager vacant post and dedicated patient safety investigators.

Incidents reported

Total number of incidents reported on DATIX during the month.

Jun-24	Variance Type	Target	Achievement
1220	Common cause variation	-	N/A

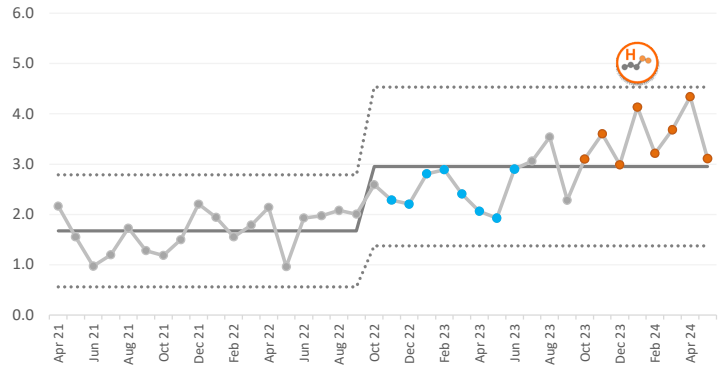


This metric is experiencing common cause variation i.e. no significant change.

Pressure ulcers per 1,000 days

Rate of pressure ulcer incidents reported per 1,000 inpatient bed days. Includes all pressure ulcer categories.

May-24	Variance Type	Target	Achievement
3.11	Special cause variation - concerning	-	N/A



This metric is experiencing special cause variation of a concerning nature with the last eight data points falling above the central line.

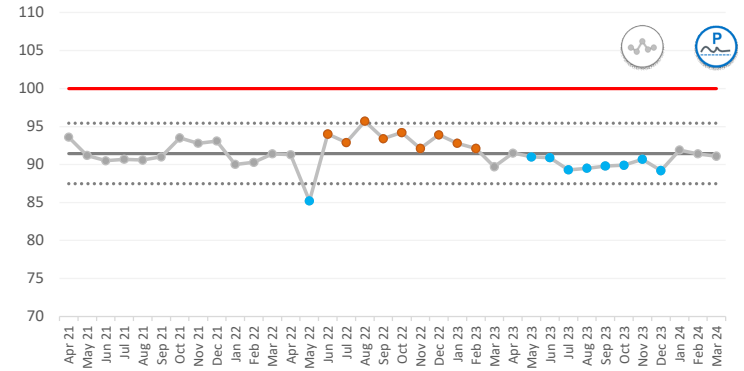
Conduct of pressure ulcer incidents' themes annual review with corresponding quality improvement plan. Increasing colleagues, patient and carers education on pressure ulcer risk assessment, prevention, categorisation and management.

Review of local reporting system (Datix) to ensure greater accuracy on incident locations and attribution.

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).

Mar-24	Variance Type	Target	Achievement
91.1	Special cause variation - improvement	100.0	Capable process - likely to always meet the target

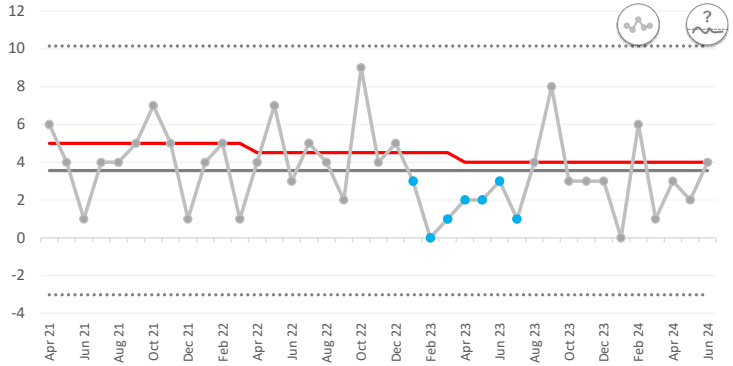


This metric is experiencing common cause variation i.e. no significant change.
The target lies above the current control limits and will be consistently achieved unless something changes in the process.

Clostridioides difficile

Number of C-diff cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

Jun-24	Variance Type	Target	Achievement
4	Common cause variation	4	Unreliable process - may or may not meet the target consistently

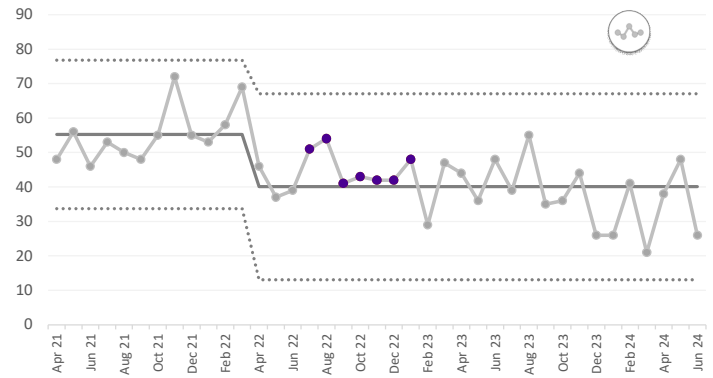


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints received

Number of complaints received during the month.

Jun-24	Variance Type	Target	Achievement
26	Common cause variation	-	N/A

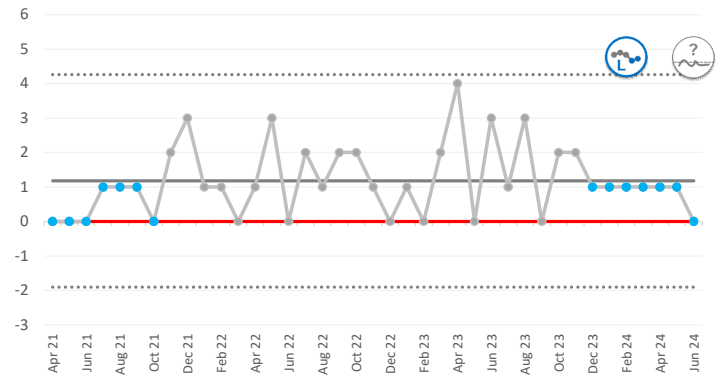


This metric is experiencing common cause variation i.e. no significant change.

Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later in month.

Jun-24	Variance Type	Target	Achievement
0	Special cause variation - improvement	0	Unreliable process - may or may not meet the target consistently

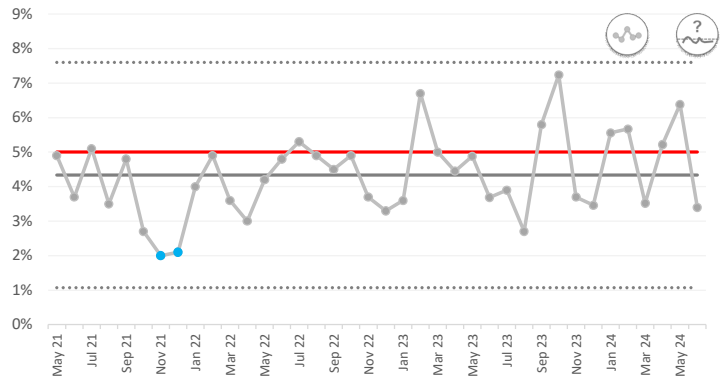


This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line.
The target lies within the current control limits and so the metric will consistently hit or miss the target.
Conduct of umbilical artery dopplers on all pregnancies at 20 weeks which enables the early identification of intrauterine growth restriction and subsequent safer plans for birth.
Robust guidelines in place on foetal growth with risk assessment at booking and serial growth scans for those who trigger as higher risk .
Reduced foetal movements in pregnancy is managed closely in line with recommendations from saving babies lives and Maternity Incentive Scheme contributing to a reduction in

Term admissions to the neonatal unit

Percentage of admissions to neonatal unit >37 weeks gestation (over all admissions to the neonatal unit in month).

Jun-24	Variance Type	Target	Achievement
3.4%	Common cause variation	5%	Unreliable process - may or may not meet the target consistently

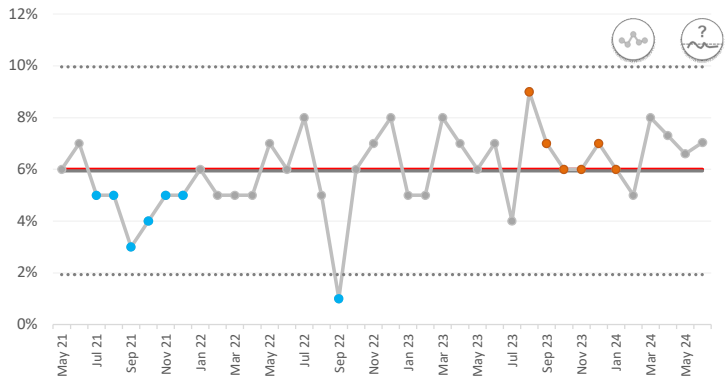


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Overall preterm birth rate

Percentage of birth that occur <37 weeks gestation (over all births in month).

Jun-24	Variance Type	Target	Achievement
7.0%	Common cause variation	6%	Unreliable process - may or may not meet the target consistently

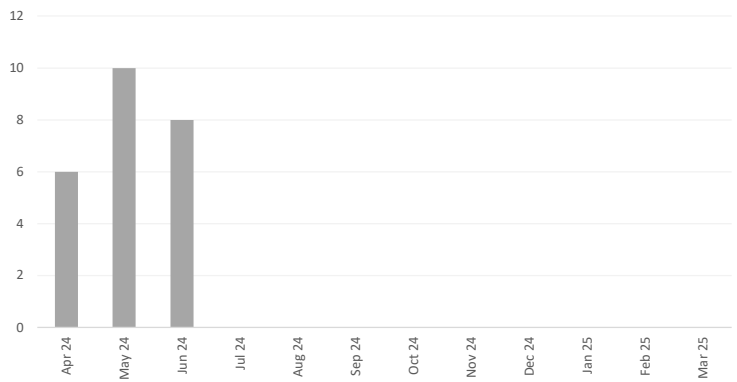


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

After Action Reviews

Number of After Action Reviews (AAR) underway.

Jun-24	Variance Type	Target	Achievement
8	N/A	-	N/A

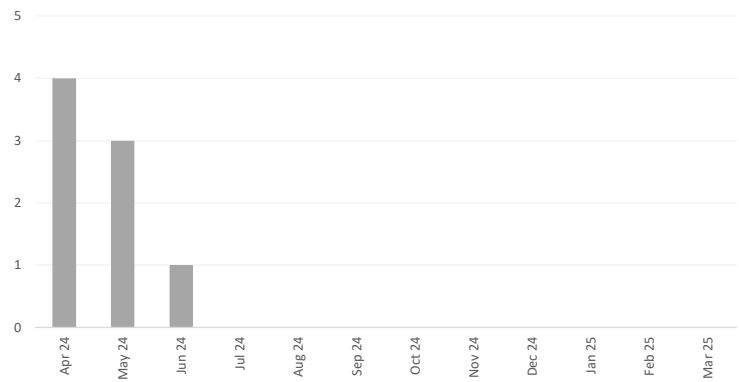


Not enough data for an SPC chart.

Multi Disciplinary Team reviews

Number of Multi Disciplinary Team (MDT) reviews underway.

Jun-24	Variance Type	Target	Achievement
1	N/A	-	N/A

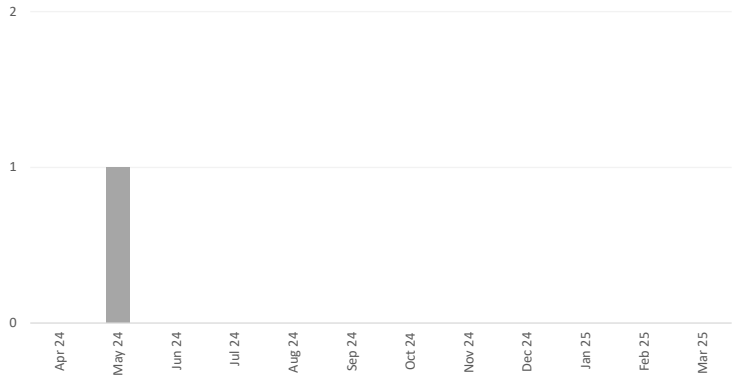


Not enough data for an SPC chart.

Patient Safety Incident Investigations

Number of Patient Safety Incident Investigations (PSII) underway.

Jun-24	Variance Type	Target	Achievement
0	N/A	-	N/A



Not enough data for an SPC chart.

Healthy Communities

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objectives								
Attendance rates for Health and Development Review	Jun 24	87.9%	82.0%			83.5%	69.5%	97.5%
Number of blood pressure checks at outpatient appointments			-					
Driver metrics								
Expected level of achievement with Health and Development Review	Jun 24	89.7%	90.0%			92.7%	82.6%	102.7%
Healthy communities								
Maternity smoking at time of booking	Jun 24	5.2%	5.0%			6.1%	1.4%	10.8%
Maternity smoking at time of delivery	Jun 24	4.0%	5.0%			4.1%	1.7%	6.4%

Attendance rates for Health and Development Review

Definition: Percentage of children from opportunity Bucks that attend 12-month Health and development review by the time they're 15 months (over all children from opportunity Bucks who turn 15 months old during the reporting month.)

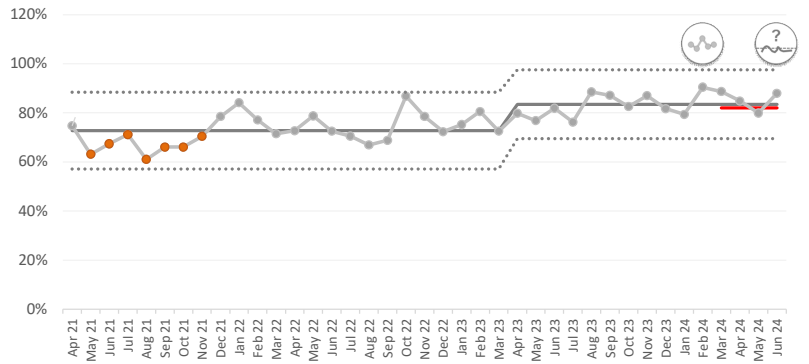
Target: Deliver at least 85% by the end of 2024/25

Owner: Chief Digital and Transformation Officer
Committee: Finance and Business Performance

How we are performing

From the data, there appears to have been a step change in April 2023 with the last thirteen data points falling above the central line so the limits have been recalculated at this point.
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

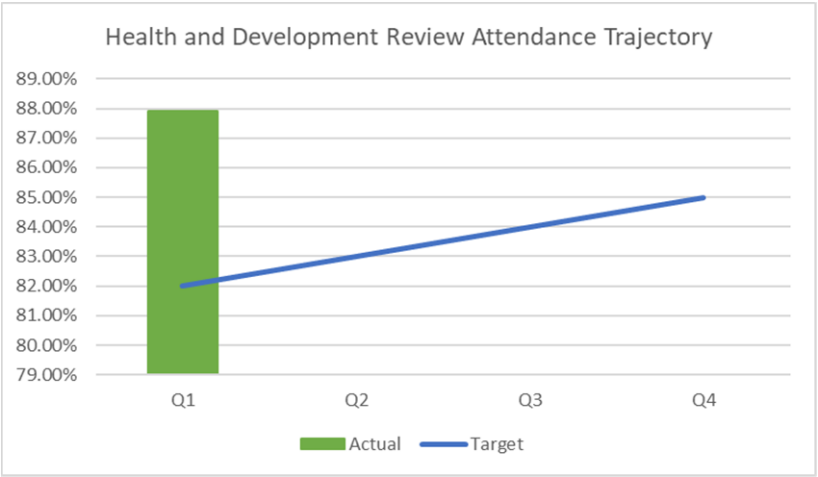
Jun-24	Variance Type	Target	Achievement
87.9%	Common cause variation	82%	Unreliable process - may or may not meet the target consistently



Drivers of performance

Actions to maintain or improve performance

HDR – Work is ongoing to improve uptake with:
Invites being sent earlier
Changing the booking system and giving parents the option of virtual clinics
Communications plan, including short video and updated HDR information on CYP website.
Audit of those who did not bring their children or declined.



Risks and mitigations

Number of blood pressure checks at outpatient appointments

Definition: The percentage of adult outpatients having their blood pressure taken at an face to face outpatient appointment (over all adult face to face outpatient appointments during the reporting month.)

Target: Deliver at least 75% by the end of 2024/25

Owner: Chief Medical Officer
Committee: Finance and Business Performance

How we are performing

Jun-24	Variance Type	Target	Achievement

Drivers of performance

Actions to maintain or improve performance

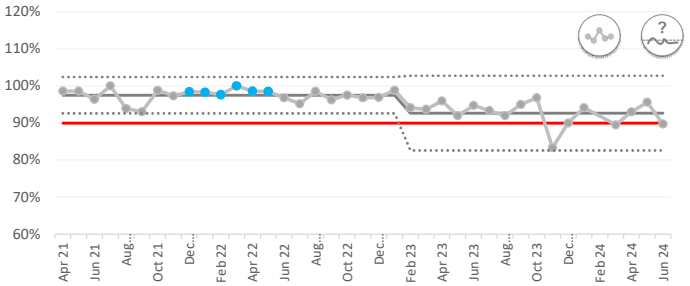
Pilot is underway in breast unit
BO monitors are being procured, aim to have in place by end of July.
Work underway to ensure ability to measure BP checks and report back to primary care

Risks and mitigations

Expected level of achievement with Health and Development Review

Percentage of children attending the 12-month HDR who achieve the expected level or above for all areas (over all children with a review in month.) Children from from opportunity Bucks only.

Jun-24	Variance Type	Target	Achievement
89.7%	Common cause variation	90%	Unreliable process - may or may not meet the target consistently



How we are performing

Expected level of achievement with HDR: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Drivers of performance

Actions to maintain or improve performance

Risks and mitigations

Great place to work

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Staff experiencing bullying from managers	2023	9.4%	8.4%			10.5% (avg)	5.8% (best)	16.9% (worst)
Staff experiencing bullying from other colleagues	2023	17.7%	15.7%			19.3% (avg)	12.3% (best)	26.1% (worst)
Great place to work								
Trust overall vacancy rate	Jun 24	5.8%	10.0%			7.2%	4.9%	9.5%
Nursing and midwifery vacancy rate	Jun 24	4.1%	8.0%			8.4%	5.9%	10.9%
Turnover	Jun 24	11.4%	12.0%			10.9%	10.1%	11.7%
Sickness	May 24	3.7%	3.5%			3.8%	3.2%	4.5%
Statutory and Mandatory training	Jun 24	92.1%	90.0%			91.5%	90.3%	92.7%

Behaviours

Definition: Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse out of those who answered the question: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers/other colleagues?

Target: No more than 8.4% of staff experiencing bullying from managers and 15.7% of staff experiencing bullying from colleagues by December

Owner: Chief People Officer
Committee: Strategic People

How we are performing

Instances of bullying and harassment will be measure annually through the national staff survey (NSS). The most recent data available is from the 2023 NSS is 17.7% colleagues report experiencing bullying from other colleagues, while 9.4% reported experiencing bullying from their managers.
Our target is to be best in class in the 2025 NSS results, for which we will need a reduction of 4% by colleagues and 2% by managers.
We will also measure colleague experience through national quarterly pulse surveys from quarter 2 of this year.
We are putting in place processes to monitor reports of B&H from a new behaviour reporting system on a monthly basis (starting mid-July, reporting in Aug24)

Drivers of performance

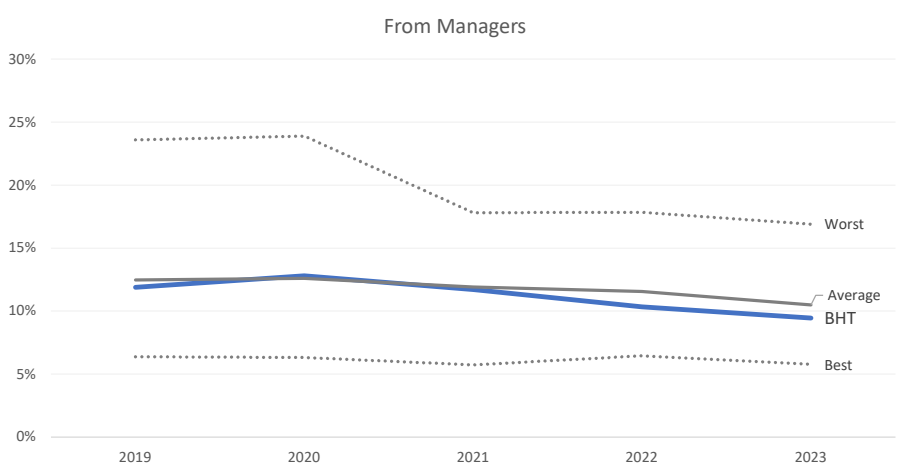
Key drivers of performance are:
Lead indicators - Annual appraisal completion, sickness rate, excellence reporting, completion of Peaks programme
Lag indicators – Poor behaviour reports, FTSUG report, ER cases, Staff Survey

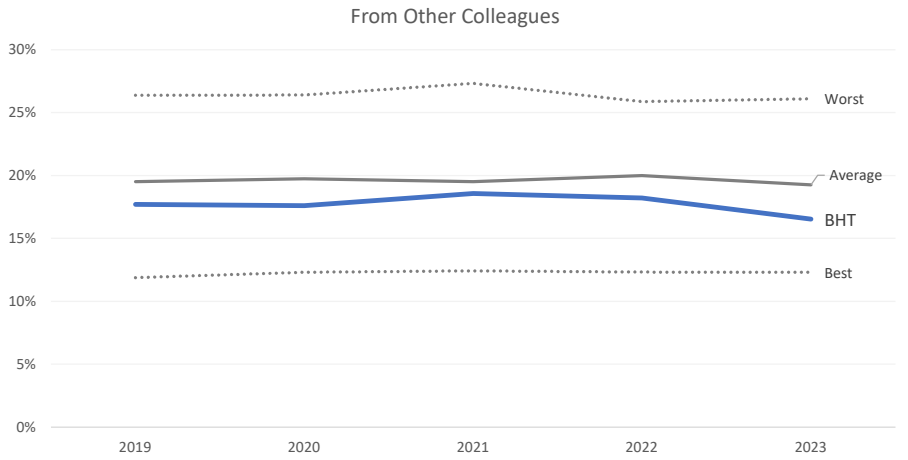
Organisational interventions for Q2 include:
Embedding our Behaviour framework
Creating a new behaviour reporting system
Reviewing our policies
Mangers induction
B&H webinar (first pilot in Cardiology)

Actions to maintain or improve performance

Risks and mitigations

An initial upsurge in reporting due to increased awareness
This should reduce after the first 6 months to show the impact of interventions
Operational pressures-disengagement with the programme
Ensure sustained Comms campaign with simple, clear and consistent messaging. Sign posting to resources & tool to support managers
Prioritise & mandate events
Interdependencies-This programme will be impacted by other initiatives such as the productivity drive and financial pressures, which may have an unintended consequence on colleague's behaviours.
Triangulate data from lead indicators to ensure any changes in these are verified, logged and actioned proactively

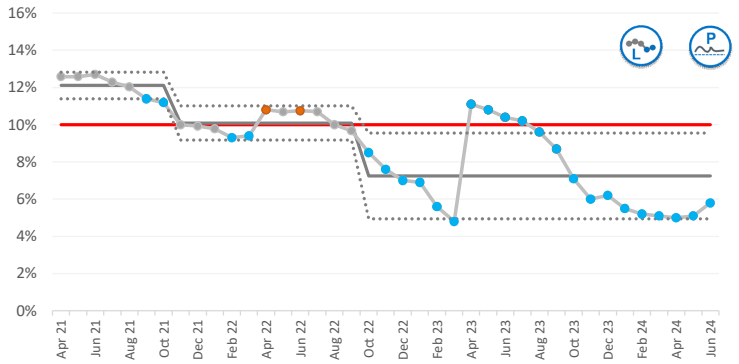




Trust overall vacancy rate

Percentage of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.

Jun-24	Variance Type	Target	Achievement
5.8%	Special cause variation - improvement	10.0%	Capable process - likely to always meet the target



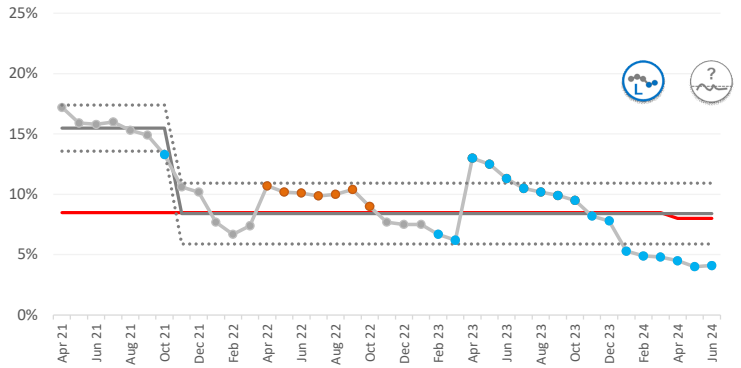
This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line.
The target lies above the current control limits and so the metric will consistently achieve the target unless something changes in the process.

We are utilising our M12 establishment whilst awaiting finalised budgets. Therefore, this does not fully reflect our current position.
We continue to work closely with Care Groups and corporate areas to ensure recruitment to approved vacancies is done efficiently - to reduce the need for temporary staffing

Nursing and midwifery vacancy rate

Percentage of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.

Jun-24	Variance Type	Target	Achievement
4.1%	Special cause variation - improvement	8.0%	Unreliable process - may or may not meet the target consistently



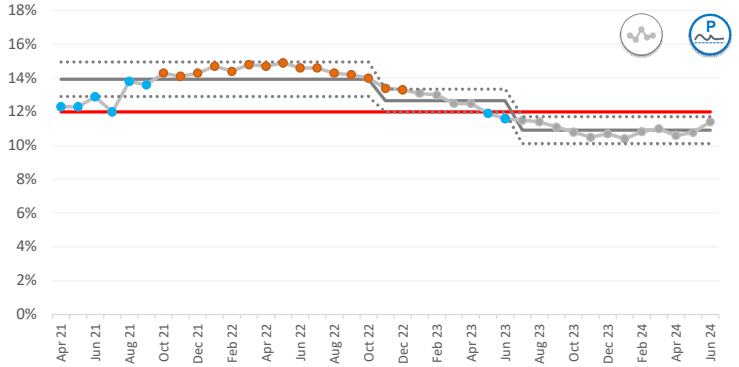
This metric is experiencing special cause variation of an improving nature with the last six data points falling below the lower control limit.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

We are utilising our M12 establishment whilst awaiting finalised budgets. Therefore, this does not fully reflect our current position.
Our focus remains on speciality and community areas with proportionately higher vacancy rates. We are working with our current cohort of student nurses to secure substantive roles in the Trust.

Turnover

% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust. Rolling 12 months.

Jun-24	Variance Type	Target	Achievement
11.4%	Common cause variation	12.0%	Capable process - likely to always meet the target

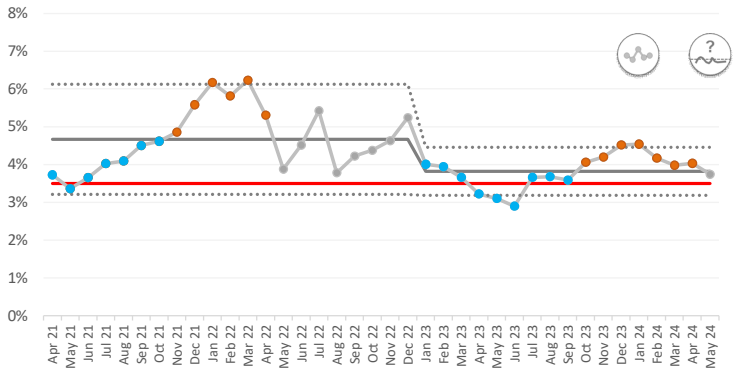


This metric is experiencing common cause variation i.e. no significant change.
The target lies above the current control limits and will be consistently achieved unless something changes in the process.
Turnover remains below (better than) target, however the number of leavers rose during June.
Work life balance and retirement are key drivers.
We are launching ESR flexible working request facility, which will provide oversight and assurance on equity of process both to the organisation and individual to support work/life balance. We will also be promoting the Flexible Retirement options next month, as an alternative to taking full

Sickness

Percentage of total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.

May-24	Variance Type	Target	Achievement
3.7%	Common cause variation	3.5%	Unreliable process - may or may not meet the target consistently



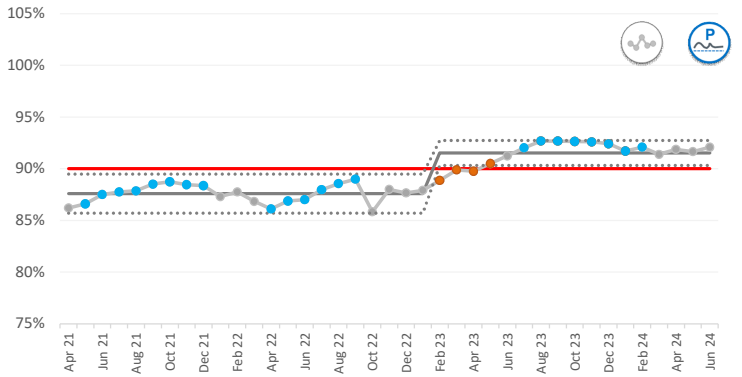
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

This month's sickness has slightly decreased, as expected and in line with seasonal variation.
Actions to increase rapid access to sickness advice for managers and employees are being implemented by Occupational Health, Wellbeing and HR teams.

Statutory and Mandatory training

The percentage of eligible staff members being up to date with statutory & mandatory training. Snapshot at month end.

Jun-24	Variance Type	Target	Achievement
92.1%	Common cause variation	90.0%	Capable process - likely to always meet the target



This metric is experiencing common cause variation i.e. no significant change.
The target lies just below the current control limits and will be consistently achieved unless something changes in the process.

All Care Groups have seen a small improvement in compliance rates since May.
We expect July's compliance rate to reduce, due to incorporating the new Oliver McGowan training.

Productivity

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Overall NHSE measure of productivity	Mar 24	-7.0%	-6.4%			-12.9%	-15.3%	-10.4%
Driver metrics								
14 day length of stay - acute & community	Jun 24	176	-			195	158	232
Theatre cases per 4 hours planned time	Jun 24	2.4	2.8			2.4	2.2	2.6
WTEs in the Trust	Jun 24	6290.5	6676.0			6178.2	6084.6	6271.8
Productivity								
14 day length of stay - acute	Jun 24	141	-			154	123	186
Average LOS - community hospitals	Jun 24	20.7	-			19.9	13.2	26.6
Theatre utilisation	Jun 24	83.9%	85.0%			84.9%	82.9%	86.9%
Daycase rate	Jun 24	85.9%	85.0%			84.2%	81.4%	87.1%
Face to face contacts delivered by Community Therapy	Jun 24	481.6	-			441.7	225.2	658.2
Face to face contacts delivered by District Nursing	Jun 24	3555.0	-			3613.8	3252.3	3975.3
Outpatient DNA rate	Jun 24	6.7%	5.0%			7.1%	6.2%	8.0%

Productivity

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Plan	Variation	Assurance	Mean	Lower process limit	Upper process limit
Productivity continued								
Temporary staffing levels (spend £)	Jun 24	3249098.00	-			4220718.20	2985398.53	5456037.87
Substantive staffing	Jun 24	6290.5	6396.2			6178.2	6084.6	6271.8
Substantive staffing against plan	Jun 24	-0.9%	-			-	-	-
Temporary staffing	Jun 24	503.3	415.5			606.7	525.2	688.2
Temporary staffing against plan	Jun 24	4.7%	-			-	-	-

Overall NHSE measure of productivity

Definition: Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.

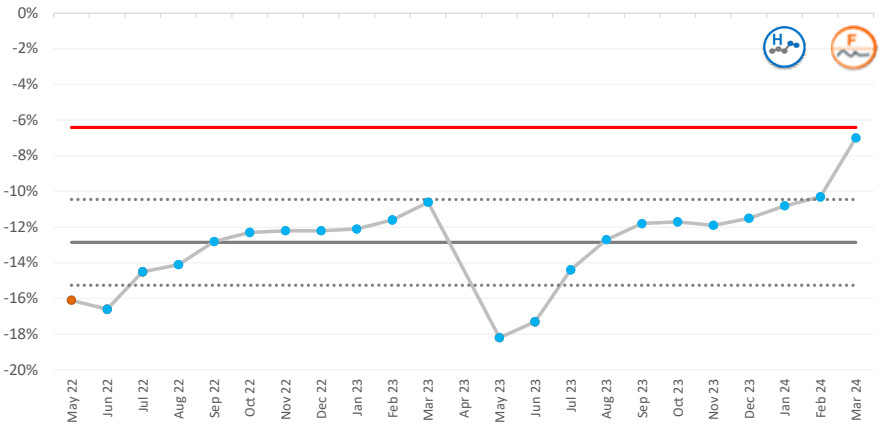
Target: 5% improvement on 2023/24 productivity position

Owner: Chief Finance Officer
Committee: Finance and Business Performance

How we are performing

This metric is experiencing special cause variation of an improving nature with the latest two data points falling above the upper control limit.
However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Mar-24	Variance Type	Target	Achievement
-7.0%	Special cause variation - improvement	-6.4%	Incapable process - likely to consistently fail to meet the target



Drivers of performance

LOS
Numbers of patients who do not meet the criteria to reside
Early identification of discharges and clarity on discharge processes
Effective escalation process for our longest staying patients
Theatres Cases Per list
Booking density levels at 100%+
Starting on time and standby patients in case of last minute cancellations
Standardising of lists make-up to ensure higher volumes
WTEs
Control over temporary staffing and substantive recruitment

Actions to maintain or improve performance

LOS
Rollout of Patient Flow digital whiteboards started
Escalation meetings with Bucks Council to resolve recent increase in patients with no criteria to reside
More robust escalation process for long staying patients started in June under the Deputy COO
Theatres Cases Per list
Individual SDU by SDU plans developed and agreed for standardisation of lists
Increases in booking density and improved theatre booking, processes in place from June
WTE
Continued weekly scrutiny of WTE levels and temporary staffing spend
Continued development of Care Group pay plans

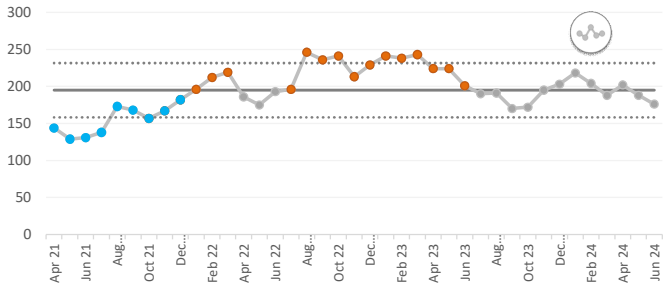
Risks and mitigations

LOS
Financial constraints across the system may inhibit the efficient flow of patients. Mitigation - transparent review of data with partners and clear escalation processes.
Theatres Cases Per list
Culture change needed amongst a wide range of teams and with individuals across.
the MDT setup. Mitigation - investment in new leadership roles in the Wycombe Elective Centre to help drive change and shape culture.
WTE
WTE and pay savings are challenging to make. Mitigation - detailed planning with support from the people team underway across all areas. Focus on key areas for consideration of restructures and rotas to deliver more efficiently.

14 day length of stay - acute & community

Count of patients in beds over 14 days in either Stoke Mandeville or Wycombe hospitals (excluding Spinal) or community beds (Chartridge, Waterside and Buckingham wards). Month end snapshot.

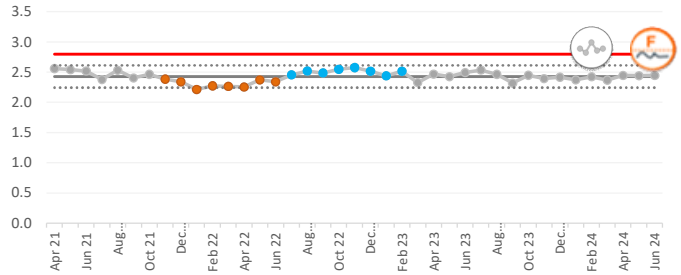
Jun-24	Variance Type	Target	Achievement
176	Common cause variation	-	N/A



Theatre cases per 4 hours planned time

Number of theatre cases per four hours of planned theatre time during the month.

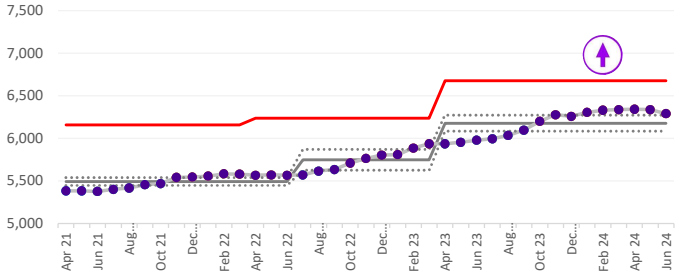
Jun-24	Variance Type	Target	Achievement
2.4	Common cause variation	2.8	Incapable process - likely to consistently fail to meet the target



WTEs in the Trust

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post. Excludes bank and agency.

Jun-24	Variance Type	Establishment	Achievement
6290.5	Special cause variation - neither concerning nor improvement	6676.0	N/A



How we are performing

14 day LOS - acute & community: This metric is experiencing common cause variation i.e. no significant change.

Theatre cases per 4 hours planned time: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

WTEs in the Trust: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two out of three data points falling close to the upper control limit.

Drivers of performance

Actions to maintain or improve performance

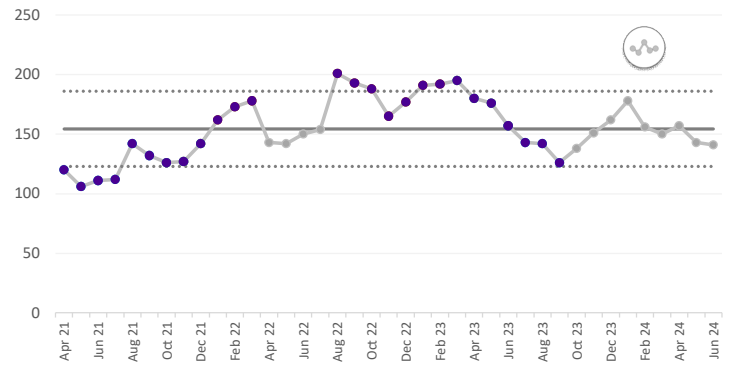
Risks and mitigations

14 day length of stay - acute

Count of patients in a bed at either Stoke Mandeville or Wycombe hospitals at the end of the month who have a total length of stay of more than 14 days. Excludes Spinal patients.

Jun-24	Variance Type	Target	Achievement
141	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

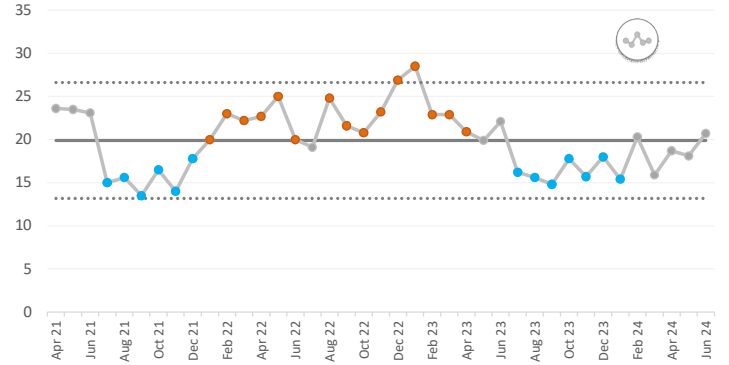


Average LOS - community hospitals

Mean length of stay in days in a community bed for patients discharged from a community hospital (Buckingham hospital, Chartridge ward and Waterside ward) during the month.

Jun-24	Variance Type	Target	Achievement
20.7	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

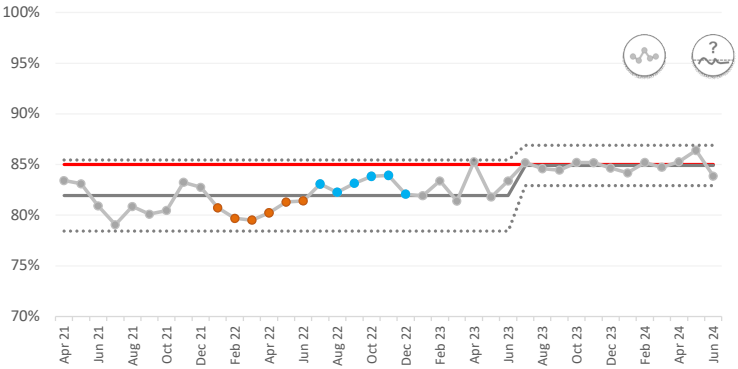


Theatre utilisation

Total run time of theatre lists as a percentage of total planned time.

Dec-23	Variance Type	Target	Achievement
84.6%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently

From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.
However the target lies within the current control limits and so the metric will consistently hit or miss the target.

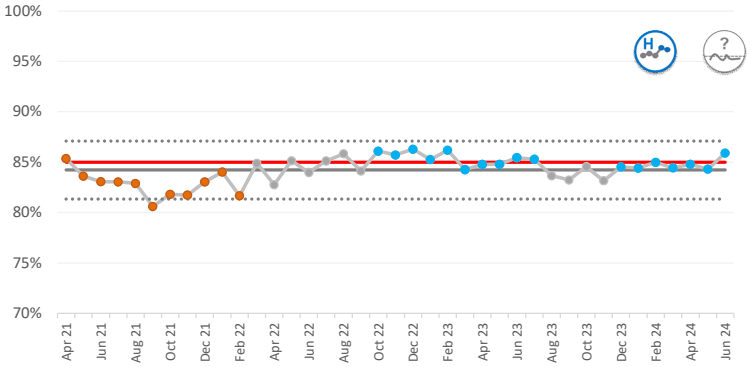


Daycase rate

The percentage of elective patients booked to have a procedure as a day case in month over all elective procedures booked in month.

Jun-24	Variance Type	Target	Achievement
85.9%	Special cause variation - improvement	85%	Unreliable process - may or may not meet the target consistently

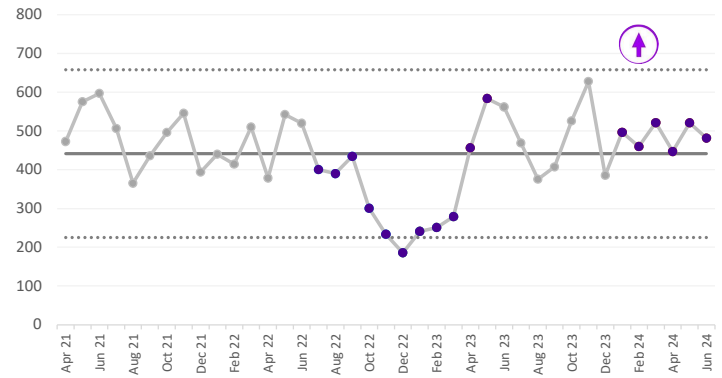
This metric is experiencing special cause variation of an improving nature with the last seven data points falling above the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.



Face to face contacts delivered by Community Therapy

The total number of face to face contacts during the reporting month delivered by Community Therapy (Physiotherapy and Occupational Therapy) per 100,000 of the population.

Jun-24	Variance Type	Target	Achievement
481.6	Special cause variation - neither concerning nor improvement	-	N/A

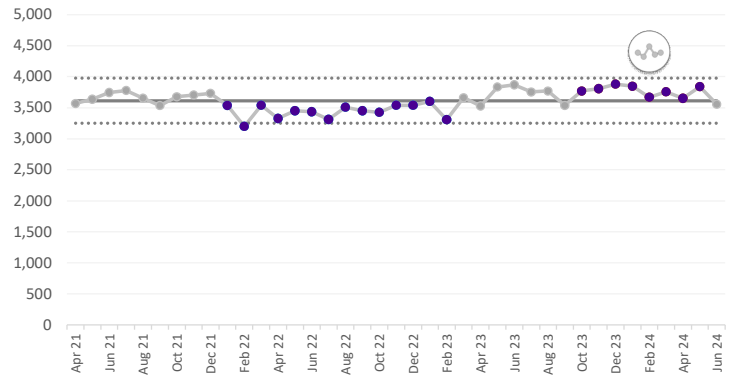


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling above the central line.

Face to face contacts delivered by District Nursing

The total number of face to face contacts during the reporting month delivered by Community/District Nursing services per 100,000 of the population. (Excluding Health Visiting and Specialist Nursing.)

Jun-24	Variance Type	Target	Achievement
3555.0	Common cause variation	-	N/A

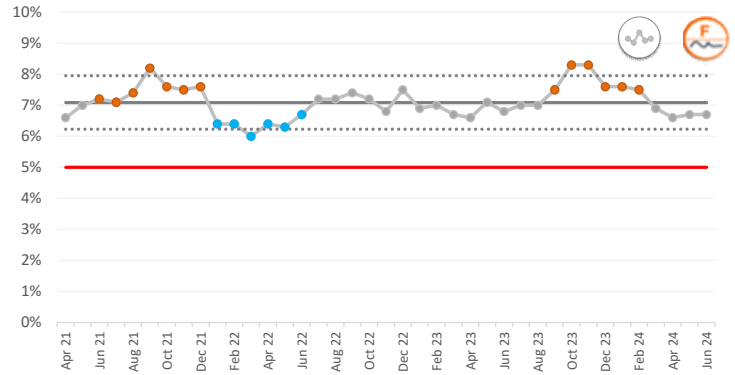


This metric is now experiencing common cause variation i.e. no significant change.

Outpatient DNA rate

Percentage of patients who did not attend (DNA) outpatients over all outpatient attendances and DNAs during the month.

Jun-24	Variance Type	Target	Achievement
6.7%	Common cause variation	5%	Incapable process - likely to consistently fail to meet the target

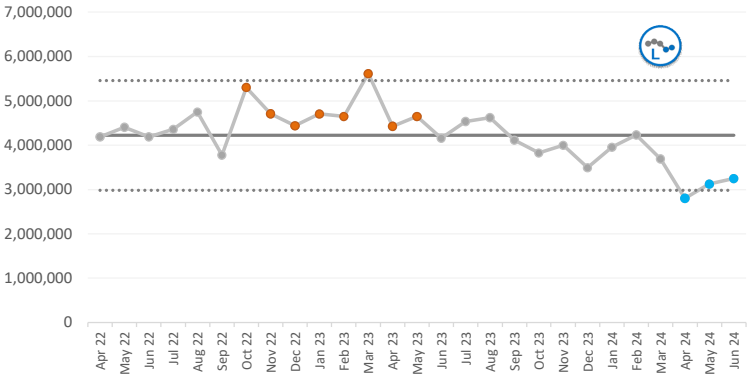


This metric is experiencing common cause variation i.e. no significant change.
The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Temporary staffing levels (spend £)

Temporary staffing spend against plan.

Jun-24	Variance Type	Target	Achievement
£3,249,098.00	Special cause variation - improvement	-	N/A

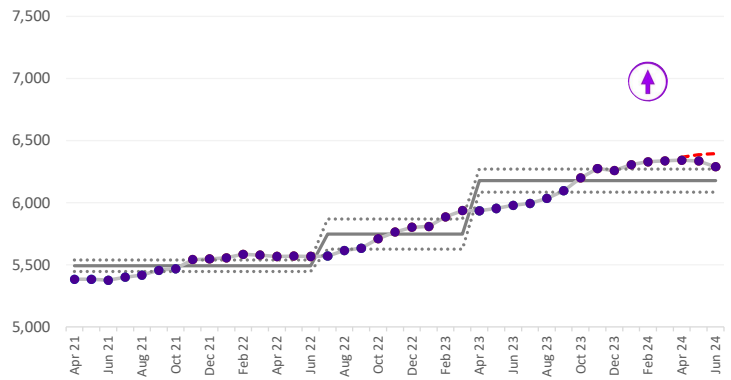


This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower limit.

Substantive staffing

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post.

Jun-24	Variance Type	Plan	Achievement
6290.5	Special cause variation - neither concerning nor improvement	6396.2	N/A

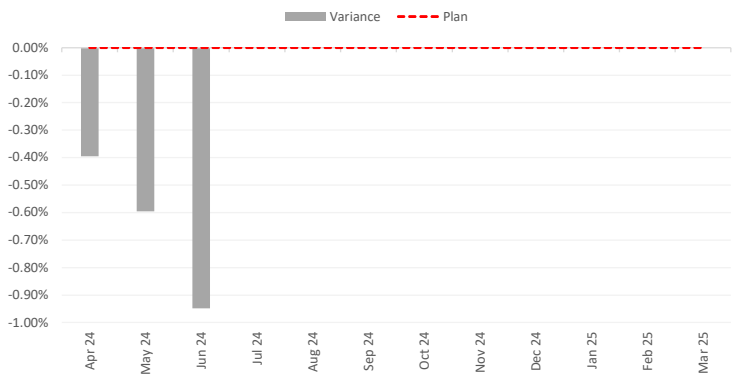


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two out of three data points falling close to the upper control limit.

Substantive staffing against plan

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

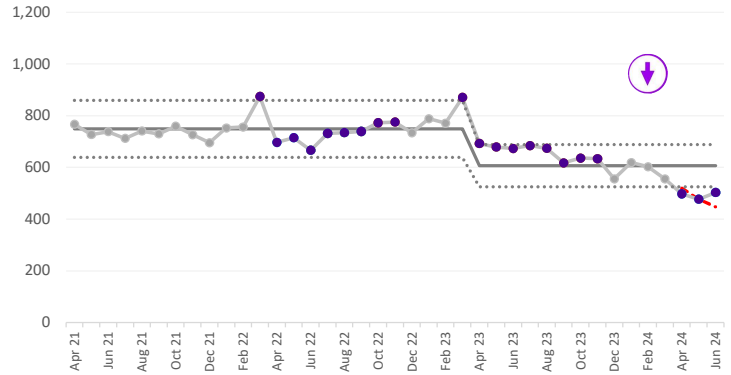
Jun-24	Variance Type	Plan	Achievement
-0.95%	N/A	0%	N/A



Temporary staffing

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post.

Jun-24	Variance Type	Plan	Achievement
503.3	Common cause variation	447.7	N/A

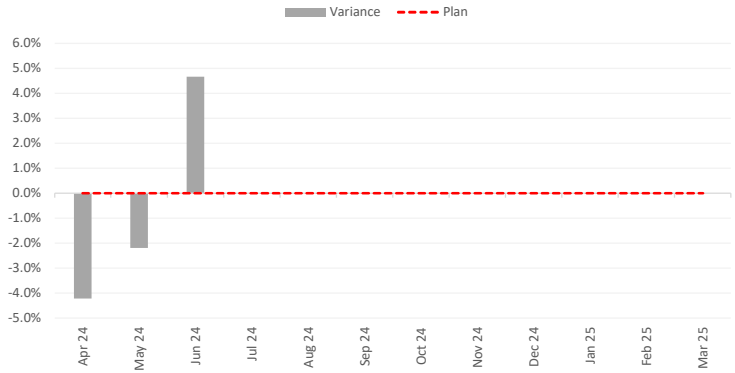


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last three data points falling below the lower control limit.

Temporary staffing against plan

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

Jun-24	Variance Type	Plan	Achievement
4.67%	N/A	0%	N/A



OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Digital Strategy 2030
Board Lead	Duncan Dewhurst, Chief Digital and Transformation Officer
Author	Gemma Thomas, Director of Strategic Delivery
Appendices	Digital Strategy
Purpose	Approval
Previously considered	Transformation Board, Digital Health Programme Board, F&BPC

Executive summary

The Digital Strategy 2030 sets out the vision to: **transform clinical practice, processes and culture to reflect a modern approach to using digital systems, data and technology to provide high quality, preventative, proactive and personalised care,** and identifies how this will be delivered through:

- **Getting the basics right**- including developing the foundations of the Trust's IT infrastructure.
- **Digitising the Trust** – implementing a new acute Electronic Patient Record (EPR), modernising a range of related clinical applications, and implementing data infrastructure that gives us a single source of the truth across Buckinghamshire.
- **Building new capabilities -** implementing AI and Automation, remote monitoring, and population health management.

The strategy sets out ambitions for the next 5 years and with a detailed plan for the next few years which will be reviewed and updated annually to ensure delivery of the strategy.

The strategy was considered and approved by the Transformation Board, the Digital Health Programme Board and the Finance & Business Performance Committee.

The Board are asked to approve the Digital Strategy.

Decision	The Board is requested to approve the Digital Strategy.

Relevant strategic priority

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

Relevant objective

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

Implications / Impact

Patient Safety	By ensuring all colleagues have the right tools to do their job efficiently and effectively and enabling proactive and personalised care patient safety will be maximised.

Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards Type related risk in box
Financial	N/A
Compliance Select an item. Select CQC standard from list.	The delivery of the digital strategy will support delivery of compliance.
Partnership: consultation / communication	Delivery of the digital strategy will support development of partnership working, improve patient outcomes and experience
Equality	Delivery of the digital strategy will aims to support delivery of care with the greatest need.
Quality Impact Assessment [QIA] completion required?	N/A QIAs will be completed through each project

NHS
Buckinghamshire Healthcare
NHS Trust

Digital Strategy 2030

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Introduction

Buckinghamshire Health NHS Trust's (BHT) vision is to deliver **outstanding care**, create **healthy communities** and make the Trust a **great place to work**. BHT is working with place partners to design and deliver healthcare that is more integrated, preventative, and designed around the person. The digital strategy will support the delivery of this Place strategy through ensuring that all teams have the right technology, systems and skills to deliver safer care. With better access to information to enable a focus on preventative, proactive and personalised care focusing more on supporting people in their homes and focusing on those that are most vulnerable, have the greatest needs and greatest challenges in accessing services.

The vision of the digital strategy is to: ***transform clinical practice, processes and culture to reflect a modern approach to using digital systems, data and technology to provide high quality, preventative, proactive and personalised care.***

To achieve this, we need to:

- **Getting the basics right**- including developing the foundations of the Trust's IT infrastructure.
- **Digitising the Trust** – implementing a new acute Electronic Patient Record (EPR), modernising a range of related clinical applications and implementing data infrastructure that gives us a single source of the truth across Buckinghamshire.
- **Building new capabilities -** implementing AI and Automation, remote monitoring and population health management.

To deliver against these priority areas the Trust will need to work differently – the digital strategy sets out how the approach to working differently will be **clinically led, operationally driven, digitally enabled and patient empowered.**

Digital Journey – so far

Significant progress has been made in stabilizing BHT's digital infrastructure and increasing digital maturity within the Trust over the last three years. There have also been examples of best practice including using the shared care record to support the pre-operative process and the roll out of Care Flow Vitals across numerous settings The digital strategy aims to build upon this foundation, continuing to implement best practices and innovative solutions to further enhance patient care and operational efficiency. Here are some examples of progress developed in the last few years.

Basics

- Improved cyber security.
- Implemented modern, secure and resilient data centre.
- Windows 10/11 and new device roll out.

Digitised

- Digitised critical areas of BHT including CareFlow vitals, pre-op pathways and ICU (Intensive Care Unit) EPR (electronic Patient Record).*

Building

- Identified use cases for AI and automation.
- Implemented SCR (shared care record) and are using it to support waiting list management and secondary prevention*
- Using digital technology for remote monitoring patients in Hospital at Home.

* Case studies in appendices

Current Context

Our colleagues have told us the areas we need to improve are:

- Provide the equipment needed to deliver high quality service, including laptops, particularly within community settings
- Improve wi-fi and network connectivity
- More responsive, customer centred support for digital issues and queries

Our partners through the ICS and Place have identified:

- We need more joined up and connect data to support all care professionals to make the best decision about the person they are caring for
- We need to develop a population health management approach across Buckinghamshire
- We need to become more digitally mature including the update and implementation of EPR systems
- We need to work in collaboration to enable people to have more control over their data and empower them to manage their own health and wellbeing

The digital strategy has been develop from listening to this feedback and will form a key part of the BHT delivery plan for to place strategy, to ensure we are adding value by being date led and digitally enabled.

Aims

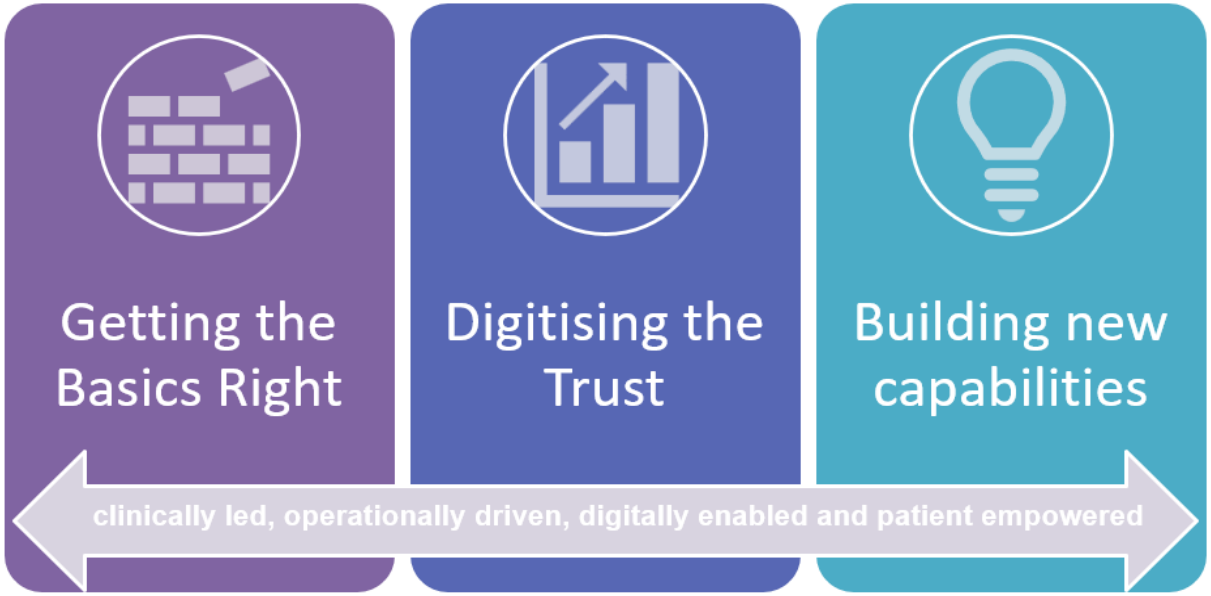
This digital strategy sets out the approach BHT wants to take for the next three years. Developing and delivering a digital strategy will support BHT to deliver the following aims:

- Develop proactive and personalised models of care which will be integrated across our acute and community services and with primary care, social care, mental health and the voluntary sector
- Support those who are most vulnerable, have the greatest need and greatest challenge in accessing health care
- Provide our colleagues with the equipment and support they need to effectively and efficiently carry out their role

Delivery of those aims will be measured through:

- To achieve Minimum Digital Foundations (MDF) as outlined by NHS England
- Achieve digital maturity in an affordable, achievable and sustainable way
- Improve data quality, performance, productivity and efficiency
- Improve patient experience and outcomes
- Improve quality, safety and efficiency of care

How will we achieve this



Our ambition	Develop the foundations of digital infrastructure.	Implement EPR and update clinical applications.	Implement tools to improve efficiency, target resources and empower patients.
What this means for you	High functioning and secure IT.	Teams have the right systems and skills to provide safe, efficient and high quality care.	Good access to data, improved outcomes and freeing up time to focus on direct care.
How we get there	Build resilience Device update and replacement.	Support colleagues to develop the right digital skills Implement EPR and update clinical systems.	Roll out automation and scope out AI. Develop PHM approach across Buckinghamshire. Implement remote monitoring for LTC.

Ambition 1 - Getting the basics right

Ensuring that our teams have the right technology is fundamental to delivering safer, efficient, and productive care. Much of this work has been delivered in 2023/24, but ongoing investment and focus are essential to maintain and enhance our capabilities. Here's how we can achieve this:

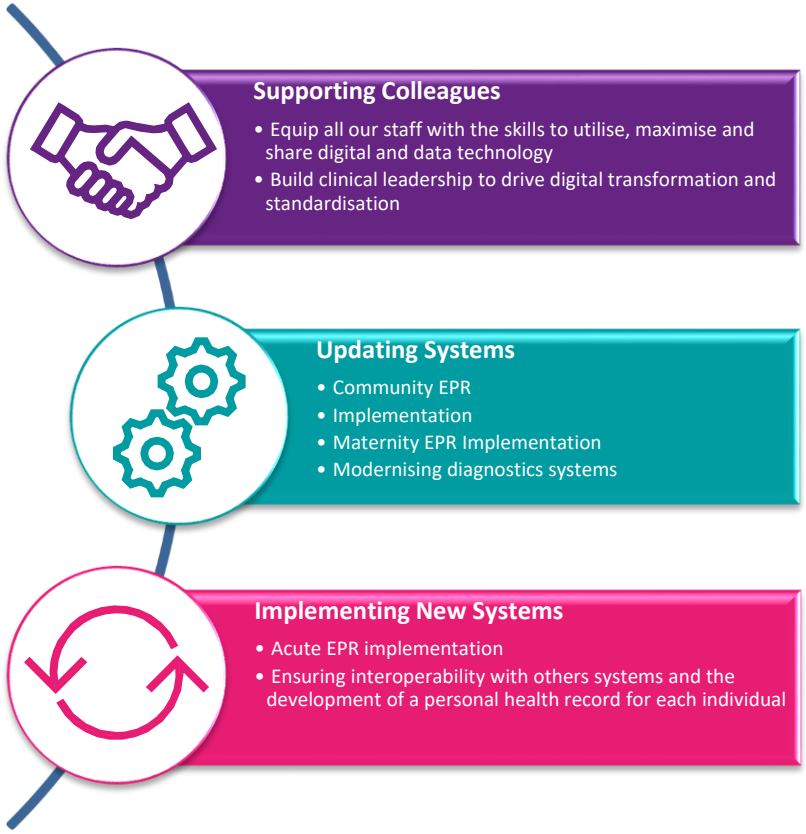
- **Invest in robust infrastructure**: Maintain and upgrade devices to support seamless operations.
- **Focus on data security**: Ensure all systems comply with the latest security protocols to protect patient data.
- **Enable shared and robust governance process**: Encourage and support all teams to develop and follow robust governance process to maintain capability and security of our systems.
- **Provide a customer centric and responsive approach**: continue to increase productivity of the service desk and reducing waiting times to under 3 minutes.

By focusing on these areas, we can ensure BHT continues to deliver high-quality care safely, efficiently and productively.

Ambition 2 - Digitising the Trust

Our ambition is to digitise to enhance delivery, streamline operations, and improve patient outcomes. This will be achieved through the following key initiatives:

- **Digital Health Programme:** Updating clinical applications to ensure we have access to up to date advancements in digital health.
- **Electronic Patient Records (EPR) Implementation:** Rolling out a comprehensive EPR system to provide a cohesive and efficient working environment.
- **Developing colleagues:** Facilitate the development of digital literacy skills across all teams to ensure teams can be data led and digitally enabled support proactive and personalized care models.
- **Integration with key partners:** Ensuring seamless collaboration with our key partners to enhance care delivery across our place and system.
- **Standardised processes:** Embedding standardised clinical and administrative processes within our IT systems to enhance efficiency and consistency.
- **Paperless :** Transitioning towards a paperless environment to streamline operations and reduce administrative burdens.
- **Joined-up clinical records:** Ensuring comprehensive and integrated clinical records for improved data accuracy and accessibility.
- **Data improvement:** Continuously improving data quality and structure to support informed decision-making and better patient outcomes.



Through these initiatives, we aim to create a digitally advanced organisation that delivers safe, efficient, and productive care, setting a benchmark for excellence in healthcare.

Ambition 3 - Building new capabilities

Develop these new capabilities will support BHT to develop a culture where technology and innovation drive excellence in care delivery. These initiatives will enhance our productivity and improve outcomes for our communities, through having improve access to digital tools to empower populations and tools for our colleagues to spend more time with patients and enable proactive and personalised care.

AI & Automation

Aim

Enhance efficiency, reduce manual errors and free up valuable resources to improve outcomes and productivity.

What

Roll out of automation through tried and tested technologies.*

Understand possibilities of AI and develop capabilities and skills within BHT.

Develop governance structures, prioritisation methodology and roll out plan.

Population Health Management (PHM)

Aim

Better understand and address the health needs of our population. Enabling a personalised and proactive approach to supporting the health and wellbeing of our communities.

What

Develop a Buckinghamshire approach to PHM with our partners

Roll out segmentation (categorising population according to their health status) to support direct patient care.

Further develop the SCR.*

Remote monitoring

Aim

Support people to access care in a timely and efficient manner, closer to home and empower people to manage their own health and wellbeing.

What

Implement tools that automatically upload observations from a patient at home for clinician review.

Implement remote monitoring for Long Term Conditions (LTC).

Develop standardised approach to lifestyle advice apps across Buckinghamshire.

* Further information in appendices

Changing the way, we work

To deliver digital transformation the Trust will need to embrace different ways of working being **clinically led, operationally driven, digitally enabled and patient empowered**. In particular:

Clinically Led

Digital transformation will be based on a clear clinical vision, integrated into wider plans and be standardised. This will be supported by cultivating clinical leadership and strengthening the CCIO function.

Operationally Driven

This will mean equipping our colleagues with the skills to utilise, maximise and shape digital technology and data.

This will be incorporated into the OD programme

Digitally Enabled

This will mean ensuring that we have the skills and culture in the digital team to focus on user needs. Alongside sharing digital support functions with other trusts where our digital and data functions are shared.

Patient Empowered

Patients will have access to tools to support them to take more control over their own healthcare, remaining at home for longer and living healthier for longer.

What will this mean?

For our patients

- I will have improved access through digital tools which will simplify processes e.g. booking and changing appointments
- I will have greater control of my care through having digital tools to empower me to manage my own health and wellbeing, including virtual bots to access advice, apps and wearable technology to manage my long term conditions.
- I will received personalised and proactive care.
- My patient record will be joined up, meaning I need to repeat me story less and I will be able to identify my communication needs.

For our colleagues

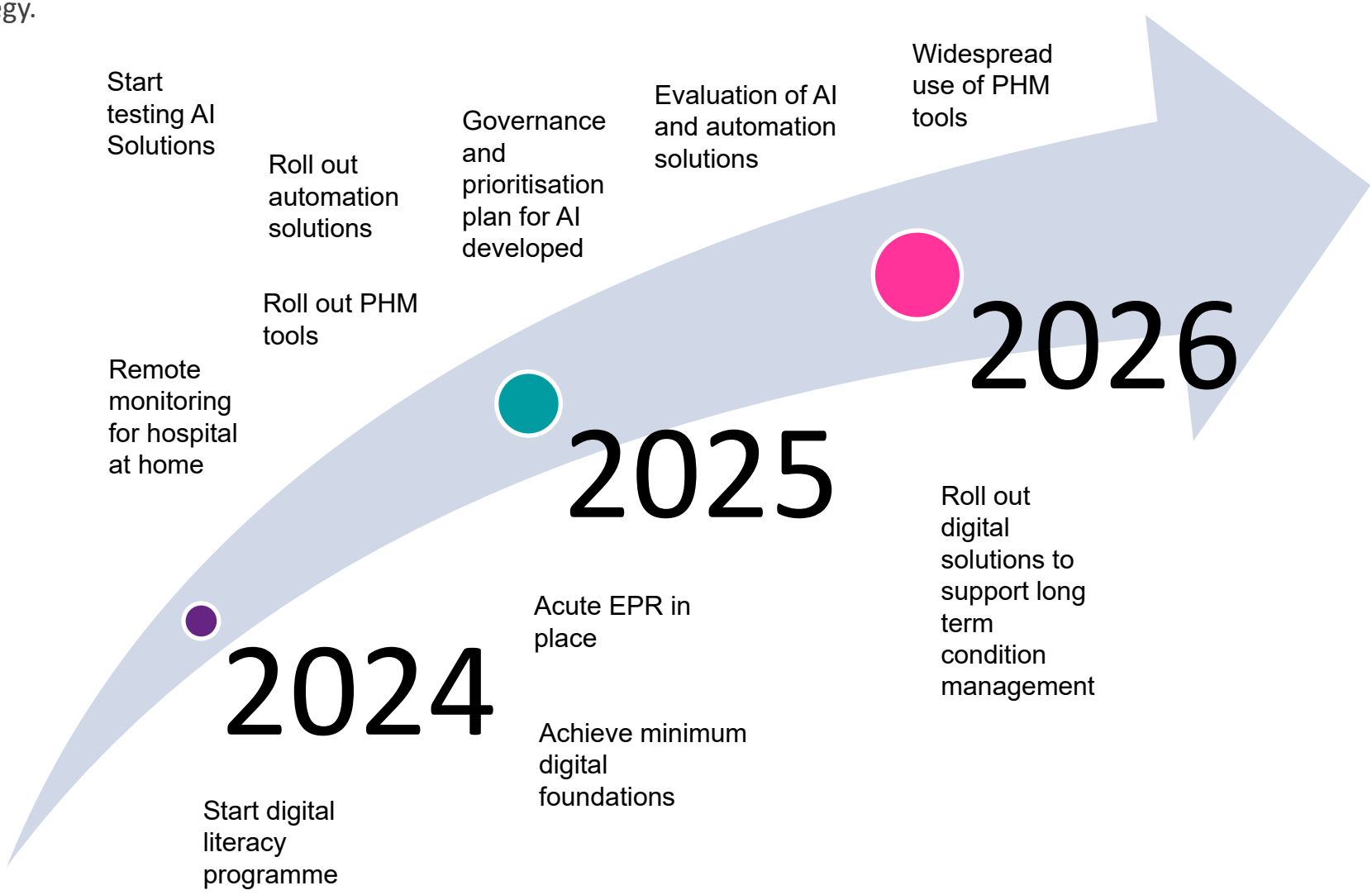
- I will be able to focus more on patient care through having administrative time freed up e.g. letter content auto populated.
- I will be able to access real time and improved data to aid decision making and deliver improved quality of care for my patients.
- I will have the technology, equipment and digital skills I need to effectively and efficiently do my job.
- I will be able to carry out clinical audit in a more timely and efficient manner
- Processes and systems will be standardised across the Trust as much as possible to enable integration between teams.

For our partners

- We will have improved and more timely real-time information to aid more personalised and proactive care.
- We will have a consistent population health management approach across Buckinghamshire enabling proactive and integrated care.
- We will be able to identify those people most at risk for poor health outcomes and develop targeted approaches to reducing health inequalities.

Roadmap

This roadmap sets out the key actions to ensure delivery of the strategy for the first few years of the strategy and will be reviewed and updated annually to ensure a flexible, ambitious and achievable approach to delivering this strategy.



Plan – Basics and Digitising

Digital Capability	Date	What will this deliver
Getting the basics right		
Development of shared and robust governance process	March 2025	Establish expectations on all teams and colleagues of their roles in ensuring safe and secure digital services
Review cyber risks of external providers	2025	To ensure we have confidence in the cyber security of our external supplies and to provide assurance that risk of a cyber attack is minimised
Average service desk waiting time is 3 minutes or less	March 2025	To ensure we have a responsive services to support people to effectively and efficiently do their job.
Digitising the Trust		
Maternity Digital Health Programme	October 2024	Initial go live of Antenatal and Community Care followed by Intrapartum and Postnatal Care.
Community Digital Health Programme	18 month programme	Technical interoperability, Docman Connect and using SMS focus on second half of 2023/24 Integration with internal systems and increase productivity through digitalising processes such as sharing information with GPs and confirming appointment times.
Acute Digital Health Programme	By 2025	Part of FBC and initial quick wins being initial focus i.e. careflow connect for referrals
Start digital literacy development for our colleagues	2024/25 and ongoing	This will be delivered through BHT Organisational Development Programme and will enhance skill of our colleagues to ensure they can maximise the benefits from the technology, systems and data available to them
Full Rio Enhancement	2026/27	Our Electronic Paper Record (EPR) records are digitised and integrated with internal and external social and healthcare systems to assist us in delivering safer, clinically informed quality care to all our patients.

Plan - Building New Capabilities

Digital Capability	Date	What will this deliver
Automation and AI		
Establishing working group for AI governance	June 2024	**Complete**
Implement Skin Analytics pilot	June 2024	Aim to improve clinical outcomes, patient experience and pathway efficiencies
Digital dictation centralisation	Q4 2024/25	Frees up clinical and administrative time and reduced errors
Centralisation RPA for bookings	March 2025	Will increase productivity by freeing up clinical and administrative time
Evaluate Quantium and develop next steps	July 2024	Exploring Large Language Models turning patient feedback into structure data
Develop a governance process incl. prioritisation method for AI and automation	2025	Ensure there is a clear and co-ordinated plan for the roll out of AI enabling standardisation, learning and robust benefits realisation
Research and Innovation Teams to explore large data models with Faculty.AI		
Population Health Management		
Develop a consistent PHM approach at place	April 2025	Ensure there is an integrated approach to improving population health outcomes
Further develop SCR initially to include ICE results and social care data	April 2025 and ongoing	Health care professionals have the latest data available to support decisions making
Pilot test cases for utilising segmentation	2024/25	Enable proactive care to target those with the highest need
Increase utilisation of PHM tools within the Trust	2024/25	This will help to enable service transformations to be data led and for all clinicians to have the latest data available when making decisions about care.
Full roll out of segmentation	2026	Enable proactive care to target those with the highest need
Remote monitoring		
Develop forward plan for remote monitoring at home and point of care testing	April 2025	Set out roadmap including prioritisation of roll out of remote monitoring and point of care testing and capabilities that need to be developed within the Trust
Roll out of wearable technology and apps to support long term condition management	2026	Empowers patients to manage their own condition, less unnecessary trips to hospital and earlier proactive intervention. Improving outcomes and experience
Develop a place wide approach to lifestyle apps	2027	A consistent approach to apps to support people to manage their own health and wellbeing

Buckinghamshire Healthcare NHS Trust

Appendices

- Appendix 1 – Using SCR for waiting list management Case Study
- Appendix 2 – Care Flow Vitals Case Study
- Appendix 3 – Overview of AI and automation technologies
- Appendix 4 – Population Health Management

Electronic observations (CareFlow Vitals)

2019

- **February –** Implementation of Vitals version 3.6 across adult non-obstetric inpatient areas

2021

- **March** – Upgrade to Vitals version 4.2 to enable further functionality and implementation into ED
- **June** – Vitals go live in our Emergency Department
- **May** – Go live of the adult sepsis module
- **August** – Go live of the adult nutrition module

2023

- **July** – Vitals upgrade to version 4.3 enabling go live of eMEOWS (Modified Early Obstetric Warning Score) and Fluid Management pilot in Maternity
- **September** – Go live of ePaediatric Early Warning Score on Paediatric wards and in Children's ED
- **October** – Fluid Management module pilot in two wards at Wycombe Hospital
- **December** – Fluid Management deployed across Wycombe Hospital

2024

- Fluid Management deployment in progress at Stoke Mandeville Hospital

Currently in use in 41 departments by more than 3000 members of staff

CareFlow VITALS

CareFlow Vitals (eObs) is a mobile electronic observation and decision support system, first introduced in BHT in 2019.
The initial rollout was across adult non-obstetric inpatient areas following the National Early Warning Score (NEWS2) model. Vitals integrates to the Trusts' Patient Administration System, CareFlow EPR and CareFlow Connect (for handovers, task management and referrals). All patient observation details and comments completed within Vitals form part of a patient's clinical record. The system enables the Trust to:

- Ensure medical record integrity, with all administrative and clinical activity recorded in a consistent and timely manner
- Maintain its reporting responsibilities and comply with clinical governance guidelines
- Ensure that deteriorating patients are detected early and given the appropriate care in a safe and timely manner

Each upgrade and rollout of new observation models and modules has been supported by a digital project team working with the supplier and clinical stakeholders to thoroughly test, train staff and support implementation at go live, ensuring clinically safe deployment.

Benefits:

For our patients

- Safer care
- Deteriorating patients identified earlier including for sepsis

For our colleagues

- Quick, easy and intuitive to use
- Automatic risk scores with appropriate escalation message
- Releasing time to care
- Integrated with key systems including CareFlow Connect

For the Trust

- Reduction in cardiac arrests
- Targeted and prioritised care on wards and by Critical Care Outreach Team
- Auditable
- Remote visibility of acuity
- Reporting on compliance against obs standards
- Paperless
- Potential for deployment of additional modules and functionality

AI and automation

What are the different technologies?

- At their core, AI technologies process large amounts of data to find correlations and patterns. Common applications such as chat GPT draw from large text repositories to generate text.
- Robotic Process Automation technologies (or RPA for short) break large digital workflows in smaller steps, which are then replicated in a computer program (or 'robot'). Robots can replicate these steps at a fraction of the time of humans.

What is their purpose?

- Enhance efficiency, reduce manual errors and free up valuable resources to improve outcomes and productivity.
- While manual errors are reduced, they might introduce other errors and biases which need careful control and mitigation.
- They are costly in terms of deployment, so are best deployed in high-volume, repetitive human activities.
- Like any service or software, they require maintenance, monitoring and improvement by humans, leading to some transfer of human resources from clinical to non-clinical services.

Some applications:

- **Digital dictation:** Uses AI voice recognition models to 'understand' human instructions to develop reports/letters.
- **Diagnostics/Genomics:** Uses AI pattern analytics to provide diagnostic decision support.
- **Automated referrals and other workflows:** Rapidly clear backlogs and clear up administrative resources for other tasks.

Next steps

- We have now established a virtual working group to support the AI governance development
- Developing frameworks and principles for AI deployment following the latest regulations and principles.
- Business cases for RPA including dedicated project management and service support
- AI and analytics roadmaps in diagnostics, genomics and other priority areas for NHSE

Population Health Management

CONNECTED CARE

To Leverage the latest technologies and work towards federating capabilities with our partners to improve delivery of care at reduced unit cost, we are currently participating in the Connected care Programme

- Across Buckinghamshire, Oxfordshire and Berkshire west ICB Connected Care is being used as the primary population health management tool.
- Connected Care, pulls information from the shared care record and enables population insight and intelligence at a population and individual level to enable proactive care. This can be used to develop tools to support direct patient care and transformation.
- Currently in BHT this is being used to support targeting of our resources for example:

  - Identifying people on the waiting who are at high risk of surgical complications due to deprivation and lifestyle risk factors, to provide health coaching to change lifestyle behaviours and improve outcomes

  - Identifying inpatients who are registered as a smoker with their GP to offer them smoking cessation support

  - Identifying people with at risk of cardiovascular events due to high cholesterol and inviting them in to review how their cholesterol can be optimised and reduce their risk

  - Providing community outreach to those with more complex conditions

  - Some practices in Buckinghamshire are using to support risk stratification of patients.

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Place Strategy
Board Lead	Duncan Dewhurst, Chief Digital and Information Officer
Author	Gemma Thomas, Director of Strategic Programme Delivery
Appendices	N/A
Purpose	Discussion
Previously considered	N/A

Executive summary

Buckinghamshire Place are working to develop a place strategy to be a framework for how health, social care, voluntary and community organisations and our communities work collaboratively to realise our vision of **helping people live healthier and more independent lives**. The strategy covers all ages and all aspects of health and wellbeing including physical, mental, and social and the wider determinates that drive our health and wellbeing. By focusing on empowering communities, prevention and proactive care, the strategy aims to:

- reduce health inequalities,
- improve population health,
- ensure the sustainability of services.

The paper sets out the challenges we face as a system which the strategy is aiming to tackle:

- An ageing population living with more conditions, which is leading to increasing demand with higher complexity
- Health inequalities
- Financial and workforce sustainability challenges

As well as the scale of the transformation BHT will need to undertake to deliver this strategy:

- Managing demand increases over the next 5 years of circa 15% (3% per year)
- Enabling an increase in preventative and proactive care funding of circa 5% over 5 years

Some of the programmes BHT will need to take to deliver this include:

- Developing preventative and proactive care models
- Transforming the way, we deliver care to be more value based - ensuring the care we deliver is safe, high quality and effective
- Workforce transformation
- Work across the Acute Provide Collaborative
- Continue to build our Improving Together culture
- Continue our Digital Health

It also identifies that this will involve making difficult decision on what to prioritise.

The next steps in finalising the Place Strategy and developing our delivery plans are:

At place:

- Further socialisation before taking through appropriate governance channels across place undertaking
- Agreeing outcome measures
- Developing delivery plans at place

Within BHT:

- Develop strategic goals, outcomes measures and establish strategic transformation programmes by the end of August.
- The strategic programmes will need to set their ambition and through that the contribution each element is likely to make to the overall challenge the Trust faces – which will form the core part of the Medium Term Financial Sustainability strategy.

The Board are asked to comment on progress to date and confirm that the place strategy is in line with the BHT strategic direction.

Decision	The Board is asked to comment on progress to date and confirm that the place strategy is in line with the BHT strategic direction.

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

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

Implications / Impact	
Patient Safety	Development of the strategy will support improvements in patient safety
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 5: Failure to support improvements in local population health and a reduction in health inequalities
Financial	n/a
Compliance	n/a
Partnership: consultation / communication	The paper sets out the engagement process to work effectively across partners in developing the place strategy
Equality	A key focus of the strategy is to reduce health inequalities
Quality Impact Assessment [QIA] completion required?	n/a

1 Introduction/Position

Buckinghamshire Place are working to develop a place strategy to be a framework for how health, social care, voluntary and community organisations and our communities work collaboratively to realise our vision of **helping people live healthier and more independent lives**. The strategy covers all ages and all aspects of health and wellbeing including physical, mental, social and the wider determinates that drive our health and wellbeing. By focusing on empowering communities, prevention and proactive care, the strategy will aim to:

- reduce health inequalities,
- improve population health,
- ensure the sustainability of services.

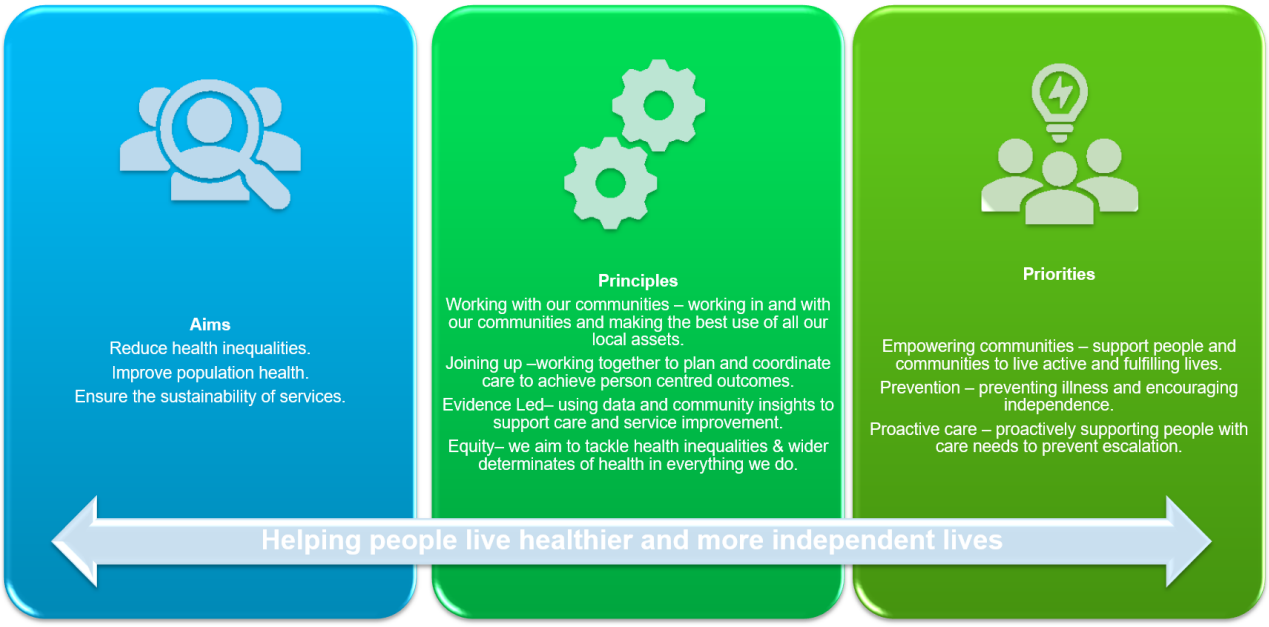
Underpinning the delivery of the strategy will be four guiding principles for how we work in Buckinghamshire:

- Working with our communities – working in and with our communities and making the best use of all our local assets,
- Joining up care – working together to plan and coordinate care to achieve person centred outcomes integrating our services,
- Evidence led – use data and community insights to support care and service improvements, ensure we are data led and digitally enabled.
- Equity – we will aim to tackle health inequalities and the wider determinates of health in everything we do

To realise our vision and deliver against these aims, our strategic priorities will be:

- Empowering communities – supporting people and communities to live active and fulfilling lives.
- Prevention – prevention illness and encouraging independence.
- Proactive care – proactively identifying and supporting people with complex needs to prevent escalation or their condition or decline of their overall health and wellbeing.

The below figure sets out the vision, aims, principles and priorities of the strategy visually.



2 Problem

As an organisation and a health and social care system we are facing significant challenges over the coming years. We have:

- An ageing population living with more conditions, which is leading to increasing demand with higher complexity
- Increasing health inequalities
- Financial and workforce sustainability challenges

Partners across the Buckinghamshire place identified that to truly turn the dial on these challenges we need to build healthier communities, improve population health and ensure our services are sustainable for the future. Partners have recognised that these challenges have system wide causes and need system wide solutions and have therefore committed to developing this place-based strategy.

We are now in the final stages of developing the strategy and are currently developing key outcome measures and delivery plans which are proposed to sit under the Start Well, Live Well and Age Well delivery programmes from the Joint Health and Wellbeing Strategy.

3 Proposal

3.1 Place Strategy

The proposed priorities are the result of engagement, a review of relevant data and examination of the evidence base. By listening to feedback, analysing population outcomes, health and care trends and considering best practices we have identified key areas that require focused attention to achieve our vision of helping people live healthier and more independent lives.

We have also analysed public feedback we have received from across many community engagement exercises to ensure we have listened to and are responding to our population. This has included feedback collated by:

- Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board primary care consultation
- HealthWatch Bucks
- Buckinghamshire Healthcare NHS Trust

The collaborative approach ensures a wide range of perspectives were considered and grounding our priorities in evidence, will help ensure that out initiatives are both impactful and sustainable in working towards reducing health inequalities, improving population health, and ensuring sustainability of services. We aim to continue to engage with the public on the development of projects and initiatives to deliver the strategy.

The priorities are:

- **Empowering communities** – We will support communities and individuals to be empowered to manage their own health and wellbeing and live active and fulfilling lives, creating flourishing communities and content individuals.
- **Prevention -** We will place a greater focus on prevention, initially with a particular focus on prevention of cardiovascular disease and prevention initiatives for those within the first years of their life.
- **Proactive Care -** We will develop a holistic approach to proactively identifying and supporting people to prevent exacerbations of their health conditions and decline in their functionality, with a particular focus on frailty.

3.2 Scale of the challenge

Within BHT and across the place, we have been clear that to deliver the place strategy it means a shift in resources away from acute services to primary and community services. For BHT supporting the delivery of place strategy means:

- Managing demand increases over the next 5 years of circa 15% (3% per year)
- Enabling an increase in preventative and proactive care funding of circa 5% over 5 years

To manage this scale of change we are undertaking a process to translate the Place Strategy into specific BHT:

- Strategic Goals
- Outcome Measures
- Strategic Programmes

It is anticipated the strategic programmes will incorporate:

- Developing preventative and proactive care models
- Transforming the way, we deliver care to be more value based – ensuring the care we deliver is safe, high quality and effective
- Workforce transformation – ensuring we have the right people, roles, skills and processes to deliver these new models of care
- Work across the Acute Provide Collaborative to make efficiencies and reduce unwarranted variation

- Continue to build our Improving Together programme to create a culture of continuous improvement
- Continue our Digital Health Programme to ensure our colleagues have the right data, skills and tools to deliver new models of care efficiently and effectives and our patients and residents have the right access to information and tools to be empowered to manage their own health and wellbeing.

This will involve making difficult decision on what to prioritise, this will be unavoidable if we are to deliver these improvements and ensure the sustainability of health and care services for generations to come.

3.3 Next steps

The next steps in finalising the Place Strategy and developing our delivery plans are:

At Place

- Further socialisation before taking through appropriate governance channels across place undertaking
- Agreeing outcome measures
- Developing delivery plans at place

Within BHT

- Develop strategic goals, outcomes measures and establish strategic transformation programmes by the end of August.
- The strategic programmes will need to set their ambition and through that the contribution each element is likely to make to the overall challenge the Trust faces – which will form the core part of the Medium-Term Financial Sustainability strategy.

4 Action required from the Board/Committee

Board is asked to comment on progress to date and confirm that the place strategy is in line with the BHT strategic direction.

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Q1 Strategic Programme Update
Board Lead	Duncan Dewhurst, CDTO
Author	Debbie Hawkins, Head of QI & Transformation
Appendices	n/a
Purpose	Assurance
Previously considered	Transformation Board 23.07.2024 F&BPC 23.07.2024

Executive summary

This report is the quarterly update on the Trust's Strategic Programmes; this is the first of these reports. The purpose is to provide visibility on the status of each programme, for shared understanding.

Each strategic programme has an Executive Lead and SRO and is governed via a programme board. All programmes report into Transformation Board with quarterly or monthly updates as appropriate.

The six strategic programmes

- Healthy Communities
- Improving Together
- Digital Health
- Workforce Transformation
- Acute Provider Collaborative (APC)
- Buckinghamshire Executive Partnership (BEP) Priorities.

Note that separate reports are presented to Trust Board on Digital Health, BEP and APC, which provides the primary updates on these programmes. The quarterly report on our breakthrough objectives is also presented to Trust Board this month, which includes information relevant to the strategic programmes, specifically Bullying & Harassment (as part of Workforce Transformation), and Healthy Communities.

Both Transformation Board and the Finance & Business Performance Committee considered and took assurance from this update on 23 July 2024.

Decision	The Committee is requested to take assurance from the update.

Relevant strategic priority

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

Relevant objective

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

Implications / Impact

Patient Safety	Any impacts on patient safety of specific change initiatives are identified and addressed as part of the QIA process.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards
Financial	The strategic programmes support the achievement of financial sustainability.
Compliance Select an item. Select CQC standard from list.	This report provides assurance on the delivery of the Trust's strategic programmes.
Partnership: consultation / communication	Teams across the Trust are involved in the delivery of the strategic programmes. The assessment of achievement has had input from the relevant leads.
Equality	Any equality impacts of specific initiatives are identified and addressed as part of the EQIA process.
Quality Impact Assessment [QIA] completion required?	QIAs are completed for specific initiatives as required.

1. Introduction

For 2024/25, the Trust agreed a number of strategic programmes key to the delivery of our strategic goals, as set out below.

- Healthy Communities
- Digital Health
- Improving Together
- Workforce Transformation

In addition, there are strategic programmes at system and place level which contribute to the delivery of our shared strategic goals

- Acute Provider Collaborative
- Buckinghamshire Executive Partnership (BEP) Priorities.

While not in scope of this report, there are also a number of Operational Improvement Programmes which are key to the delivery of our core performance metrics, including UEC, Planned Care, Diagnostics and Cancer programmes. Key measures for these are reported monthly via the IPR, with detail on drivers, action and mitigation where off track.

This report provides a summary of the status of each strategic programme, for shared understanding.

Management of delivery and risks is via the programme board for each strategic programme, and each programme has an SRO and Executive Lead. Programmes report into Transformation Board for overall assurance. Note Transformation Board membership includes all members of the Executive Management Committee.

2. Strategic Programme Updates

2.1. Healthy Communities

The key initiatives within this programme relate to the two Healthy Communities breakthrough objectives, as below. An update on these is included in the Q1 Breakthrough Objectives Update (separate report).

- Blood pressures check for adult outpatient appointments
- Children's 12-month review.

Other initiatives part of this programme include Health on the High Street, which continues to be very positive in terms of the number of contacts and service user feedback. Active conversations are ongoing with council for an extension in Aylesbury, and to open an additional unit in the ground floor of High Wycombe library.

Work continues on the rollout of MECC (Making Every Contact Count), and smoking cessation training for patient-facing clinicians. Health coaches are also in place to support patients in being optimised for the surgery pathway.

2.2. Digital Health

The scope of the Digital Health is as below. This programme reports separately to Trust Board on a monthly basis which is the primary update, not replicated in this report.

- Acute (Clinical Narrative)
- Maternity BadgerNet implementation
- ePMA
- Community
- Enabling Systems
- Community
- Business Intelligence.

2.3. Improving Together

To achieve our strategic aims, we need to firstly understand what new care models are needed, setting out our strategy in the context of system and place (Align); secondly, have a relentless focus on how we apply the science of improvement to our work, both internally and working with others, embedding improvement in management systems (Improve); and lastly, think about what skills leaders will need and what behaviours will be successful (Enable).

We have wrapped this into a programme called Improving Together and will focus most of our discretionary learning and development resource into this.

Progress on Improving Together has regularly been reported to Trust Board and Transformation Board.

As part of 'Align', a key focus over recent months has been the development of the Place Strategy, in collaboration with partners, with the high-level strategy now well developed.

As part of Empower, we are focussing on developing the right leadership behaviours, starting with Trust Board and the Senior Leadership Forum (SLF) (comprising executive directors and colleagues who report directly to them). Regular SLF development sessions have been running since February with key meetings supported by an external facilitator.

As part of Board development, the Trust Board identified the importance of being curious about what's happening across the Trust and being visible. To support this, we have started the 'go and see' visits, with the intention for this to become standard practice for all Board members.

Improving Together has now also been formally launched within the wider organisation and has been the focus of the July Team Brief and Chief Executive video.

2.4. Workforce Transformation

This programme consists of the following workstreams

- 2024/24 Workforce Plan (incl. temporary and substantive workforce)
- Medical workforce
- Nursing workforce
- AHP workforce
- Admin & Clerical
- Long Term Workforce Plan
- Bullying & Harassment (breakthrough objective).

Alongside a priority focus on addressing Bullying & Harassment (progress reported separately in Q1 Breakthrough objectives report), the focus to date across most workstreams has been on the range of interventions to support sustainable delivery of our overall financial plan for 2024-25, including temporary and substantive staffing.

This workstream is reported weekly to the Executive Management Team, with bi-monthly updates to Strategic People Committee and also F&BPC via the Finance Report.

In terms of wider workforce transformation:

- A nursing benchmarking exercise has been completed across BOB, with findings being taken forward within Care Groups
- A programme is underway for the AHP workforce, with a focus on skill mix to ensure the right people, with the right skills, are delivering AHP care in the right place at the right time
- For medical workforce, a key focus is on rostering to enhance productivity
- An Admin & Clerical Programme is being scoped, with the intention for the programme to start in Q2
- External support has been commissioned to support development of the medium-term workforce plan, which is just starting.

2.5. Place – Buckinghamshire Executive Partnership (BEP) Priorities

The key priorities for BEP are as below. There is a separate update to Trust Board on Place and System Working, not replicated here.

- Transforming SEND
- Joining up Care
- Tackling Health inequalities

2.6. System working – Acute Provider Collaborative (APC) Priorities

The key priorities for the Acute Provider Collaborative are as below. There is a separate update to Trust Board on Place and System Working, not replicated here.

- Elective Care
- Clinical services
- Corporate Services