Agenda item: 7
Enclosure no: TB201827

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD
28th MARCH 2018

Details of the Paper

Title	Clinical Strategy 2018 - 2021
Responsible Director	David Williams, Director of Strategy and Business Development
Purpose of the paper	The paper provides a summary of the Trust's Clinical Strategy 2018-2021. This is a draft clinical strategy and it will continue to develop and adapt as we refine and prioritise our plans as well as align with other strategies within the Integrated Care System (ICS). The Clinical Strategy summarises the strategic and operating context within which the Trust operates. It highlights aspects of national and local data (including quality and operational metrics, performance data and national benchmarking from Model Hospital) that have been used to inform the strategy and outlines the engagement process that has taken place with all 27 Service Delivery Units. A response to the challenges that the Trust faces is organised into the strategic themes and provides service level examples of interventions and the links with our strategic priorities of quality, people and money. • Integrate Care Pathways and Models of Care • Reduce Variation in Quality and Efficiency • Innovate and Improve • Sustainable Service Growth • Enable Transformation • Health and Wellbeing The final section, 'Getting it Done', outlines the processes we are putting in-place to oversee this strategy's deliver and how we intend to continue to develop our strategic culture and engagement as a Trust.
Action / decision required (e.g., approve, support, endorse)	The Board is asked to note the progress to date and to support the draft Clinical Strategy and the process for delivery and development.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	***Strategy***	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*
ANNUAL OBJECTIVE					
Which Strategic Objective/s does this paper link to? Organisational Development – deliver a clinical strategy framework to ensure vision and plan for all SDUs.					

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Please summarise the potential benefit or value arising from this paper: To inform the Board of the progress to date and the processes for overseeing the further development and delivery of the Clinical Strategy.	
RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Well-led Domain

Author of paper: Daniel Leveson, Deputy Director of Strategy
Presenter of Paper: David Williams, Director of Strategy and Business Development
Other committees / groups where this paper / item has been considered: Trust Executive Management Committee, Strategic Transformation Committee
Date of Paper: 28th March 2018

Buckinghamshire Healthcare NHS Trust

Buckinghamshire Healthcare NHS Trust

Clinical Strategy 2018 - 2021

Safe & compassionate care, every time

March 2018 version_PUBLIC

Content

Section 1:

Introduction

Introduction

'**The BHT Way**' sets out our ambition to be **one of the safest healthcare systems in the country delivering safe, compassionate care very time for every patient**.

This ambition is underpinned by our **CARE** values of collaborate, aspire, respect and enable.

We will deliver our vision by focussing on three clear strategic priorities:

Quality **People** **Money**

This has provided a framework for the development of our Clinical Strategy in which individual **Service Delivery Units (SDUs)** have shared their ambition for improving services for patients, their families and carers.

The development has been informed by qualitative and quantitative analysis of international, national and local health and social care contexts including engagement with patients and communities and local partners within Buckinghamshire.

Developing our strategy will be an iterative process that involves close consultation with clinical colleagues and staff across the Trust, as well as partners from across the local health economy routinely seeking patient views and listening to their aspirations for services.

Each service is to focus on clear plans with SMART objectives (specific, measurable, attainable, realistic and timely) designed to deliver our vision for care in the future.

ENGAGEMENT

We have recently engaged senior operational and clinical staff from SDUs and Divisions in a 'bottom-up' strategic planning process. These have provided time and space to develop connections and networks that span professional and service boundaries and talk, listen and learn together in order to continuously improve and create a positive organisational culture and vision for the future.

Building on the strong foundations set by this process the Strategic Transformation Committee (STC) will continue to facilitate strategic planning sessions throughout the year.

MONITORING AND CONTINUOUS DEVELOPMENT

Progress of the strategy will be reviewed routinely by Divisions and the Board of Directors and is updated as part of the Trust's planning cycle. Flexibility and the ability to continually adapt and learn is fundamental for us to respond to the rapidly changing needs and circumstances of the populations we serve.

SUMMARY

This document is the first draft of our Clinical Strategy 2018 – 2021. It outlines the context, our planning processes and analysis and our strategic responses. It is designed as part of our iterative process to be updated as we progress.

Safe & compassionate care, every time

Section 2:

Strategic Context

Our Vision, Values & Priorities

the BHT way

our ambition

Mission

Safe & compassionate care, every time

Vision

We want to be one of the safest healthcare systems in the country.

Values

- Collaborate
- Aspire
- Respect
- Enable

We have three strategic priorities:

Quality

We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals:

- MY CARE PLAN — Patients empowered to manage their own health and care
- Joined up working between hospital, community, GP, social care and voluntary sector
- Patient outcomes and experience amongst the best in the country
- Recognised nationally as a high performing organisation

People

We will be a great place to work where our people have the right skills and values to deliver excellence in care:

- Inspirational leaders developing strong teams
- Attracting and retaining high calibre and engaged people
- Teams enabled to innovate and develop their services
- Pioneering new ways of working across sites, services and organisations

Money

We will be financially sustainable, will make the best use of our buildings and be at the forefront of innovation and technology:

- Improved productivity to ensure spending stays within the income we receive
- IT-enabled 'paperless' organisation
- Specialist services at the forefront of research and innovation
- Health and care hubs supporting more people in their communities

Working in partnership

Linking Strategy, Planning & Delivery

The planning process and strategic framework are designed to support the development of SDU, team and individual objectives designed to align with Trust's values and deliver the Trust's strategic priorities.

In the next phase of development SDU strategies will be further refined to agree critical milestones and metrics to oversee progress and measure their impact.

We are working with divisions to agree appropriate ways of managing the delivery of SDU strategies throughout the year. It is important to create shared ownership and work collaboratively between clinical and support teams and ensure plans are detailed, realistic and relevant. Patients, families and carers will be engaged in the development of plans.

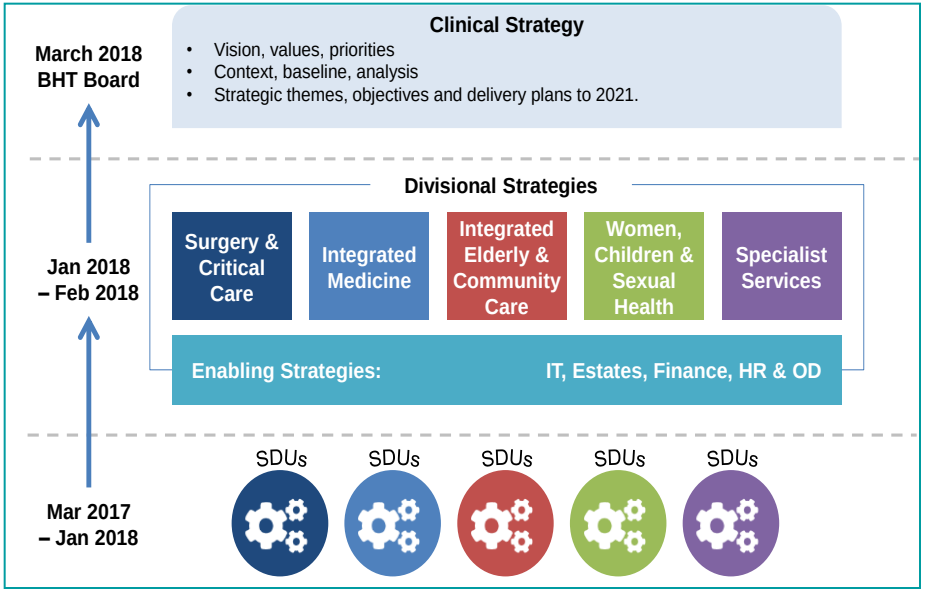


Fig.1: *BHT Strategic Planning Process*

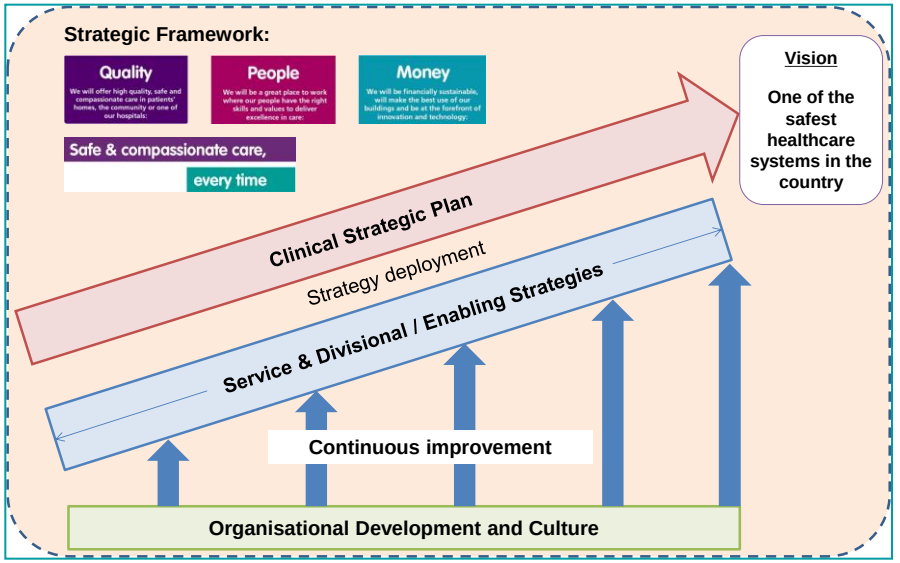


Fig.2: *BHT Strategic Framework*

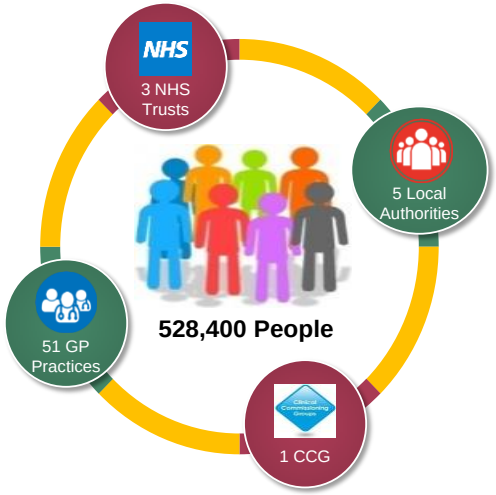
Our clinical strategy and strategic framework sets the direction for our plans. We are creating a clinical strategy that is real, owned, led and delivered by teams throughout the Trust.

Organisations rarely entirely implement the strategy they intend to. Flexibility and the ability to continually adapt and learn is fundamental for us to respond to the rapidly changing needs and circumstances of the populations we serve and the system we are part of.

We are continuing to develop a strategic culture that looks to the future to deliver clinically, operationally and financially sustainable services as part of the Buckinghamshire Integrated Care System (ICS).

Links to Buckinghamshire Integrated Care System

Buckinghamshire health and care system is one of eight wave 1 Integrated Care Systems (ICS) in the country aiming to deliver the objectives of the Five Year Forward and improve the health and wellbeing of the population.



Our aim is to have the best health and social care outcomes for people in the county, delivered by one of the safest and most efficient systems.

We are committed to the vision of the ICS "**Everyone working together so that the people of Buckinghamshire have happy and healthy lives**".

We (CCG and BHT) currently have a shared underlying deficit of £37.1m driven by growth in urgent activity, growth in planned care and continuing healthcare.

The ICS has funding of £694m to address the care needs of the population. Our clinical strategy is focussed on delivering high quality care efficiently and effectively. We are focussing on how to transform our services and grow expand our coverage rather than gorw our activity.

The changes to address the quality and financial gaps require a collective response and we will judge success by the strength of our system not individual organisations in it.

We are one system, with one budget and one vision. BHT is a major partner in the ICS and our clinical strategy is a key component of the overall ICS strategy. It will contribute to the main objectives of the transformation programme:

- People supported to live independently.
- Care integrated locally to provide better support closer to home.
- Improved urgent and emergency care services.
- Improved resilience in primary care services.
- Improved survival rates for cancer.
- Improved outcomes for people suffering mental illness.
- Reduced unwarranted variations in quality and efficiency of planned care.
- Digital transformation creating IT platforms that support integrated care.
- Long term operational and financial sustainability.

Your community
Your care
Developing Buckinghamshire together

Section 3:

Operating Context

The Current Operating Context

Increasing Demand
Activity continues to rise and we are developing innovative ways of meeting people's needs.

A&E attendance increased by 5.1%
NEL admissions are up by 3.38%
Delayed transfers increased by 19.2%.

Performance Pressures
High level of scrutiny on performance and we are committed to delivering the NHS Constitutional Standards.

ED Performance: 87.6%
RTT Performance: 90.95%
Cancer Performance: 81%.

Financial Pressures
Demand for care continues to grow faster than funding and we need to find ways of delivering highly efficient care.

In 2018/19 we are planning a £0.5m deficit (excluding STF funding) and delivery of £20m CIP.

Workforce Challenges
Attracting, recruiting and retaining the best staff in a challenging market difficult and there are staff shortages.

We are developing new roles and care models with core competencies that can be flexible to meet patient needs.

Structural Change
Changes amongst providers, CCGs and the emergence of STPs and ICS are underway.

We are working as part of our ICS and in the BOB STP to lead changes in the way we work together.

New Care Models
National and local new care models are emerging innovative ways of meeting care needs of populations.

We are working with our partners to find ways of meeting demands and delivering care closer to home.

Section 4:

Informing Our Clinical Strategy

Informing our Clinical Strategy

During the course of the development of the clinical strategy each SDU has reviewed and triangulated a range of information to inform our strategy.

We will continue to use the following sources of information as we refine the strategy and prioritise our responses:

- Quality metrics to assess the baseline and potential impacts on patient experiences, outcomes and safety.
- Patient Voice- feedback from events such as community hub engagement, Patient Experience Group, Complaints and Patient Involvement Groups in distinct areas eg, End of Life, Acute Care, Children's and Maternity
- Performance metrics to evaluate current performance against constitutional requirements such as A&E, Referral to Treatment Times and Cancer waits.
- Other operational metrics we use to evaluate our efficiency and effectiveness including workforce related measures such as sickness and vacancy rates.

We are triangulating this information with information available from various local and national data sources including:

- **Getting it Right First Time** (GIRFT) in selected specialties where we can benchmark ourselves and learn from best practice.
- **Model Hospital** particularly the analysis of cost per WAU (weighted activity unit) is a routine part the Trust's operations. By understanding the data, overlaid with SLR data and quality metrics we are identifying ways of improving the cost per WAU either to the average (low), second quartile (medium) or top quartile (high).

- **Service Line Reporting** (SLR) to better understand where there is the biggest potential or opportunities to deliver care more efficiently.

- **Market Share Analysis** is helping us to understand the proportion of people choosing to receive services outside BHT (such as maternity). When this information is overlaid with quality and performance data we are designing responses to encourage people to choose BHT.

Overall the level of analysis available is providing a picture of the current services and our baseline for improvement. We are working together to prioritise our responses, set realistic but ambitious goals and monitor our progress towards them.

Section 5:

Our Strategic Responses

Our Strategic Themes

Integrate,
Care Pathways
and Models of Care

Reduce Variation
in Quality and
Efficiency

Innovate
And
Improve

Sustainable Service
Growth

Enable
Transformation

Health and
Wellbeing

Integrate, Care Pathways and Models of Care

GENERAL

- Supporting and leading the Buckinghamshire Integrated Care System.
- Leading the Buckinghamshire Provider Collaborative with FedBucks, Oxford Health NHS FT, South Central Ambulance Service and Adult Social Care (Bucks County Council) to integrate and connect provider services.
- Implement integrated care teams with primary care, social care and mental health providers in 13 clusters (30-50,000 populations) across Buckinghamshire.
- Expanding our new model of community hubs across Buckinghamshire learning from pilots in Thame and Marlow.
- Work with GPs and primary care to agree clinical pathways to reduce variation, fragmentation and duplication.
- Admission avoidance and home first or the most appropriate setting.
- Greater focus on prevention and joined up support for people living with long-term conditions, complex needs and frailty.

SERVICE SPECIFIC

- **Urgent and Emergency Care** - Implement Bucks wide 24/7 Primary Care Access Service ensuring better access through NHS 111 and contact centres to responsive GP led urgent care.
- **Cancer-** working within the Thames Valley Cancer Alliance to improve cancer diagnosis and treatment.
- **Pathology** - Develop pathology networks with regional strategic partners.
- **Pharmacy** - Ensure medicines optimisation for the system by working across primary, acute and community services.
- **End of Life** - Embed the strategy for Palliative and End-of-Life patient care across Bucks.
- **Elderly Care & LTCs** - Integrated teams to improve people's outcomes for frailty and complex needs.
- **Diabetes -** Working with primary care to improve and support diabetes care in General Practice.
- **Children and Young People** - Working with agencies such as police, social care, education and other health providers to ensure all children in Buckinghamshire have the best start in life.
- **Trauma & Orthopaedics** - Lead an alliance of providers to integrate elective musculo-skeletal (MSK) care across Buckinghamshire.
- **Ophthalmology** – cataract and Acute Macular Degeneration (AMD) pathways / Retina one stop clinics.
- **Gynaecology** – Improve the Hysteroscopy pathway.
- **Rheumatology** – implement revised shared care with GPs and support for General Practice.
- **Critical Care** – introduce new 'High Care' model across the Trust to improve care of critically ill patients.

Reduce Variation in Quality and Efficiency

GENERAL

- Using Model Hospital benchmark data to explore and implement efficiency improvements.
- Improve clinical processes and pathways to improve quality (people's outcomes, experience and safety) and reduce waste in areas such as high volume outpatient care.
- Implementation of *Getting it Right First Time* (GIRFT) recommendations on individual services providing the best value for the population by delivering high quality services at a lower cost.
- Using Service Line Reporting to identify opportunities for change within individual services.
- Using 'Right Care' benchmarks to transform service areas ensuring that the right people, receive the right care at the right times.

SERVICE SPECIFIC

- **Trauma and Orthopaedics** – reducing variation in practice including volumes of operations performed and reducing percentage of patients returning to theatres following fractured neck of femur surgery.
- **General Surgery** – reducing readmission rates for complex surgery, use of day case surgery for less complex surgery, reducing the proportion of patients with stoma 18 months after surgical resection for colorectal cancers.
- **Pharmacy** – increasing proportion of pharmacy time spent on direct patient care.

Innovate and Improve

GENERAL

- Work with Buckinghamshire New University and the Academic Health Science Network (AHSN) to establish the Buckinghamshire Life Sciences Innovation Centre (BLIC). This includes launching a Buckinghamshire Lifesciences Innovation Hub at Stoke Mandeville Hospital to support small and medium enterprises to develop new healthcare products and services in conjunction with our patients and clinicians.
- Exploit technological innovations in IT (eg. Care Flow, E-prescribing, E-Observations) to improve processes, maximise clinical effectiveness and quality of care.
- Work with the University of Buckingham to establish Buckinghamshire Medical School and support the development of high quality graduates.
- Consultant Allied Health Professional posts - Increased partnership working with the community and third party organisations.
- Develop an innovation culture that supports adoption and spread of best clinical practice.

SERVICE SPECIFIC

- **Radiology** - Tumour ablation to improve people's outcomes, reduces bed days and surgical procedures. Prostate embolisation. Improves people's outcomes, reduces bed days and surgical procedures.
- **Plastic Surgery** - Nurse Practitioner-led minor ops, laser treatment, nipple tattooing, telephone clinics
- **Pharmacy** – Develop a regional aseptic unit in conjunction with partners.
- **Oncology** – Chemotherapy outreach team to maximise treatments into Community hubs providing care closer to home.
- **Cardiology**- develop cardiac rehabilitation platform to improve people's outcomes for cardiac patients and market product to the NHS.
- **Spinal** – invest in an Upper Limb Lab to use technology and innovation to improve rehabilitation for spinal patients.

Sustainable Service Growth

GENERAL

- Seek opportunities to expand services into new markets through emerging contracts and tenders.
- Repatriate patients from border areas into the Trust in specific specialties.
- Drive efficiencies within the Integrated Care System and other NHS partners in areas such as transport, infrastructure and logistics.

SERVICE SPECIFIC

- **Maternity** - Increase annual birth delivery numbers.
- **Therapies** - New developments in AHP interventions e.g. McNeil technique.
- **Radiology** - Develop investment proposals for new diagnostic equipment to improve efficiency, access and implement innovations in diagnosis and treatment.
- **All Clinical Divisions** – identifying areas to increase coverage in specific specialities such as Respiratory, Cardiology, Urology, Obstetrics and Clinical Oncology through outreach services.

Enable Transformation

GENERAL

- Implement digital transformation to become ‘paperless’ by 2020.
- Drive IT Interoperability through ‘Careflow’ implementation across the system and implement E-Observation system across all wards.
- Improve IT systems to increase clinical time for patients and improve quality of care (eg. single sign on, E-prescribing).
- Reduce proportion of face to face contacts where appropriate through technology such as message dynamics, skype and increased telephone clinical triage (eg. Virtual fracture clinic and NHS 111).
- Outpatients – use technology such as e-referrals to reduce administration costs and improve patient experience (eg. E-referrals).
- Introduce technology to improve efficiency of radiology reporting through home working and out of hours.
- Aligning Communications and Engagement, Marketing, Estates, Financial, OD, Workforce and Quality Strategies to achieve service ambitions.

Health and Wellbeing

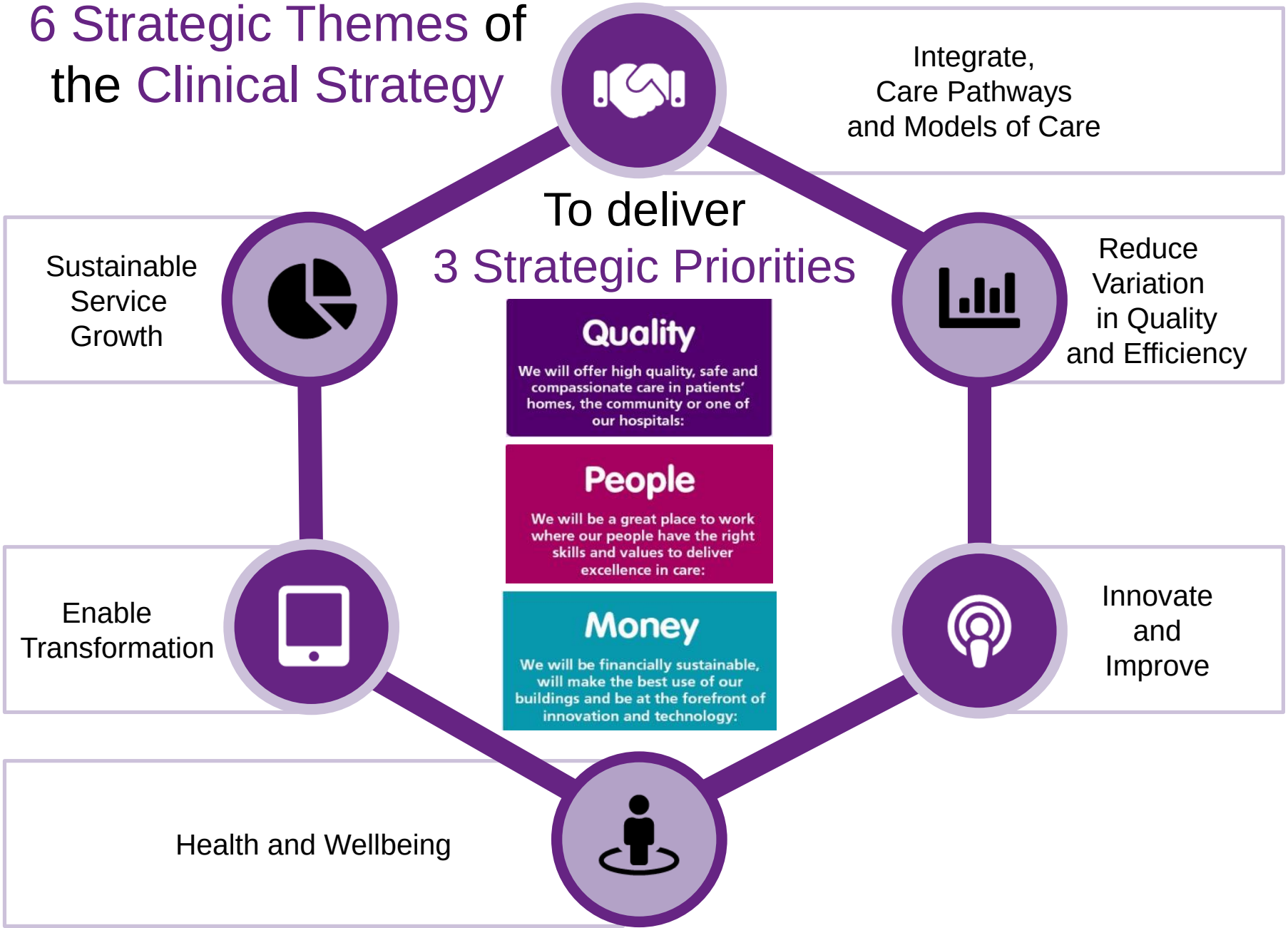
GENERAL

- **Making Every Contact Count** – ensuring that we work as a system so that we use every opportunity to achieve health and wellbeing.
- **Integrated Care** - Understanding population needs of separate localities in Buckinghamshire and adapting and shaping integrated care teams to meet those needs.
- **Community Hubs** - Developing community hub services that reflect the health needs and profiles of our individual communities.
- **Patient Voice** - Continuing to listen and engage with our patients and communities to adapt and change our services to meet their needs.
- **Population Needs** - Adapting services to meet changing demographics of population growth, increase in frail and elderly, long-term conditions and children's needs.
- **Support better health and wellbeing for staff** – providing programmes and support for staff to combat stress and increase resilience, MSK care and targeted approaches to flu vaccination uptake.

Section 6:

Links and Interdependencies

6 Strategic Themes of the Clinical Strategy



Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Integrate, Care Pathways and Models of Care	Expanded Community Hubs and Bucks Integrated Teams	- Living independently at home for longer (fewer admissions). - Better patient/family experience (patient surveys)	- Developing new roles and responsibilities - Improved recruitment and retention - Clinical leadership - Improving resilience in primary care (MDT working)	- Improved primary care (including community) resilience - Slow growth in NEL activity (between 1-3% based national programmes) (A&E, NEL admissions)
	Integrated MSK Service	- Reduce unwarranted variation - Improve Patient Reported Outcomes	- Staff satisfaction scores improve - Establish Multi-disciplinary working with new roles and responsibilities	- Slow down growth in Elective activity - Deliver productivity savings through new ways of working
	Develop regional pathology network with partners	- Quicker, more reliable testing - Improved access to pathology testing	- Partnership working increasing learning and development - Access to advanced technology and part new wave of pathology	- Efficiency savings (estimated £420k 2019/20) from bringing clinical expertise together - Improved value and high quality care for patients being more cost effective care.

Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Reduce Variation in Quality and Efficiency	Implementing Model Hospital recommendations	- Meet NHS constitutional standards - Improve patient experience	- Individuals able to contribute to improvements - Reduce vacancy rates	- Improving cost per WAU - Implementing Carter recommendations to deliver approx. £2.4m CIP - Repatriate activity from out of county - Reduce agency costs
	Improve clinical processes and pathways	- Improve patient outcomes (ensuring right care at the right time) - Improve patient experiences - Improve patient safety	- Clinical leadership - People able to contribute to improvements - Everyone working at the top of their license	- Deliver CIP - Reduce agency costs - Repatriate activity from out of county
	Use Right Care to transform services	- Reduce variation in elective activity - Improve patient outcomes - Improve patient experiences	- Individuals and teams able to contribute to improvements in pathways - Everyone working at the top of their license	- Reduce variation in elective activity in the system (to meet system control total) - Increase income from repatriated activity from out of county

Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Innovate and Improvement	Implement Bucks Lifesciences Innovation Hub	- Improving access to innovative treatments - Top 5% (Acute Trusts) in NIHR Research League Table - Patient benefits from technology of care closer to home and self management.	- Increasing entrepreneurial skills - Increasing involvement in research and development	- Income from SMEs renting innovation hub space - Potential income from introducing technology to the market.
	Tumour ablation (radiology)	- Improves patient outcomes	- Reduces pressure of staffing - Involvement in R&I and career development.	- Reduces bed days - Reduces surgical procedures
	Cardiac Rehabilitation Platform	- Improve patient outcomes - Improved experience following cardiac arrest	- Reduce pressure on staff leading to reduced turnover / better retention - Attracts staff interested in R&I.	- Reduced bed days through reduced re-admissions.

Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Sustainable Service Growth	Increase proportion of non-NHS income	- Maintain or improve RTT for NHS patient - Offer private patients value for money services to improve patient experiences	- Able to offer services not already commissioned - Opportunity to work in different environments - Attracting and retaining staff	- Increase income from non-NHS sources - Contribute to CIP(£683k in 2018/19 CIP + potential additional £250k)
	Repatriate patients from out of county in specialties	- Offer patients excellent services as close to home as possible.	- Improve FFT response rates	- Increase income from repatriated activity
	Expand into new markets through emerging contracts and tenders	- Better access to services for population of Bucks - Improve outcomes for patients	- Opportunity to work in new or expanded areas - Learning and development for staff	- Increase income from new services - Improve service contributions

Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Enable Transformation	Drive IT interoperability through 'Careflow' and E-Observation	- Improving data quality and reducing duplication - Improving patient experience (less repetition of information) - Improve people's outcomes over entire patient pathways	- Less duplication and time wasted - More information available to support decision-making - Enabling improved team working and leadership	- Reduce costs of multiple systems - Reduce vacancies and agency staff costs (linked to reduced time wasted)
	Outpatients – use technology such as e-referrals	- Reduce unwarranted variation in outpatient activity - Improve access to diagnosis and treatment	- Less duplication and time wasted - People working at the top of their license	- Reduce staff costs in line with reduced time wasted. - Meet RTT and improve income
	Reduce proportion of face to face contacts	- Improved access for people closer to home - Reduce variation in elective and non-elective attendance	- Flexible working opportunities - Involved in innovative care - Potentially less travelling	- Reduce NEL admissions / bed days - Agile working releasing estate to be used more efficiently

Selected Examples of Expected Benefits

Strategic Theme	Service Objective	Benefit		
		Quality	People	Money
Health and Wellbeing	Making Every Contact Count	- Early intervention and prevention - Better patient outcomes (by reducing smoking, obesity etc.) - Better value (reducing likelihood of relapse/recurrence or illness in the first place)	- Developing new skills - Opportunities to work with other organisations and teams - Care as a shared endeavour with people and families	- Reducing overall costs to the system - Economic benefits of people being healthier
	Increasing the patient voice	- Patient involvement and engagement in care resulting in better patient outcomes and experiences.	- Engagement and treating person holistically - Support and information from people and their families	- Increasing self care and improved patient outcomes reducing costs of care - Fewer NEL bed days
	Community hubs and Integrated teams focus on population health needs	- Focus on achieving better outcomes for people not processes of care. - Closer to home - Treated holistically (not just speciality)	- Multidisciplinary team working - Achieving outcomes for the person - Increasing leadership at local levels	- Reducing NEL activity for people with frailty and complex needs. - Reducing A&E attendances / NEl admissions/ bed days

Section 7:

Getting it Done

Delivering Our Strategy

During the initial planning process each division and SDU is identifying its objectives and aligning them to the Trust's strategic priorities. We are also identifying the enablers (e.g. IT, estates, HR & OD) or critical success factors necessary for delivery of the objectives. We will continue to develop detailed and prioritised plans with SDUs in order to ensure successful delivery.

As part of our focus on delivering our strategic objectives we are working with each division to agree an appropriate way to review progress and impacts of plans and manage inter-dependencies, issues and risks.

This will involve routine scrutiny of plans and working together to identify mitigating actions for risks and issues. It is intended that this will be a way of embedding a culture of strategy delivery as well as a way of working together with enablers to resolve problems as they arise.

Purpose of the meetings:

To routinely review progress and impacts of strategic plans and manage the risks, issues and inter-dependencies together.

Membership:

- Divisional Chairs, Divisional Directors and Divisional Chief Nurses
- SDU Leads, SDU Operational Managers
- Senior Corporate Leaders (e.g. Estates, IT, Finance, HR & OD)
- Strategy Team

Frequency:

- Every 2 months.

Developing our Strategy: Quarterly STC Workshops

As part of our iterative approach to developing our strategy we will facilitate quarterly strategic events ('Time to Think, Time to Talk') that bring senior clinical and operational leaders together to share achievements, learn from each other and review and refresh strategic contexts and plans.

Purpose of the meetings:

To build a broad multi-disciplinary leadership team to review and analyse current and future contexts and develop strategies to tackle some of the complex challenges that the Trust faces.

This is part of a new approach to strategy development which aims to engage Trust, Divisional and SDU leaders in sharing information, learning and shaping our future.

Membership:

- Divisional Chairs, Divisional Directors and Divisional Chief Nurses
- SDU Leads, SDU Operational Managers
- Trust Executive
- Senior Corporate Leaders (e.g. Estates, IT, Finance, HR & OD)
- Strategy Team, PMO & Improvement Team
- Invited guests

Content of meetings:

- Strategic update from Executive.
- Divisional / SDU presentations on progress, successes and innovations
- Best practice presentations
- Occasional guest speakers
- Discussion, Q&A

Frequency:

- 4 times per year (May, September, November and March)

Next Steps

1. ✓ Develop long-term (3 year) measures for strategic priorities (June 2018).
2. ✓ Strategy Team to work with SDUs to prioritise and refine detailed plans, identifying milestones and measures against the strategic priorities (April 2018).
3. Strategy Team to align enabling strategies with Clinical Delivery (April 2018).
4. ✓ Strategy Team lead the implementation of strategic delivery (including refining SDU milestones and measures) and Strategic Transformation Committee Workshops (dates of meetings, venues, invitations etc.) (1st April 2018 – on-going) ✓

Agenda item: 8
Enclosure no: TB2018/28

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
28 March 2018

Details of the Paper

Title	Report on stakeholder views on community hubs
Responsible Director	Chief Operating Officer
Purpose of the paper	To inform the Board of the views of patients and public who have taken part in the community hubs engagement events. The engagement and involvement activity will be used, alongside the evaluation of the community hubs pilot, to inform the next steps of the community hubs programme.
Action / decision required (e.g., approve, support, endorse)	Support

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	***Strategy***	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	***Public Engagement /Reputation***	*Equality & Diversity*	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE	
Which Strategic Objective/s does this paper link to? Patient Voice	
Please summarise the potential benefit or value arising from this paper:	
RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:.
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Quality, Safety, Effective, Responsive, Well-led *(if you need advice on completing this box please contact the Director for Governance)*

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Presenter of Paper: Chief operating officer / Chief Nurse
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Bringing care closer to home.

Stakeholder views on community hubs

'They turned me from being a patient back into being a person'

Executive summary

Introduction

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. This followed an extensive public and patient engagement exercise in 2016 to find out what people wanted from a community hub. The findings informed the development of the pilot hubs.

Between September 2017 and March 2018 the Trust conducted further public and stakeholder engagement. The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county
- To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance
- To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development

Methodology

The involvement and engagement team gathered the views of 329 stakeholders, using a mixed methodology tailored to different groups:

- Focus groups with 28 hub patients
- Appreciative enquiry workshops with 7 hub staff
- 3 telephone interviews with staff from Healthy Minds, Alzheimer's Society and Age UK
- Public engagement workshops in Buckingham, Chalfont, Marlow, Wycombe, Thame, Aylesbury, attended by 168 members of the public
- Sessions with 123 members of voluntary sector service user groups, and a patient participation group

This was in addition to the public and community group meetings the Trust was invited to present at and events it held or attended such as the community hub open days (which over 100 people attended each time) and local market stalls, in which there was more general discussion and information giving.

Key findings:

- The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review
- Patients and the public wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas
- All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential
- Levels of awareness of the hubs was low amongst both patients and GPs

- Transport was highlighted as an issue, with the lack of community transport to the hubs potentially a barrier to access for some patients

Key recommendations from public and stakeholder engagement:

Current hubs

- Raise awareness of the current hubs with public and GPs, in part through clearer branding
- Increase the service to at least five days per week at both sites
- Review the current referral process with GPs, and consider expanding the process to self-referral
- Ensure better co-ordination of the different services operating within the hubs
- Work towards changing the environment within the community hospital settings of the hubs to become more clinic like, to provide better facilities for partner organisations to provide their services, and to be dementia and learning disability friendly
- Mobilise a wider range of outpatient clinics

Roll out of hubs model

- Roll out model across Buckinghamshire, including utilising the Trust's existing bases in Buckingham, Chalfont and Amersham, and considering a range of options tailored to need in different areas, such as mobile units
- Ensure effective joint working across health and social care and with voluntary sector
- Consider how pubic and community transport to hubs could be improved
- Provide signposting to other public and voluntary sector support services

Contents

1. Introduction

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. In 2016 the Trust conducted an extensive public and patient engagement exercise to find out what people wanted from a community hub. The key findings were that patients and the public wanted:

- Rapid access to testing
- Earlier signposting to health and care services-a single point of access
- Joined up teams across the system
- A full range of therapy services
- Health and wellbeing function, enhancing self-management and providing education
- A sociable space with a café
- A base from which skilled staff can work in the community
- More outpatient clinics locally
- Virtual networks providing information for patients supported by excellent technology
- More information shared between organisations to improve patient care

The findings informed the development of the pilot hubs. Between September 2017 and March 2018 the Trust conducted further stakeholder engagement. The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county
- To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance
- To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development

Methodology

The involvement and engagement team gathered the views of 329 stakeholders using a variety of methods:

- Focus groups with 28 current hub patients
- Appreciative enquiry workshops with 7 hub staff
- 3 telephone interviews with staff from Healthy Minds, Alzheimer's Society and Age UK
- Public engagement workshops in Buckingham, Chalfont, Marlow, Wycombe, Thame, Aylesbury, attended by 168 members of the public
- Sessions with 123 service users from the following organisations; Alzheimer's Society, Bucks Vision, Haddenham Carers, Macular Degeneration Society, Talkback, and Rectory Road patients group

This report details the views and recommendations of the above stakeholders. In addition the Trust was invited to present at events and community meetings, it held successful community hubs open days (which over 100 people attended each time) and displayed at local market stalls, where there was more general discussion and information giving.

2. Patient views of the community hubs

Introduction

Views of patients who had used the hub were sought as part of the wider stakeholder engagement exercise to inform the Trust's plans for bringing care closer to home across Buckinghamshire. The aim of the patient engagement was to get feedback from patients involved in the pilots to inform on going service development

Methodology

All patients who had used the community assessment and treatment service in Marlow and Thame community hubs in its first 6 months of operation, and a sample of patients who had attended outpatient appointments were contacted. Two focus groups were held, one in Marlow and one in Thame. The following questions were asked:

Could you briefly describe your experience of being a patient at the hub? What went well? What went less well?

- What could we do that would have improved your experience?
- Did life at home become easier after the service you received at the hub?
- From your experience of being a patient here, do you think the hub is doing what it set out to do?
- What other services would you like to see provided at the community hub?

Participant profile

There were 28 participants in total, 21 at the Marlow event and 7 at the Thame event. 23 of the 28 people who attended completed and returned their equality monitoring form. Of those:

- 7 were males and 16 females
- The ranged in age from 65 – 80 years plus groups with the larger number being in the 65-79 age groups.
- 21 of those who responded classified themselves as white British

Discussion results

Could you briefly describe your experience of being a patient at the hub? What went well? What went less well?

In Marlow the experience of being a patient at the hub had been a very positive one for all of the participants. The holistic, 'one-stop-shop' nature of the service, being given the time to see a range of clinicians, and talk their case through, was seen to have great benefit.

- *'I was extremely satisfied with everything, I thought the team were brilliant, the comprehensive review of my condition, made me understand what was going on, after months of pain and restricted mobility. I have nothing but praise. It brought it all together, in the round. Up to then it was ad hoc, you went to the doctor when you needed a doctor, you went to minor injuries, you went to A&E if you had a fall. I felt I was a person, not a patient'*

- *'A one stop shop as mum said, we came in we saw a doctor a nurse, a physio you had an x-ray while you were here you got the results while you were here'*

- *'What was really nice was to be able to talk to them, be told things I've been trying to find out for weeks'*

- *'Everybody was so good, they had brought in a doctor who specialised in my condition, and other people coming in and saying how could they help me, escorted everywhere, whereas at Wycombe you go to one department then you are sent downstairs, here it was all compact'*

- *'They turned me from a patient back into being a person'*

Patients appreciated the speed with which they were able to be referred in to the service

- *'I was asked, can you get to Marlow 2 o'clock on Monday. You'll get a letter tomorrow, this was Friday, I did get the letter and we were here on Monday'*

- *'The paramedic came to see me on Thursday and I was here on Friday'*

Patients felt the attitude and care delivered by staff was excellent, both to patients and to carers

- *'The nurse took me everywhere to the x-rays and everything, as we sat there different people came in, physio came in, I found it absolutely incredible'*

- *'The service I received from the receptionist through the doctor and all the nurses were first class. I was so impressed. I went away very boosted up'*

- *'Usually they don't care about you,(the carer) but here it was lovely they kept asking how I was'*

For some participants in Marlow there was a clear sense that the service had helped to avoid hospital admission, for example:

- '*There is always the fear of being admitted to hospital, to come here and essentially get everything in one hit is much better, even if you went into hospital you wouldn't get things sorted out as quickly and efficiently as we have here, you spend so much time waiting in A&E and go to ward and nothing actually happens, here in just a few hours we got a lot sorted out, we got referred to the speech and language lady who came to see dad at home, for us it probably saved a hospital admission'*

In Thame patients who had attended outpatient appointments appreciated being treated closer to home, in terms of convenience, speed, and for one participant to avoid a hospital stay:

'I came to outpatients to see the chest doctor. I'm obviously in Thame, I don't have to travel. I've also used district nurses that come in, because normally I have to go into hospital, I stayed in 5 days the last time. They came to my home twice a day. But yes the outpatients bit is brilliant'

'I was here for all of 10 minutes I came to see my surgeon following surgery in March found it easy to park , I wasn't kept waiting at all I was in and out in 10 minutes'

Patients appreciated the full assessment they received:

'Very good came to improve to not fall down there was a physio they were all excellent especially the physio, it was all very good. Very good all of it'

'I thought it was super. At least they assessed me'

In Thame a number of patients spoke about not knowing why they had been referred to the hub. It had not been explained by the GP. They simply received an appointment in the post and only understood what the appointment was for once they attended.

'I didn't know what I was coming to when I came here; I have an on-going muscle condition for last 20 odd years. I'd seen my doctor because I had a lot more problems then I got a call about coming here so I thought there was somebody here a specialist, to look at some other forms of the muscle problem. I didn't know what it was until I got here. I didn't know it was a collective assessment so to speak, going around lots of people. Nobody was a specialist but they were all interested and took notes. I didn't get much advantage from it.'

'Thame rang me and said aren't you coming? I said where and they said I was booked for Thame, no communication. I didn't realise what I was coming for. Halfway through the assessment I realised what it was for, although I had severe falls it was to assess what I could do , with my brain especially. I thought it was to see what was wrong with my bones, I have osteoporosis you know'

'Were the doctors made aware of all of these things going on here, it just seems odd that several of us didn't know why we were coming here? It wasn't like someone at the surgery said do you want to see somebody about falls or anything like that, I just had a letter'

What could we do that would have improved your experience?

In Marlow having access to transport to the community hub was the main thing that would improve some patients' experience of the community hub. Most were reliant on friends or relatives as public and community transport options were very limited or unavailable.

- *'In time transport may become an issue for most of us'*
- *'My neighbour was able to drive me, but transport is an issue'*
- *'Transport is the biggest problem, it is a nightmare'*

One patient had to be transferred to Wycombe as she needed an IV. Her experience would have been improved if the hub was open all week and had the correct equipment to allow her to be treated closer to home.

In Thame participants felt that more could be done to make the community in Thame aware of the hub:

'I didn't know this was here, I mean I live on the doorstep'

'How would people get to know that it was here? There's no information anywhere, not even in the doctor's surgery, to tell you this kind of thing is available. If you are seriously ill the doctor will put himself out to tell you what is available, but people on the sort of borders of things, this sort of thing would help them not get any worse than they are if they knew it was available'

Did life at home become easier after the service you received at the hub?

Many of the patients had seen a significant improvement to their quality of life in the time since they had been seen at the hub. One of the things that had an impact was the opportunity to have someone review all of their medication, in several instances leading to a reduction or change in medication, that the patient felt had been very beneficial.

- *'Within a month Dr Johnson had changed all my medication and I felt on top of the world'*
- *'The change of medication made such a difference'*
- *'Medication, having a second opinion, they said, you might not need this anymore. They took me off two lots of drugs'*

Several patients had someone visit them at home to assess their need for aids and to provide practical advice following their visit to the hub. This had improved their quality of life.

'A lady came to my house she asked how I got off the loo I said I just hang onto the door, she said you don't want to do that, she got me a handle'

'The aids around the bathroom, they have been so helpful, my wife knows I can be left safely'

'Sometimes I can't walk at all and problems getting up and out of chairs so she gave me a loo seat with a handle that was helpful, which they delivered the next day actually'

'The two nurses came down and they brought me a wheel about trolley so I could wheel my meals around. I don't know what made me fall, I fell in the garden, they told me to do away with my rugs you know, because you can trip over them of course, that and the handle for my loo, it was very useful'

'The advice I received from the nurses, they were concentrating on my arm which I broke, they gave me quite a few exercises I hadn't done before. I had my plaster off at Wycombe and they said I could go there for physio, but of course I can't get there every day, you can't get to' Wycombe unless you have transport and of course I don't have transport. The nurses told me extra bits which they hadn't told me at Wycombe which was a great help'

From your experience of being a patient here, do you think the hub is doing what it set out to do?
Patients were asked how they felt the hub was performing in relation to the 10 criteria that patients and public had identified as what they wanted from a community hub in the original public engagement events.

Marlow:

Criteria	Patient experience
Rapid access to testing	Patients felt this was working well. Participants had had blood tests and x-rays and received results on the day
Earlier signposting to health and care – single point of access	Participants had not experienced this
Joined up teams across the system	It was felt the teams within the hub worked well together.
A full range of therapy services	Patients had felt they received a range of interventions. One patient felt she would have benefitted from seeing a podiatrist experienced in dealing with complications from diabetes
Health and wellbeing function enhancing self-management and providing education	Patients had not seen evidence of this, one participant who had diabetes felt control of her condition had been taken out of her control since she used the hub, with nurses visiting her at home to test her and provide insulin
A sociable space with a café	This was not seen as a priority by those present. It was felt that Marlow had enough café's and that a number of organisations also provided this kind of service for older people.
A base from which skilled staff can work in the community	Participants had experience of this working well, with staff coming to their homes to assess their need for aids and providing advice
More outpatient clinics locally	As CATS patients, participants had not experienced this but could see from the list that it was happening. Questions were asked about whether people could be referred by their doctor to the clinics
Virtual networks providing info – supported by excellent technology	Participants did not see this as a priority
More info shared between organisations to improve patient care	It was felt this could be done better. It was felt that more could be done to publicise the hub.

Thame:

Criteria	Patient experience
Rapid access to testing	Participants had not experienced this
Earlier signposting to health and care – single point of access	Not experienced this
Joined up teams across the system	Not experienced this
A full range of therapy services	Those who had a CATs assessment had experienced this

Health and wellbeing function enhancing self-management and providing education	Not experienced this
A sociable space with a café	Participants did not see this as a priority as there were a number of cafes in the town
A base from which skilled staff can work in the community	Participants had experienced this, with community staff visiting them at home
More outpatient clinics locally	Participants had seen the benefits of having outpatient appointments closer to home
Virtual networks providing info – supported by excellent technology	This was not viewed as a priority for this patient group
More info shared between organisations to improve patient care	Participants felt this was not happening effectively

What other services would you like to see provided at the community hub?

- Access to public or community transport for those living outside Marlow in South Buckinghamshire
- Equipment and extended opening days to allow for IV treatment
- Pain clinic
- Podiatrist
- One patient suggested having a range of consultants with different specialities '*Specialist for a particular thing so if people who needed a particular specialist could make appointment, something like neurologist, or rheumatologist'*

Conclusions

- The hub model, of having a range of services organised around the patient, is working well for those who have experienced it. Patients feel cared for, and the services received have had a clear positive impact on health and wellbeing, including avoiding hospital stays
- Patients had benefitted from being able to access outpatient appointments closer to home
- Having staff based in the hub visit patients at home to give advice and practical help was working well with a number of patients feeling their quality of life had improved as a result
- In Thame a number of patients referred by their GPs were unaware of why they were being referred
- Patients felt more could be done to raise community awareness of the hub
- The key challenge for patients in accessing the hub is having transport ,most were reliant on friends or relatives, as public or community transport options were limited or unavailable
- There is still much scope for developing the hub to achieve the ambitions set out by patients and the public for a community hub, though having a café was not viewed as a priority**.**

3. Staff views of the community hubs

Introduction

The aims of the staff engagement were:

- To find out staff views on service delivery to patients since the hub was set up
- To explore how the community hub could develop to continually improve the patient experience

Methodology

All staff from the community hubs were invited to take part in workshops. Workshops were held in Marlow and Thame each attended by three members of staff. The following questions based on the principles of appreciative enquiry were explored:

- What has been your best experience of the community hub, a time when you felt that it worked well for everyone involved?
- What made that possible?
- Imagine we are a year into the future and the hub is working perfectly based on these ideas and principles. What would that look like?
- What would need to happen to get us there?
- Staff were asked to rate out of 5 how far they felt each of the 10 criteria for community hubs set out by patients in the engagement events in 2016 had been met.

Participant profile

Six participants took part in the workshops. This was made up of five nurses and one healthcare assistant

Discussion results

What has been your best experience of the community hub, a time when you felt that it worked well for everyone involved?

Staff in Marlow had a very positive view of the service to patients; one mentioned that if it was her mum she would want her to have this kind of service. The hub provides a 'one stop shop' for patients, having access to doctors, nurses, OT and physio at one site. Patients receive a comprehensive service without having to attend lots of different appointments potentially at different sites. Patients have thorough frailty assessments and longer appointment times. Their GPs are only able to see them for ten minutes so referring them onto the hub means that the patient can be checked thoroughly and leave knowing what their next steps need to be. They have access to consultants therefore diagnosis for some patients is quicker. Having a range of professionals together meant they could spend time discussing the patient's case and take a joint approach to best way forward. It makes life much easier for carers. The CATs team can refer patients to other services like Prevention Matters and social services. In one case social services had seen a patient at the hub.

Staff in Thame were also very positive about the benefits of the service to patients. Patients themselves were very happy with the service, one patient had spoken about 'feeling loved'. The

benefits to patients included, being able to see a number of clinicians in one day instead of a series of different appointments, they can be seen by an OT at the clinic who will then visit them in their home, so more continuity in service, it was a more personal service with more time for patients and patients did not have to wait to be seen.

What made that possible?

- Having a range of services in one place
- More joint working
- Thorough assessment of clients situation and needs

Imagine we are a year into the future and the hub is working perfectly based on these ideas and principles. What would that look like?

Marlow:

- Hub would be open 5 days a week
- It would have a clearer mission statement that potential referrers such as GPs would be more aware of. Clarity about where hub fits with community and acute services
- Referral pathways working effectively. GPs educated in how to refer and to what.
- Hub would have its own doctor available whole time it was open
- There would be cover for staff when people on annual leave/sick
- There would be an administrator so nursing staff can focus on more nursing
- There would be a dedicated transport service for patients and better signage at the hub
- More varied menu available to patients, currently only able to offer soup
- More services available for patients

Thame

- The hub would be open 5-7 days a week to provide a truly preventative service and allow for consistency, for example being able to provide IV antibiotics in one place on consecutive days.
- The hub would have a clearer remit or brand, providing unique service not just taking bits from others
- It would be much busier, with potential referrers such as GPs more aware and knowledgeable about the service
- There would be additional services available such as podiatry, and ultrasound
- Administrative and reporting systems would be more streamlined and there would be an administrator, potentially working across both pilot sites
- Services would be more joined up
- BHT doctors and consultants would have access to GP patient records on EMIS
- There would be more consistency in doctors attending hub, ideally one doctor for the hub
- The environment would be more clinic like
- The hub would have the right equipment available for the work being done there
- The staff skill mix and level would be more appropriate to the service being provided, staff would feel their skills are being utilised and developed rather than feeling deskilled

- There would be cover for staff if they are sick or on annual leave

What would need to happen to get us there?

Recommendations applicable to both sites

Brand and marketing

- There is a need to create a clearer USP for the community hubs. This can then be used to market the hubs more effectively to potential referrers particularly GPs and increase referrals

Services

- Linked to the above is the recommendation that services are mobilised as quickly as possible into the hub, so there is clarity about what is on offer. Staff recommendations included, podiatry, ultrasound, dietician, and more third sector organisations like Age Concern
- Consideration should be given to increasing the service to 5 days per week at both sites

Staffing and administration

- The skills mix and level of staff should be reviewed taking into account what patient needs have been during the pilot to date.
- An administrator role should be created, potentially shared across both sites
- There should be cover for holidays and sickness
- Have more consistency of doctors
- Access to records: Look into how BHT doctors can have access to GP records

Governance and reporting

- Review the reporting needs with view to streamline processes and avoid duplication. Have clearer project management approach to programme development, potentially involving service improvement team

Recommendations specific to Thame

- Environment: Invest in changing to a more clinic like environment so is more functional and feels less like hospital ward that is not being fully utilised. Better use of space downstairs , including more office space and power points
- Equipment: Review and provide appropriate equipment, taking into account use over the pilot so far. For example hub has two underutilised blood testing machines, physio requires mats and parallel walking bars

Recommendations specific to Marlow

- Environment: Provide better signage. Provide wider range of food options, patients often waiting a while and current options not substantial enough
- Transport: Explore options for dedicated transport for patients
- Signposting: Develop list of available services and contact details

How far have criteria developed in the public and patient engagement sessions been achieved? 0 being not achieved and 5 being completely achieved:

Staff agreed a rating between them for each criterion.

Marlow

Criteria	Rating	Comments
Rapid access to testing	4	Need basic blood testing, echo and CT scans to complete the service
Earlier signposting to health and care – single point of access	3/4	
Joined up teams across the system	3	
A full range of therapy services	4	
Health and wellbeing function enhancing self-management and providing education	1	Would like to see cancer care and diabetes here. Already used by Parkinson's group
A sociable space with a café	0	
A base from which skilled staff can work in the community	5	
More outpatient clinics locally	3	
Virtual networks providing info – supported by excellent technology	0	We do provide this service by using our own PCs to get information for our patients
More info shared between organisations to improve patient care	2/3	

Thame

Criteria	Rating	Comments
Rapid access to testing	3	
Earlier signposting to health and care – single point of access	4	
Joined up teams across the system	2	
A full range of therapy services	4	If no annual leave
Health and wellbeing function enhancing self-management and providing education	5	
A sociable space with a café	0	
A base from which skilled staff can work in the community	5	
More outpatient clinics locally	3	
Virtual networks providing info – supported by excellent technology	1	We do go online for some of our patients and print them information off for them to take away
More info shared between organisations to improve patient care	1	

4: Partner organisations' views of the community hubs

Introduction

A number of VCS and health organisations provide services within the hubs. Their views were sought as part of this review to inform the development of the hubs programme.

Methodology

Telephone interviews were conducted with representatives from the following organisations:

- Healthy Minds
- Alzheimer's Society
- Age UK

They were asked what had gone well, what had gone less well and their recommendations for the development of the hubs.

Discussion results:

- All interviewees had found the CATS staff friendly and helpful
- All had expected to receive referrals to their service through CATS, but this has not happened to the extent they had hoped. Healthy Minds were seeing their own clients who were able to get to the hubs
- Interviewees felt that the different organisations operating in hub were working quite separately, and not in a co-ordinated way
- The VCS organisations felt that the environment within the hub was not designed in a way that supported the services they wished to deliver. The presence of beds, lack of adequate chairs and tables, lack of space to display materials, and limited access to tea and coffee making facilities were mentioned.

Recommendations made by interviewees:

- A regular meeting of all organisations operating in the hub to facilitate better co-ordination of the services
- Ensure environment is dementia friendly and develop facilities to support group sessions, and for display of leaflets
- Both Healthy Minds and Alzheimer's offered to provide training for hub staff.
- Healthy Minds recommended the following:
    - Consultation sessions with CATS team to look at their caseload and see who might benefit from Healthy Minds service
    - Healthy Minds to provide training to CATS staff. Two courses available one on detection of common mental health problems, second '10 minute CBT' giving intro to CBT framework
    - Falls prevention classes, Healthy Minds could attend to talk about role of anxiety in falls and way to address it
    - Healthy Minds are able do home visits

5: Service user groups views of community hubs

Introduction

The Involvement and Engagement met with a number of service user groups to ensure the views of those less likely to attend the Trust's public events were sought as part of the review.

Methodology

The Involvement and Engagement team attended group meetings and presented on progress with the hubs in Thame and Marlow, and were then asked the following questions:

- What do you like about what you have heard?
- What concerns you?
- What does the Trust need to consider in order to ensure that the hub model meets the needs of your community/group?

Participant profile

- Alzheimer's Society - 25 participants made up of people with Alzheimer's and their carers
- Bucks vision - 36 participants made up of people with visual impairments and their carers
- Haddenham Carers - 8 carers
- Macular Degeneration Society - 16 participants made up of people with macular degeneration and their carers
- Rectory Road patients group - 34 participants
- Talkback - 4 members of Talkback's management committee all of whom had learning difficulties

Discussion results

What participants liked:

- The hub model of holistic care in one place was supported by all groups
- For carers the idea of care closer to home was important as they often delayed or did not deal with their own health problems because of their caring responsibilities. If they did attend appointments at the main hospitals they either had to take the person they cared for or arrange emergency cover. One participant talked of the difficulties of having chemotherapy and having to bring his wife who had Alzheimer's. Having a hub close by would make it easier for carer's to maintain their own health
- The large hospitals could be very disorientating for people with Alzheimer's, visual impairments and learning difficulties, so small hubs closer to home would be preferable

What concerned them:

- Local transport was an issue for all groups. Many had to pay for taxis to get to appointments
- Many participants had not been aware of the hubs existence and some did not think their GPs knew about them

- People with learning disabilities were concerned about any change in the services they were used to, and particularly concerned about the risk of GPs not passing on relevant information to specialists.

Service user group recommendations for how the hub programme could take their needs into account:

- Provide a wide range of clinics
- Effective signposting to other organisations who provide support
- Assessment in the home
- Focus on supporting health and well-being including mental health services
- Being able to self-refer to the hub
- Ensure information is shared effectively with GPs
- Dementia friendly and taking into account needs of people with earning difficulties for example with signage
- Somewhere quiet to relax
- More partnership working with the voluntary sector

7. Public views of community hubs

Introduction

Buckinghamshire Healthcare NHS Trust held a series of public meetings across the county between January and March 2018 to engage with members of the public to report back on what had been achieved in the pilot hubs in Thame and Marlow and gather their views on what care closer to home could look like across Buckinghamshire.

The events followed on from the public events held in 2016 the findings from which informed the pilot hubs. One of the aims of the events was to revisit and update the ideas the public had developed in 2016 for what a hub could look like in their area.

Methodology

Public meetings were held in Buckingham, Chalfont, Marlow, Wycombe, Thame, and Aylesbury. The meetings were led by members of the Trust's executive group, Carolyn Morrice, Chief Nurse and Tina Kenny, Medical Director. Participants were shown a presentation detailing the work of the pilot community hubs including how the hubs fit into the wider community care provision. This included the assessment below, based on the discussions with hub staff and patients detailed earlier in this report, of how far the hubs had progressed against the original criteria developed from the 2016 engagement sessions:

They then worked in facilitated groups to answer the following questions and answers were recorded on flipcharts:

- What did you like about what you have heard?
- What concerned you?

- In light of what you have heard about the pilot hubs, what's working, the challenges, and local circumstances in your area in 2018, we want to know what your vision for a community hub is now

The results from the discussions were collated and themed.

Participant profile

The events were attended by 168 people in total. Of the 168, 143 completed an equality data monitoring form.

- Gender: 94 of those who completed the form were female and 49 were male
- Age:

0 - 15	
16 - 24	
25 - 34	2
35 - 44	8
45 - 54	13
55 - 64	24
65 - 79	70
80 +	23
I do not wish to declare	3

- Disability: 38 of those who completed a form considered themselves to have a disability or long term condition. 102 did not and 3 did not wish to declare
- Ethnicity

White British	122
Irish	4
Other white background	1
I do not wish to declare	4

Discussion results

What did you like about what you have heard?

There was broad support for the hub model of holistic care across all of the public events, participants particularly liked:

- Rapid access
- Access to multidisciplinary teams
- The range of services available
- Access to treatment at home
- The one stop shop nature of the service
- Access to diagnostics
- Same day results
- Reduced hospital stays/visits

- Outpatient appointments closer to home
- Work with the voluntary sector

What concerned you?

Concerns emerging across the public engagement sessions were:

- The lack of awareness of the hubs amongst the public, GPs and other organisations
- There was a need for better signposting to other public and voluntary sector support
- Voluntary sector involvement not as effective as should be
- Patient information not being shared effectively between GPs and the hub staff, and the referral system via GPs not seen as robust
- Transport was a problem, unless one had access to their own transport or support of friends and family, the lack of public or community transport options was a barrier to access to the hubs
- Following on from this limited access to parking locally was an issue
- The difficulties of accessing services across county borders
- There was concern in Buckingham about the future of the beds in their community hospital

Recommendations for how the community hub programme should be developed:

Members of the public wished to see the current hubs maintained and developed and to have the programme rolled out to where they were. In particular they wished to see:

- Self-referral, or through a wider range of services, including faith based organisations
- More effective work with voluntary sector, including social prescribing
- Effective links between health and social care
- Better public or community transport options available to access hubs
- A higher level of awareness of the hubs within the community
- Evidence based services appropriate to each community
- An increase in the range and volume of outpatient clinics
- Provision of mental health services
- An increase age range catered for
- Having a café was not a priority but having the capability to provide sociable events with a defined purpose such as a dementia café ,or death café was supported
- More focus on prevention/health and well being
- The cross border issues addressed
- A physical space, in some areas this was about making better use of community hospital facilities, but did not have to be hospital based, in Wycombe participants raised the option of a mobile unit.

7. Conclusions and recommendations

Conclusions

- The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review
- Patients and the public wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas
- All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential
- Levels of awareness of the hubs was low amongst both patients and GPs
- Transport was highlighted as an issue, with the lack of community transport to the hubs potentially a barrier to access for many patients

Key recommendations from stakeholders:

Current hubs

- Raise awareness of the current hubs with public and GPs, in part through clearer branding
- Increase the service to at least five days per week at both sites
- Review the current referral process with GPs, and consider expanding the process to self-referral
- Ensure better co-ordination of the different services operating within the hubs
- Work towards changing the environment within the community hospital settings of the hubs to become more clinic like, to provide better facilities for partner organisations to provide their services, and to be dementia and learning disability friendly
- Mobilise a wider range of outpatient clinics

Roll out of hubs model

- Roll out model across Buckinghamshire, including utilising the Trust's existing bases in Buckingham, Chalfont and Amersham, and considering a range of options tailored to need in different areas, such as mobile units
- Ensure effective joint working across health and social care and with voluntary sector
- Consider how community transport to hubs could be improved
- Provide signposting to other public and voluntary sector support services

Amarjit Kaur
Head of Involvement and Engagement

Agenda item: 9
Enclosure no: TB2018/29

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD
28TH March 2018

Title	Corporate Objectives 2018/19
Responsible Director	David Williams, Director of Strategy and Business Development
Purpose of the paper	The Board is asked to:- • Discuss and Approve the Trust's Corporate Objectives for 2018/19 • Note milestones, Key Performance Indicators and Executive responsibilities will be developed following approval
Action / decision required (e.g., approve, support, endorse)	Approval

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

Patient Quality	***Financial Performance***	***Operational Performance***	***Strategy***	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	Partnership Working	*Information Technology / Property Services*

ANNUAL OBJECTIVE

All

Please summarise the potential benefit or value arising from this paper:
Provide the Board with Corporate Objectives for 2018/19

RISK

Are there any the specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Well-Led Framework

Author of paper: David Williams, Director of Strategy and Business Development

Presenter of Paper: David Williams, Director of Strategy and Business Development

Other committees / groups where this paper / item has been considered:
Executive Management Committee

Date of Paper: 20th March 2018

Buckinghamshire Healthcare
NHS Trust

Buckinghamshire Healthcare NHS Trust

Corporate Objectives 2018/2019

March 2018 version 4.1

Safe & compassionate care,
every time

Strategic Priorities

Quality

We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals:

Enhance our culture of safety

Key Focus:

Implement a clinical accreditation scheme to improve quality of care, reduce variation and share best practice

Listen to our patient voice

Key Focus:

Work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E

Develop as a learning organisation

Key Focus:

Learn and share best practice to improve safety of medications and recognition of sepsis and clinical deterioration

People

We will be a great place to work where our people have the right skills and values to deliver excellence in care:

Inspirational leaders developing strong teams

Key Focus:

Our leaders and teams are enabled to innovate and develop their services

Attracting and retaining high calibre and engaged people

Key Focus:

Transform our nursing workforce for the future.

Pioneering new ways of working across sites, services and organisations

Key Focus:

Use apprentices to provide skilled workers for the future

Money

We will be financially sustainable, will make the best use of our buildings and be at the forefront of innovation and technology:

Deliver our system control total

Key Focus:

Manage within agreed budget and agency cap

Improve our operational productivity

Key Focus:

Use model hospital data to identify and realise improved efficiency

Deliver our capital plan

Key Focus:

Manage and mitigate risks in capital backlog

Safe & compassionate care,

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Clinical Strategy

Integrate Care Pathways and Models of Care

Deliver urgent and emergency care transformation

Key Focus:
Transform services to reduce the demand of urgent and emergency care.

Deliver primary and community care transformation

Key Focus
Implement integrated care teams and community hubs in Buckinghamshire communities.

Reduce Variation in Quality and Efficiency

Adopt of best practice to reduce clinical variation to improve quality and efficiency of service
Key focus:
Implement top two 'Getting it Right First Time' recommendations in each specialty.

Ensure we are meeting NHS Constitutional standards

Key Focus:
Meeting A&E, RTT and Cancer Access targets

Innovate And Improve

Develop an improvement and innovation culture

Key Focus:
Implement a single improvement methodology that supports the adoption and spread of best practices.

Launch Buckinghamshire Life sciences Innovation Centre (BLIC)
Key Focus:
Establish innovation hub to support SMEs develop new products with patients and clinicians.

Sustainable Service Growth

Repatriate patients into the Trust from Buckinghamshire and surrounding areas
Key Focus:
Work with ICS to treat more Buckinghamshire patients and seek opportunities to expand services in new markets

Increase proportion of non-NHS income

Key Focus:
Increase non-NHS income

Enable Transformation

Implement digital transformation to support clinical strategy
Key Focus:
Implement interoperability in ICS and an e-observation system across wards

Deliver the Trust's Estate Strategy

Key Focus:
Deliver theatres electrical resilience, A&E phase 2 & Clinical Decision Unit.

Demonstrate the Trust is well-led

Key Focus:
Self review using the well-led framework and implement actions

Health And Wellbeing

Ensure the best start in life for children
Key Focus:
Ensure children are safeguarded by working with agencies e.g. police, social care, education & other providers.

Support health and wellbeing for staff

Key Focus:
Programmes to combat stress and increase resilience, MSK care and targeted approaches to flu vaccine uptake.

CORPORATE OBJECTIVES 2018/19

1. BACKGROUND

The following slides provide the Trust's Corporate Objectives for 2018/19 for Board approval.

The Objectives have been developed taking into account the Trust's underpinning vision, mission and values.

Mission – Safe & compassionate care, every time
Vision – We want to be one of the safest healthcare systems in the country
Values – Collaborate, Aspire, Respect and Enable

The Corporate Objectives have been structured around the Trust's Strategic Priorities of Quality, People and Money.

In the past year, each of the Trust's 27 Service Delivery Units have developed strategic plans for their services to meet these three priorities and an emerging Clinical Strategy has been developed. This identifies key themes in which the Corporate Objectives for 2018/19 have been structured.

- Integrate Pathways and Models of Care
- Reduce Variation in Quality and Efficiency
- Innovate and Improve
- Sustainable Service Growth
- Health and Well-Being
- Enable transformation

Each theme has objectives and a key focus for delivery in order to prioritise senior clinical and managerial effort in distinct areas.

Under Enabling Transformation key elements of estates, Information technology and Organisational development have been highlighted to support our Clinical Services to meet their aspirations.

2. RECOMMENDATION

The Board is asked to:-

- Discuss and Approve the Trust's Corporate Objectives for 2018/19
- Note milestones, Key Performance Indicators and Executive responsibilities will be developed following approval

David Williams
Director of Strategy and Business Development
March 2018

Agenda item: 10
Enclosure no: TB2018/30

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
28 March 2018

Details of the Paper

Title	Response Pathology South 4 Network
Responsible Director	Tina Kenny
Purpose of the paper	The purpose of this paper is to outline the current progress of Pathology Network South 4, which consists of Oxford University Hospital NHS Foundations Trust, Milton Keynes University Hospital NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust and Great Western Hospitals NHS Foundation Trust.
Action / decision required (e.g., approve, support, endorse)	Approval to continue with the outlined structure, key principles and plans to consolidate pathology services across the network.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	***Financial Performance***	***Operational Performance***	***Strategy***	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?#
Quality
People
Finance.

Please summarise the potential benefit or value arising from this paper:
The key principles in this paper are:

- **Best Value contracts**
- **Cost effective use of staff**
- **Right answer first time**
- **Minimise transactional costs**
- **Avoid unnecessary duplication**
- **Economies of scale**

RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: • Staff • IT • Lack of technical expertise in, IT, logistics.

Title	**Pathology Network South 4 Update** **Oxford University Hospitals NHS Foundation Trust** **Milton Keynes University Hospital NHS Foundation Trust** **Buckinghamshire Healthcare NHS Trust** **Great Western Hospitals NHS Foundation Trust**

Key Purpose of Document	**Strategy** **Assurance** Policy Performance
Valid From:	January 2018
Date of Review:	January 2019
Document Author:	Input from all board members drafted by: Mrs Toni Mackay, OUH and Dr Derek Roskell OUH
Associated Documents:	Pathology Network 4 Terms of Reference
Approved by:	Pathology 4 network board Caveat: subject to All Trust Board ratified
Issue Date:	31.1.2018
Document Reference Number:	1

Document Control			
Date of review	Version number	Reason for review update	Signature
31.1.2019			

1. Purpose of this paper

1.1. The purpose of this paper is to outline the current progress of Pathology Network South 4, which consists of Oxford University Hospital NHS Foundations Trust, Milton Keynes University Hospital NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust and Great Western Hospitals NHS Foundation Trust.

2. Background

2.1. Lord Carter's review 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations', published in 2016, evaluated whether the NHS gets the best value (defined here as the product of quality of care and the efficiency with which it is delivered) from its annual budget. It concluded the NHS could save £5 billion a year if the significant and unwarranted variation in costs and clinical practice was addressed. Of this, up to £2 billion could accrue through better use of clinical, scientific and technical staff, reducing agency spend and absenteeism and adopting good people management practices.

2.2. NHS Improvement, using the national data from acute non-specialist providers, has identified 29 potential pathology networks to be run as a hub and spoke model – preserving essential laboratory services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests. The purpose of this redesign work is that NHS Improvement believe these new structures will support high quality services to patients and facilitate the introduction of a new generation of investigations and enhance the career opportunities for clinical scientific and technical staff working within the service.

2.3. Pathology costs, as reflected in the unit price for testing, have been reduced through economies of scale as workload has grown, through internal re-configuration of services within organisations, introduction of new technology and altered staffing structures. However, there is potential for further savings if pathology services work across organisational boundaries in a networked configuration. Putting these new business models in place can be challenging and costly, so many have failed, missing the opportunity to make savings by addressing key principles, many of which can be applied regardless of the structure of the business.

3. Current position, Structure and key principles of the South 4 Network.

3.1. The South 4 Pathology network has active engagement from each of the four NHS Trusts.

3.2. The network project board has agreed that the primary areas of concern are **resilience**, **quality**, and **cost effectiveness** of pathology services delivered for patients across the network.

3.3. All four Trusts already work together across a number of areas, including:

- Shared consultant posts between Oxford and Milton Keynes, Oxford and Swindon and Oxford and Bucks.
- Shared procurement of core automated lab equipment across Oxford and Bucks
- Outsource of cervical screening from Milton Keynes to Bucks, Cellular Pathology cover from Swindon to Oxford and Haematological malignancy from all centres to Oxford.
- Consultant cover in Immunology shared across Oxford, Bucks and Milton Keynes.

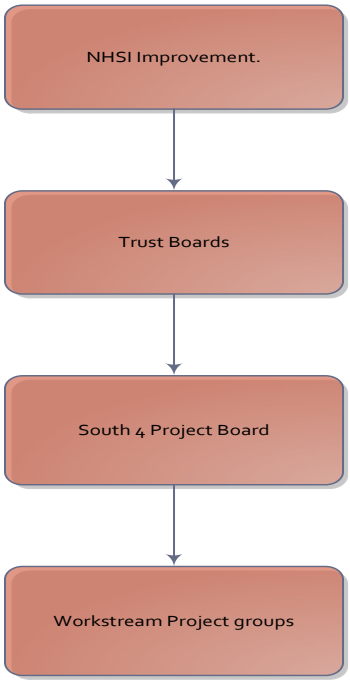
3.4. Recognising that much has been and can be achieved without setting up a new management structure to deliver pathology across the Trusts, the following approach to governance was agreed:

- Accountability for services will remain with each local trust.
- The Project Board will identify, set up and coordinate work streams to deliver resilience, quality and savings in key areas (in line with Project Terms of Reference)
- Where the work streams identify a range of options to improve resilience, quality and / or costs, the decision on which to implement will remain with the local Trust unless the local Trust wishes to delegate the decision to the Project Board.
- If partner Trusts consider that implementation of the proposals developed by the work streams requires a more formalised management role for the Network Project Board then the governance and accountability arrangements will be reviewed. This would require the approval of the individual Trust Boards.

Pathology Network 4 South | Project Board			
Oxford	Milton Keynes	Buckinghamshire	Swindon
Dr Derek Roskell – Clinical Director Pathology & Labs [Chair] Toni Mackay – Diagnostics OSM Prof. Tim James – Biochemistry lead Dr Katie Jeffery – Consultant, Labs IT lead	Jill Beach – Pathology services Manager Rachel McCarthy	Dr Kathy Cann – Divisional Chair Gladys Lawson Jane Dickenson – Divisional Director Specialist Services Steve Corrigan – Clinical Director	Helen Jones – Deputy Medical Director Chris Trow – Associate Director of Strategy Sarah Davis – Interim Head of Pathology Services Melanie Wilson – Clinical Director

3.5. The focus of the network will be on improving resilience, quality, and cost effectiveness by implementing a collaborative working model targeted on deliverable outcomes, without the need to set up new operational management structures to oversee pathology services.

3.6. The reporting structure can be seen in the diagram below. Full Terms of reference are in appendix 1.



*workstreams – see section 4.

3.7. The **key principles** agreed across consolidated South 4 Pathology Network are outlined below:

3.7.1. Best value contracts.

The aim within the network is to create large shared procurement contracts regarding equipment, reagents, consumables and any outsourced testing.

3.7.2. Cost effective use of staff

Through sharing information regarding staff and skill mix the network will aim to be assured that each service is being provided through the most cost effective model. It is important to consider:

- Agency usage and mitigation plans to reduce/avoid the use of agency staff
- Making best use and potential of existing staff
- Improving retention of staff by supporting flexible working and good working conditions, and creating a positive workplace culture
- Cross cover within the network where possible; this could provide training and opportunities for carer progression.

3.7.3. Right answer first time

Ensure the correct test is performed once within the network. If tests have to be done at the hub (e.g. specialist cancer histology) they should not be performed locally as well. Where possible the use of reliable point of care testing should be encouraged and integrated into lab IT systems so that tests are not repeated unnecessarily.

3.7.4. Minimising transactional costs

Review the current transport and IT arrangements including associated costs to understand how these would change with a collaborative network in place. Ensuring “lean” type processes for all movement of samples, information, and staff between and within sites.

3.7.5. Avoiding unnecessary duplication.

Following a review of options for services on each site the aim is to optimise services within the network to match local requirements whilst avoiding unnecessary duplication. This would include on call service provision, the range of laboratory services provided by each Trust and associated equipment; especially considering non time critical tests where expertise is more sustainable and would cost less if provided centrally.

3.7.6. Economies of scale

Grouping some test types together at the hub or elsewhere might allow a step change in technology or allow change to accommodate greater volume. Establishing where this might apply would require a review of current capacity, and contracts for equipment that are ending. Send away tests could also be consolidated within the network or provided through a single outsourced contract and may achieve savings

3.7.7. Links to other Networks or STPs

The network will first look at what opportunities lie within the 4 Trusts coming together but will not be limited to this footprint. Where it makes operational delivery and / or financial sense to look at other networks or STP opportunities these will also be investigated. In the longer term, ideas and best practice from other areas or scheme enlargement may also be strategic opportunities that this network will consider.

4. Agreed work streams and timelines.

Pathology Network 4 has developed several work streams to ensure best practice across the network; these are outlined in the table below.

Key

R = Resilience Q = Quality £ = Financial Saving

	Work stream	Aim	Network Partners	Objective	Timescale
	First Priority				
1	Network Service Strategy	Create a high level strategic plan which identifies the opportunities and current risks. In-line with the network's overall approach this should first seek to stabilise the service, provide a level of consistency, improve on patient quality and deliver financial savings where appropriate and where achievable. This will also identify the potential financial savings achievable in each area.	All	R / Q / £	Q4 (17/18) / Q1
1	Cellular Pathology	Provision of resilient service for Swindon patients due to national/local shortage of Consultant Histopathologists and current inability to recruit to posts. Short Term: ▪ Clinical services to be delivered at OUH ▪ OUH to lead on recruitment of key posts (strong reputation & University links) ▪ Digital technology to streamline cross-site services ▪ Shared IT opportunities Longer Term: ▪ Scope potential requirement for OUH led Cellular Pathology Service	GWH & OUH	R	Q4 (17/18)

2	Procurement	All parties in the network achieve shared common lowest price for equipment, consumables and outsourced tests. Transport: ▪ Review courier contracts, options to move to joint contract or move to a Trust led in-house provision Maintenance & Service Contracts: ▪ Review contracts and options to move to joint contracts Consumables: ▪ Review contracts and options to move to joint contracts Send Aways ▪ Review where cost reduction is possible through centralisation of send aways where possible across the Network. Blood Sciences Analysers ▪ GWH to continue with joint managed service contract with Southampton & Isle of Wight to realise saving of circa £250k.	All All All All All GWH	 £ £ £ Q / £ Q / R / £	 Q4 (17/18) Q4 (17/18) Q4 (17/18) Q1 / Q2 Q4 (17/18)
3	Microbiology	Review local requirements, current equipment and vulnerabilities. Describe options to optimise service across network partners. Review to include: ▪ Scope ▪ On call provision ▪ Send away samples ▪ Point of care Target savings as a consequence of improved quality and resilient provision and consistent Network approach.	All but focus at MK	R / Q	Q4 (17/18) / Q1

4	Immunology	To ensure that cost per test reduces while maintaining quality and establish a single cost to all partners. Single Immunology service. Uniform quality and access. Potential to Consolidate Immunology within OUH. All partners to review (GWH current provision sent to Southampton) and determine best Network option.	All	Q / £	Q2 / Q3
5	Cervical screening	Review provision within the Network. Support one bid, most likely based at Bucks as part of PHE centre review.	All but Bucks focus	Q	Dependent on NHSI guidance
6	IT	Evaluate current systems and what communication happens or could happen between sites already. Identify gaps and simple solutions for improved sending requests and reports between sites and systems. Development of Network strategy – ideal scenarios *This workstream is likely to require significant investment, Network to identify priority order to implement when/if investment available. Short Term: ▪ Review of current systems and agree forward Network approach, e.g. NPEX likely to be preferred system for linking lab systems. – What can we do now? Long Term: ▪ Look at current LIMS contract and options for harmonisation / joint procurement.	All All All	Q / R / £ Q / R Q / R / £	Q4 (17/18) Q4 (17/18 / Q1 Q3 / Q4
	Second Priority				

7	POCT (point of care testing)	Scope out what is in place on each site and share good practice across the sites. Identify where POCT can improve quality and flow of clinical services, e.g. shorter or avoided hospital attendance.	All	Q / R	Q4
8	Skill Mix Review	Review service provision across the Network to ensure skill mix is optimised benchmarked against NHSI Model Hospital.	All	Q / R	Across 18/19 service by service, plan TBD
9	Quality Management	Share information to support quality management and accreditation. Regional meeting of quality management teams, assurance dashboard and look at a potential KPI	All	Q	Q1

5. Barriers to success.

The Network has agreed to work collaboratively through the work streams identified above to ensure optimised patient care and high quality. However the following potential barriers to success have been identified.

- **Recruitment and retention:** A review of service provision may affect overall recruitment and retention at some Trusts.
- **Access to investment:** There is no additional funding for the Network review or changes that are required. Therefore some significant changes (if appropriate) would require business cases and support from NHSE or NHSI
- **Resources required to develop new models:** The pathology laboratories are carrying a number of vacant posts and make up the shortfall largely with agency staff or overtime. This coupled with ever increasing accreditation and regulatory requirements means that there is often insufficient time to effectively scope and plan for changes in service.
- **Project Management:** There is no additional funding available to invest in a joint Project Management resource which would ensure pace and support. However NHSI have nominated one individual as a central resource, however this would not be dedicated to Network 4.
- **IT and Equipment platforms:** Different platforms that cannot easily communicate with each other are a significant challenge. We will be exploring options to work around this, however, such options are also likely to require some investment. Ensuring one IT platform would require significant investment and expertise, and would require suitability to link to different systems outside of pathology in each trust.
- **Lack of technical expertise in procurement, IT, Logistics etc.:** Specialist skills are required to ensure the Network is successful. These are not always available

locally and central support may be required. Our work stream groups will identify where external support is most needed.

6. Conclusion

In conclusion the South 4 Pathology Network is working collaboratively to ensure a high quality patient centred service. The aims are to ensure resilience and quality of the service to patients, and to do that as cost effectively as possible. Savings will come within pathology through ensuring economies of scale where appropriate and collaborative procurement of equipment, consumables and infrastructure. Savings in clinical services using the laboratories will be achieved through optimising the laboratories and sharing best practice to improve patient pathways.

Trust Board Approval

Whilst representatives of all trusts are committed to the approach outlined in this document, it should be noted that approval of individual trust boards will be required for the overall approach and for some possible outcomes of the work streams. This document is therefore provisional, pending that approval.

Authors:

All members of the board have provided input into this document; drafted by:

Mrs Toni Mackay – Diagnostics OSM OUH

Dr Derek Roskell – Clinical Director Pathology and Labs OUH

Date: January 2018

	Financial Risk: • Investment • Project management requirement. • IT investment.
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	*(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: South 4 Network
Presenter of Paper:
Other committees / groups where this paper / item has been considered: Pathology Business Meeting
Date of Paper: 20.3.18