

Buckinghamshire Healthcare NHS Trust 2023/24 Annual General Meeting

14 September 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Welcome David Highton, Chair

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National Spinal Injuries Centre

1944-2024



2023/24 financial accounts and year-end financial performance

Jon Evans, Chief Finance Officer

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Year-end financial performance 2023/24

Income and Expenditure (I&E)

For NHS performance purposes ('adjusted financial performance' in the 2023/24 accounts), **BHT ended the 2023/24 financial year with an I&E deficit of -£5.6m.** In 2022/23 it was a deficit of -£14.2m.

BHT 2023/24

Income and Expenditure Performance

	£m
Surplus/(Deficit) for the year	(10.0)
<i>Adjusted for:</i>	
Price movements on assets	6.0
Charitable Trust movements	(1.6)
Adjusted financial performance (deficit)	(5.6)
Explained By:	
Income	659.8
Less: Pay	(404.4)
Less: Non-Pay	(265.4)
Deficit for the year	(10.0)

- All NHS trusts worked to a set of financial arrangements that were intended to support and incentivise recovery and improvement to the levels of planned care activity and productivity, equivalent to or above those in place before the Covid pandemic.
- The year was significantly impacted by **industrial action** and **unavailability of theatres** due to estates challenges. With a loss of activity and ability to treat patients due to cancellations, as well as the cost of providing cover arrangements to maintain adequate safety. Industrial action impact was reimbursed through nationally defined processes.
- Funding was provided on a fixed allocation (block) basis for urgent & emergency care (UEC), community services and outpatient follow-up activity. Funding for planned care was based on the level of activity delivered against a pre-pandemic baseline of activity.
- Financial performance in 2023/24 meant that **BHT delivered performance that was in line with the year-end position** expected and agreed following an in-year reforecasting process with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) and NHS England (NHSE), even after allowing for unfunded Industrial Action impacts.
- BHTs financial performance was due to a **combination of tighter resource controls and improvement in productivity, which improved steadily, to +4.5% better than 2022/23** (national average +2.0%), despite theatre unavailability and industrial action. BHT performed better than the national average when compared to 2019/20 (-7.0% BHT and -12.5% national average).

Year-end financial performance 2023/24

Capital

BHT spent £58.6m on Capital Expenditure in 2023/24, a significant increase in spend compared to 2022/23, which was £28.5m.

The Trust received national funding from NHS England (NHSE) for several Property Services and Diagnostics related schemes following competitive bidding processes and / or business cases (denoted by a *).

Key programmes included within the £58.6m programme were:

- Anaesthetic machines and monitors, across the Trust (£2.8m)
- Charity-funded medical equipment , across the Trust (£1.3m)
- Research and Innovation Centre Phase 2, Stoke Mandeville (£7.2m) *
- New ward, Stoke Mandeville (£9.5m) *
- MRI and CT Scanner (Community Diagnostics Centre), Amersham (£3.6m) *
- CT Scanner, Wycombe (£1.5m)
- Electronic Patient Record (EPR), across the Trust (£6.1m) *

Cash

BHT had a cash balance of £7.8m at the end of March 2024.

BHT 2023/24 Capital Expenditure

2023/24 Capital Expenditure (£m)		
Capital type	Annual Plan (£m)	YTD Actual (£m)
Medical Equipment	2.5	10.3
Property Services	38.7	34.8
Information Technology	12.6	12.5
General	2.8	0.3
Flow	2.0	0.7
Total Capital Expenditure	58.6	58.6

Financial Plan 2024/25

Income and Expenditure (I&E)

- BHTs financial plan for 2024/25 has been set in a very challenging environment, with real terms reductions in income from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), the Trust's largest commissioner, alongside inflationary pressures on non-pay.
- BHT is planning an I&E deficit of -£22.9m, compared to a -£5.6m actual deficit in 2023/24.
- There remains a national expectation from NHS England (NHSE) of a significant increase in productivity, reduction in patients with long waiting times and an increase in planned care (elective / diagnostic) activity, with a reduced workforce.
- Savings assumed in the plan total £45.5m, from a combination of reductions in temporary staffing where the Trust has been successful in recruiting permanent colleagues, procurement savings, profit margin on increased planned care activity and technical financial items.

Capital

- BHTs capital plan at the point of submission was £36.3m, including £8.7m of additional external funding for defined projects, including the Trust's Electronic Patient Record (EPR).

Cash

- Given the scale of financial deficit, cash support will be required from NHS England through as usual national processes.

Charity Accounts 2023/24

Income and Expenditure

- **Income was £1.9m and Expenditure was -£0.9m**
- Charitable activities included spend on:
 - Patient welfare (£0.5m)
 - Staff welfare (£0.1m)
 - Other (£0.2m)



Buckinghamshire Healthcare NHS Trust
Charitable Fund

Spending in 2023/24 focussed on enhancing patient care, including medical equipment such as foetal monitors, therapy equipment and an upgraded surgical laser in Plastics.

BHT also continues to benefit from the significant support provided to it by **Scannappeal**.

Projects continued to the welfare of colleagues and patients in collaboration with **NHS Charities Together**.

Figures are subject to audit

Performance

Neil Macdonald, Chief Executive

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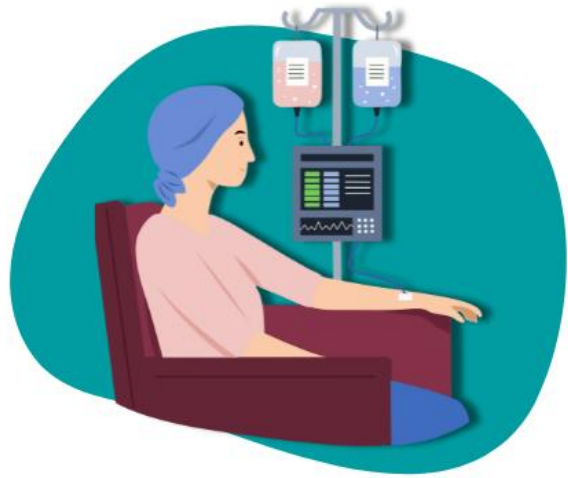
BHT largely delivered its core commitments across activity and finance in 2023/24 and improved on all performance measures year on year

Ambition for March	RAG rating on delivery	Notes
76% of patients waiting less than four hours in our Emergency Departments	Yellow	75.3% delivered. 5% improvement from March 2023.
Zero patients waiting more than 78 weeks for treatment	Green	0 78 week waiters at end March
75% of patients receive a cancer diagnosis within 28 days of referral	Green	77.8% in March
171 patients (6.3% of total patients waiting) waiting more than 62 days for cancer treatment from referral	Green	158 at the end of March
24% of patients waiting more than six weeks for a diagnostic test	Green	17% in March
Deliver financial plan	Green	Delivered - £0.5m ahead of plan

Moved higher than national average

	BHT	National	BHT	National
Metric	Mar-24	Mar-24	Mar-23	Mar-23
A&E 4-hr	74.6%	74.2%	70.0%	71.5%
DM01 (Diagnostics)	17.6%	21.8%	45.8%	25.0%
28-day Faster Diagnosis (Cancer)	77.8%	77.3%	70.8%	74.1%
31-day Cancer	84.6%	91.0%	83.2%	91.0%
62-day Cancer	69.2%	68.7%	63.9%	67.5%
Referral to Treatment	53.0%	57.2%	46.4%	58.6%
Urgent Community Response	89.0%	83.0%	84.0%	82.0%

BHT is in the top three most improved trusts in the region across key waiting time metrics



Cancer diagnosis

10% improvement in early cancer diagnosis with the Trust now achieving the national standard. With referrals increasing by 9%.



Emergency department waits

We have reduced by half the number of patients waiting more than 12 hours in our Emergency Department.



Diagnostic testing

Less than two in ten people now wait more than six weeks for a diagnostic test compared to nearly five in ten last March.



Patients waiting for treatment

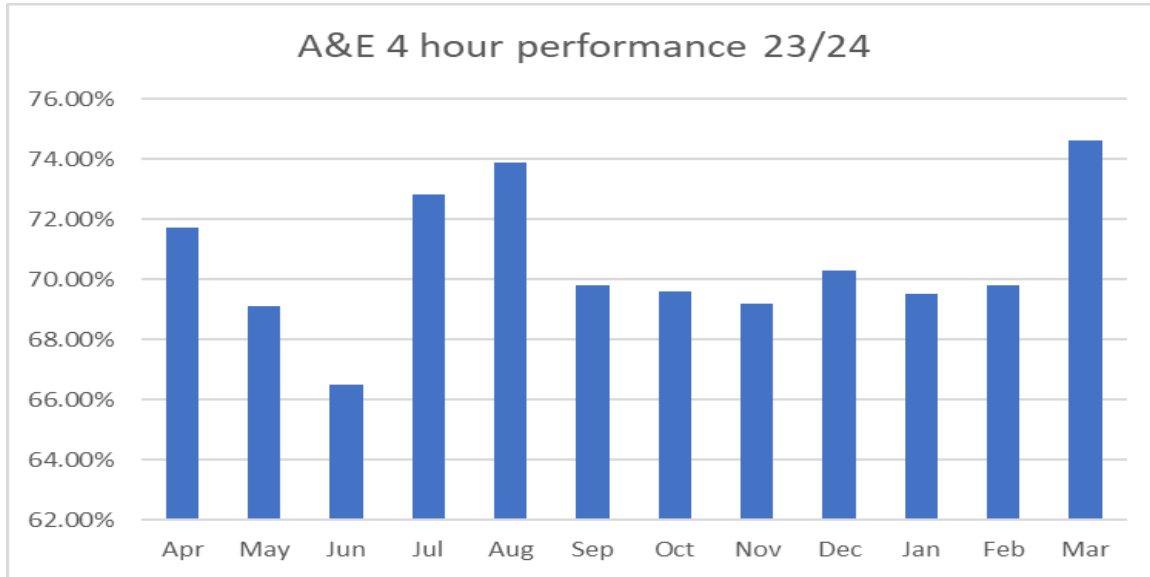
The number of patients waiting over 65 weeks for treatment went from 782 to 20 over the course of the year.



Regional improvement

In top three most improved Trusts in the South East for performance measures.

Whilst there has been a significant, sustained improvement in performance BHT just missed the 76% ED target in March



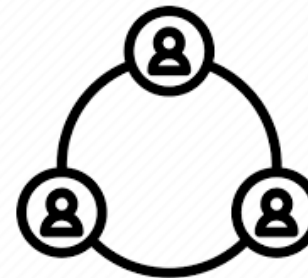
March 2023 vs March 2024

- 5% 4-hr performance improvement
- 50% reduction in 12-hr waits
- Medically Optimised For Discharge patients reduced by 32% through integration programme with the council
- Acute and Community Length of Stay reduced by a third
- Ambulance offloads >60mins improved by 51%
- Sepsis management, suspicion to needle time (STNT) consistently achieved Trust standard 75%
- 40% decrease in patients cared for in non-designated clinical areas

2024/25
Plan



Digital bed control
centre - August



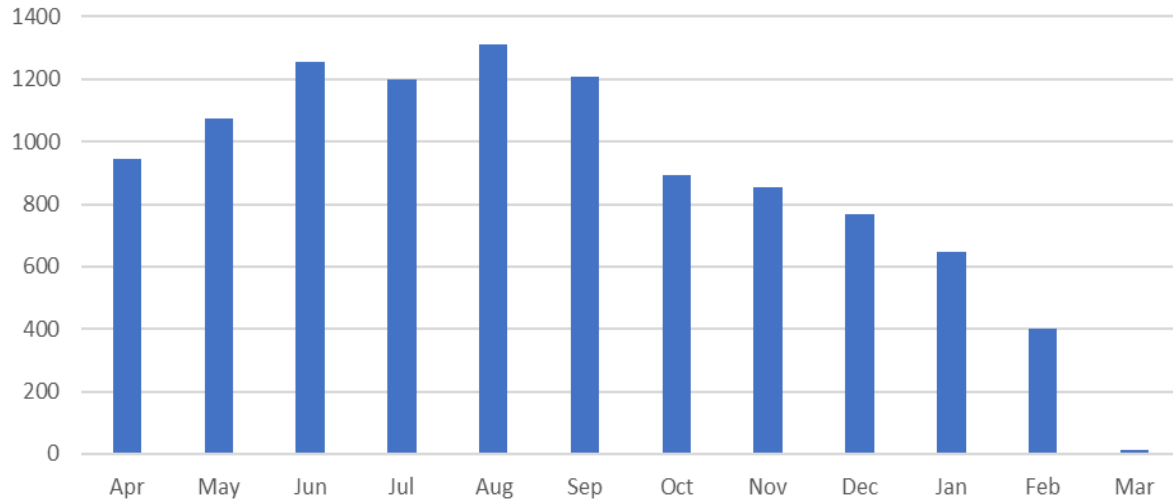
Further integration of teams –
council and acute and
community - October



New ward at Stoke
Mandeville - Winter

BHT delivered zero 78 week waiters and had only 13 65 week waiters at the end of March 2024

65 week breaches 23/24



March 2023 vs March 2024

- Theatre utilisation moved from 79% to 86%
- Operations increased by c.1.5k despite Industrial Action impact
- Benchmarked most improved in SE region for day case % moved from 78% to over 85%
- Significant reduction in overdue follow-up patients
- Achieved full GIRFT surgical hub accreditation first time for paed and adults
- Anaesthetics accreditation retained
- Opened all theatres following remedial estates work and new Skin Cancer Centre at Amersham

2024/25
Plan



Increasing capacity internally and with external providers

GIRFT
GETTING IT RIGHT FIRST TIME
— *Accredited Surgical Hub*



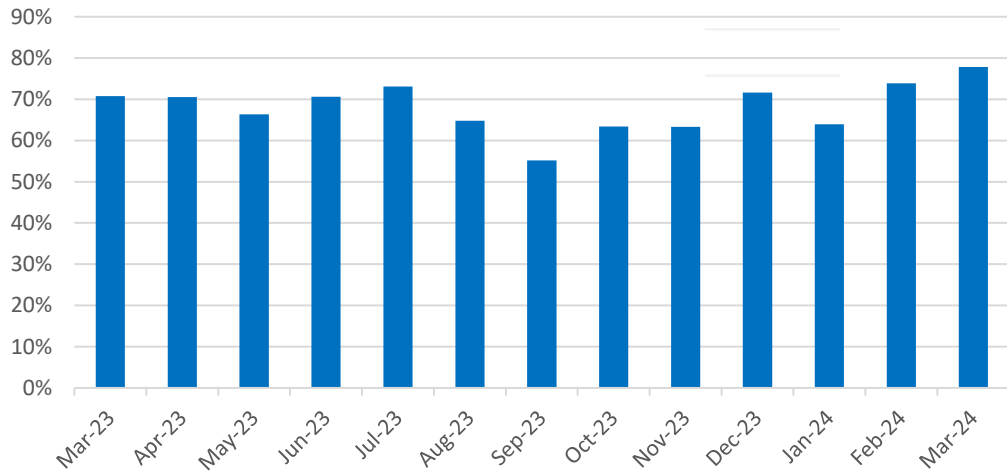
Implementation of GIRFT elective hub improvement plan



Collaboration with Oxford and Reading to increase capacity

BHT delivered the Cancer 28 Day Faster Diagnosis Standard

28 FDS performance 23/24



March 2023 vs March 2024

- 7% performance improvement on 28-day FDS
- 62-day performance also improved to 69%.
- 62 long wait backlog moved from peak of 370 and 154 – moving up four rankings regionally on performance
- Patients waiting over 104 days reduced from 84 to 48 in year

2024/25
Plan



New surveillance
programmes – lung & liver

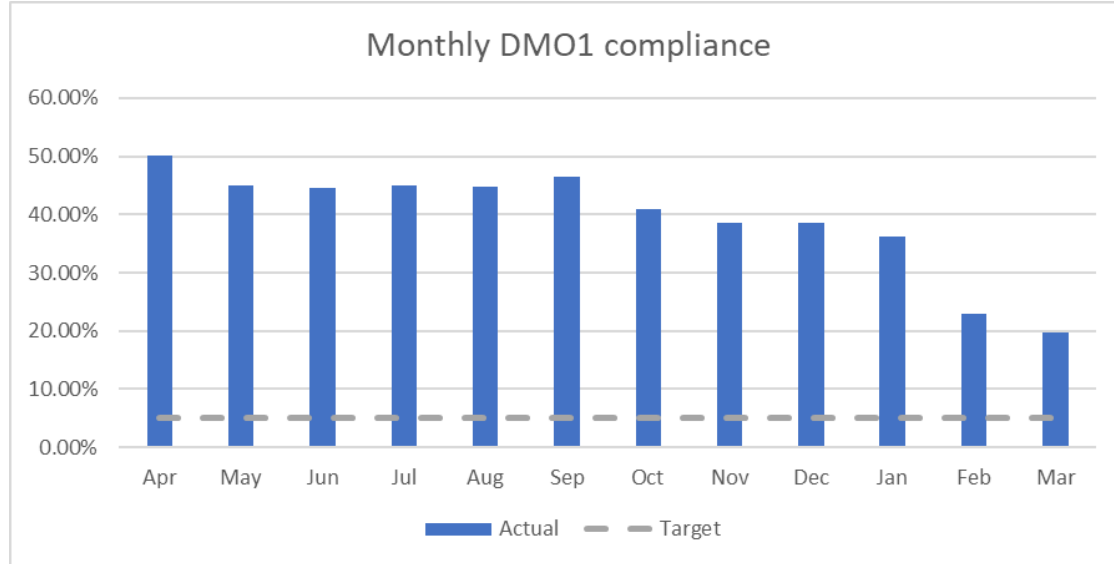


Use of technology to
speed up pathways



New treatments in
Buckinghamshire

BHT delivered ahead of its diagnostics trajectory achieving 17% in March



March 2023 vs March 2024

- Performance improved to 17% of patient waiting over six weeks for a diagnostic test (DMO1) from 45.6%; overachieving against the target of 24%
- Large investment commitment: 2 MRI, 2 CT and cutting edge interventional radiology suite
- Radiology reporting backlog moved from of 11,000 to 4,500
- Endoscopy backlog from 1,200 to 600

2024/25
Plan



New CT and MRI scanners



New Transnasal
Endoscopy service

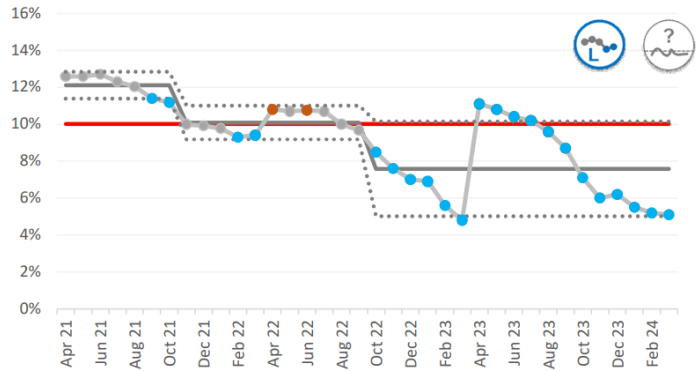


New ECHO suite

We are proud of the continued improvement we have made in supporting our colleagues

Trust overall vacancy rate

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

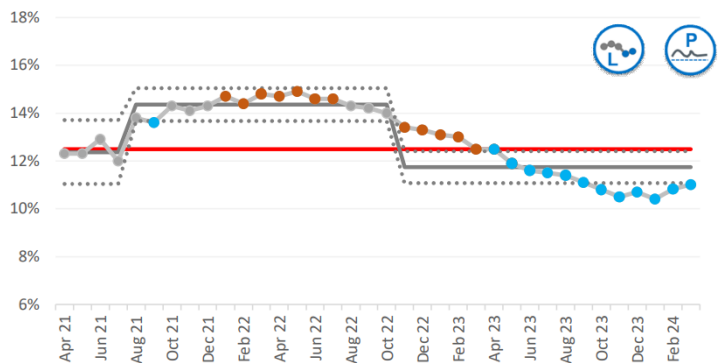


Mar-24
5.1%
Variance Type
Special cause variation - improvement
Target
10%
Achievement
Unreliable process - may or may not meet the target consistently

Our vacancy rate has dropped to 5%

Turnover rate

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



Mar-24
11.0%
Variance Type
Special cause variation - improvement
Target
13%
Achievement
Unreliable process - may or may not meet the target consistently

Turnover has dropped to 11%

NHS Staff Survey

- 3 consecutive years of improvement – now among the top 25% of similar trusts in the country for staff engagement
- Ranked 4th in the country of similar trusts for supporting the health and wellbeing of employees
- In the top 10% of similar trusts for colleagues saying they work more effectively as a team, with shared objectives and the opportunity to work together to make improvements

People Promise elements and themes: Overview

Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Our priorities for this year build on the progress from last year

Vision
Mission

Outstanding Care, Healthy Communities, Great Place to Work

Personalised, compassionate care every time

Strategic Goals 2025

Outcome Measures 2025

Focus 2024/25

Outstanding Care	Healthy Communities	Great Place to Work
<p>We will see people as early as possible when they need our services to improve outcomes</p> <p>We will continuously improve our services and use of resources to deliver value for our residents</p>	<p>We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes</p>	<p>Our people will feel motivated, able to make a difference and be proud to work at BHT</p> <p>We will attract and retain talented people to build high performing teams with caring and skilled people</p>
<p>Eliminate corridor care</p> <p>Improve productivity to be in the top quartile nationally</p>	<p>Play our part in ensuring that more children in the most deprived communities are ready for school</p> <p>Increase proportion of people over the age of 65 years who spend more years in good health</p> <p>Improve outcomes in cardiovascular disease</p>	<p>Improve staff engagement score to be in the top quartile in the National NHS Staff Survey</p> <p>Improve overall Trust vacancy rate to be no more than 8%</p>
<p>Improve waiting times in our Emergency Department, with fewer than 10 patients a day waiting more than 12 hours</p> <p>Improve safety, with all inpatient and outpatient services achieving clinical accreditation, and at least 40% being awarded the silver standard</p> <p>Improve productivity by a further 5%, ensuring every patient is seen within a year, improving patient outcomes</p>	<p>Give children living in the most deprived communities the best start in life by increasing the proportion who have a 12-month review to at least 85%</p> <p>Tackle the biggest driver of cardiovascular disease by ensuring at least 75% of outpatients have their blood pressure checked</p>	<p>Improve everyone’s experience of working at BHT by taking a zero tolerance approach to bullying, becoming best in class in the staff survey within 2 years</p>

This year will see a major investment in digitising BHT

Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
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Jun 2024:

- Real time Community information sent digitally to GPs saving 10-15,000 being printed and posted
- GP patient information viewable within RiO

Sept 2024:

- Select inpatient and ED assessment forms will be provided digitally
- Start to reduce paper forms

Training?
Clinical staff will be required to undertake training from August 2024 (Phase 2 will have continuous incremental rollouts up until April 2025 – all ED assessments will be digitised)

Oct 2024:

- National patient data to be transferred across the Trust into RiO
- Will provide a read only view of child health data into RiO

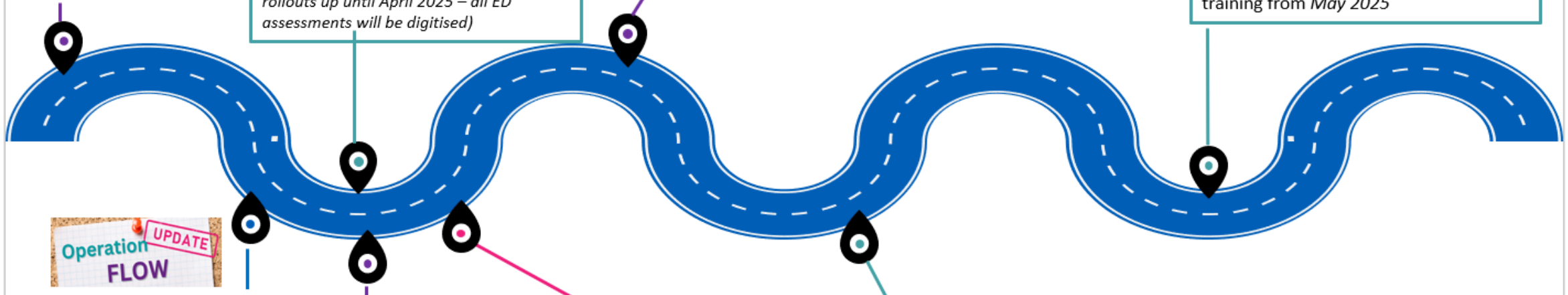


June 2025 – initial Go Live of ePMA with subsequent plan to rollout Trust wide

So What?

- Removal of 'Yellow Drug Charts'
- Reduced prescription errors
- Improved drug administration process

Training?
All prescribers, administrators and pharmacist will need to undertake ePMA training from May 2025



June 2024: Inpatient staff at SMH to collect real time data to support patient flow and reduce the discharge times

Training?
Early adopter wards will be required to complete training by July 2024

Sept 2024: Community Two-way messaging to patients to confirm attendance or request rebook / cancellation

Oct 2024: New Trust Integration Engine (TIE) Initial Go-Live

So What?

- Reduction in duplicate keying of patient information
- Real time data sharing across the workplace

Feb 2025: BadgerNet Maternity Go-Live

So What?

- 'Purple' Patient Notes will become digitised
- The Maternity booking process will become streamlined

Training?
Doctors, Nurses and Midwives will need to undertake BadgerNet training December 2024-January 2025



And the delivery of new buildings at Stoke Mandeville and Amersham as we develop plans for Wycombe

SMH: Research & Innovation Centre (Phase 2)

- Opened June 24
- Increased outpatient capacity, including virtual clinic space
- Modern, flexible hot desk space for multi-disciplinary teams, enabling vacation of poor quality estate
- Research and Innovation lab

AH: Additional CT/MRI scanner

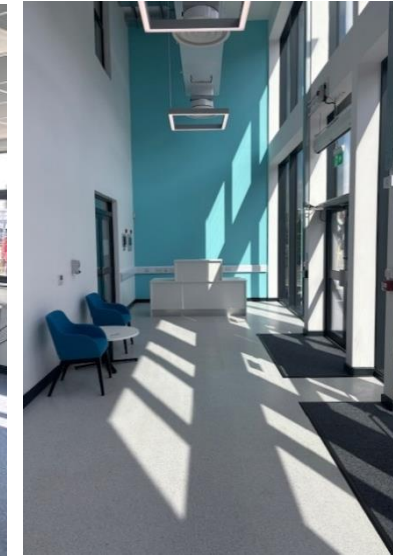
- Due to go-live in autumn 2024
- Significantly increased diagnostic capacity

SMH: New 21 Bed Ward

- Due to go-live this Winter
- Facilities will reduce ED waits and increase alternatives to admission



New 21 bed ward



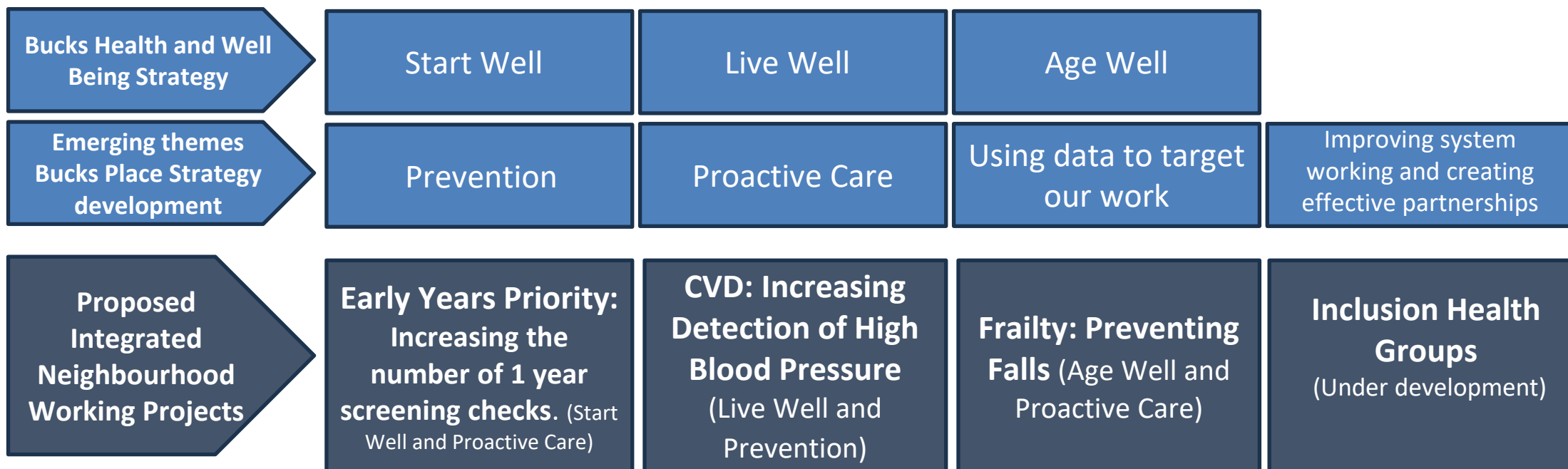
Research and Innovation Centre

Last year also saw a significant increase in our collaboration with partners

The Buckinghamshire Executive Partnership (BEP) has agreed that as a place we should build on the progress made in 2023/24, with the place priorities of Joining Up Care, SEND and Health Inequalities continuing into 2024/25.

Underpinning our approach in Buckinghamshire will be the ambition of greater **integrated neighbourhood working**. This ambition will be developed, tested and progressed through integrated neighbourhood projects in Early Years, CVD, Frailty and Inclusion Health. Testing the concept of integrated neighbourhood working through delivery.

Health, Care, Academic and Voluntary Sector partners are working together to design and deliver these projects, focusing on a new integrated way of working.



Start well

Live well

Age well

Any questions?

