OPERATIONAL PLAN 2016/17

Background and Context

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated acute and community Trust providing a range of specialist, acute and community services from a network of facilities across the county, including:

- Two acute hospitals (Stoke Mandeville and Wycombe)
- Five community hospitals (Amersham, Buckingham, Chalfont, Marlow and Thame)
- A range of community settings including health centres, schools, and patients’ own homes.

Through this network our staff of over 5,000 provide integrated acute and community services to the 525,000 population of Buckinghamshire as well as patients from Berks, Beds, Herts, Oxon and, in the case of the National Spinal Injuries Centre, further afield including overseas.

The Operational Plan for 2016/17 is part of our emerging Five Year Forward Strategy which confirms our aspiration to be one of the highest quality, safest and most productive health and care systems in the country.

We will achieve this by focussing on three strategic priorities: Quality and Safety, People, and Financial Stability.

Every patient will receive safe, compassionate care whether at home, in the community or in hospital, every time.

We will actively drive integrated working and be recognised for our support and commitment to population health improvement in Buckinghamshire with our partner organisations.

Buckinghamshire Healthcare will be the place where people want to come to work. Staff will know what is expected of them, they will be supported to achieve their potential, they will be given responsibility to work to the very best of their ability, and they will be rewarded for doing a great job.

It is an exciting time of transformation and improvement at Buckinghamshire Healthcare NHS Trust and we are proud of our achievements over the past year, as we have:

1. Shown pace in our quality improvements and increased satisfaction in our patient experience
   - Recorded our lowest ever hospital mortality
   - Achieved significant reductions in severe harm from pressure ulcers and falls
2. Established a new relationship with our staff and taken significant steps in developing our culture ‘the BHT way’
   - Invested in the development of our 500 leaders, who are shaping Trust strategy
   - New CARE values and behaviours developed by staff and patients
   - Achieved rapid improvements in the national staff survey, with 65% of scores in line with national average or better

3. Determined a transformation strategy for the next five years to make us sustainable and one of the safest healthcare systems in the country
   - Conducted an historic financial review to understand challenges and ensure future grip of finances
   - Established ‘your community, your care’ system-wide transformation programme
   - New partnerships established for innovative service developments including MSK and sexual health

We are ambitious to go further and at pace. We aim to deliver safe and compassionate care by forging a new partnership that puts our patients, communities and staff at the heart of everything we do.

Working and engaging with a variety of stakeholders so they support BHT in shaping health services in Buckinghamshire is an integral element of ‘the BHT way’. This engagement includes:

- **System leadership:**
  - the Chief Executive chairs the Bucks Healthy Leaders Group
  - a strong partnership with Oxford ASHN, and the Chief Executive chairs the clinical innovation group
  - member of the Bucks Health and Wellbeing Board
- We meet and present to the Health and Adult Social Care Select Committee throughout the year
- The Chief Executive meets with Healthwatch quarterly
- The Chief Executive and Chair, along with commissioning group leaders, meet with all local MPs on a quarterly basis
- We have developed a programme of stakeholder engagement, attending council, community and charity group meetings and events throughout the year.

We have developed our vision and strategy with our staff, patients and partners over the past year, and will focus on the three strategic priorities - quality and safety, people, and financial stability. We have set out what we will do to ensure that by 2020 we are recognised nationally and internationally for providing high quality specialist services and leading the way in joining up health and care services in the community.
The 2016/17 operational plan is the first year of that journey and by April 2017 we will have achieved the following outcomes on our three strategic priorities.

Quality and Safety – delivering high quality care with good outcomes for all our patients by:-
- Sustaining HSMR at 92 or below
- Achieving a further 25% reduction in avoidable harm in pressure ulcers and falls
- Meeting infection control targets of zero MRSA and a maximum 32 C.diff cases
- Sustaining 96% Friends and Family Test approval rating and increasing the response rate to 30%
- Consistently meeting the NHS Constitution standards.

People – implementing our people strategy to develop a culture of safe and compassionate care every time by:
- Reducing the attrition rate for nurses from 225 to 195 ftes
- Reducing the Agency spend in line with the 6% cap from £19m to £12.1m
- Recruited an additional 224 nurses
- Continue improvement and move staff engagement scores to above average
- Further 125 senior leaders trained in leadership and development
- Embedding our CARE (Collaborate, Aspire, Respect, Enable) values across the Trust
- Maintained 90% statutory and mandatory training and appraisal rates

Financial stability – becoming a sustainable organisation within a sustainable health economy:
- Delivering an agreed £5.2m surplus
- Delivering a CIP programme of £20m
- Delivering a £10m capital programme to ensure safe services, progress digital interoperability and enhanced our estate.

To support the delivery of our three strategic priorities, by April 2017 we will have achieved the following key milestones:-
- Delivered our first year objective as part of our five year strategy to reduce hospital activity by investing £0.9m in community services
- Established a life sciences innovation hub in Buckinghamshire
- Consistently complete person-centred care plans for patients at end-of-life
- Established a single point of access for vulnerable frail elderly patients in the community
- Launched a new collaborative MSK service
- Enabled the Trust to receive all referrals electronically and all diagnostic tests to be accessed electronically
- Expanded stroke services to East Berkshire patients
- Scoped new models of care for community hubs following an extensive engagement programme
- Initiated the implementation of the Child Health strategy
Agreed a five year Sustainability and Transformation Plan for the Buckinghamshire and Thames Valley health communities.

1. Approach to Activity Planning

Activity planning for the 2016/17 contract has been through an agreed open book exercise with commissioners. The system’s starting position was to use 2015/16 outturn, adjusted for any non-recurrent NHS constitutional standard gaps and referral growth trend. This was refined with Commissioners through February and March via detailed service capacity planning and the application of jointly agreed QIPP schemes to reach a mutually agreed annual position.

Capacity planning has been completed at service level using the IMAS tool and has focused on the following agreed priority areas:

- Emergency Demand
- Outpatients
- Elective inpatient activity, specifically surgery and including theatre productivity

The outputs of these reviews have been agreed jointly with Commissioners and have demonstrated sufficient Trust capacity to meet the 2016/17 planned activity levels, underpinned by scenario modelling around any predictable or unpredictable changes in demand.

For elective demand (RTT) revised activity schedules have been created using the IMAS tools as a baseline for key surgical specialties. For this stage an assessment was made of historical ‘premium’ rate activity (waiting list initiatives) which was partially built back into baseline starting points taking into account the Trust’s theatre productivity programme. The residual risk of premium activity plus any anticipated growing RTT activity which would need to be resolved in 16/17 is therefore understood (around 1,018 procedures, of which approximately half in ophthalmology) and excluded from baseline capacity plan. Through the contracting process there is agreed provision of additional resource to cover any above contract RTT activity through the management of an external outsourcing programme.

For emergency demand the IMAS emergency capacity tool was used to define bed requirements, although this tool exists as an annualised value and is therefore not yet configured to produce weekly capacity modelling to match peaks and troughs in demand. This tool is being adapted locally in the organisation to produce a weekly forward plan for the next 12 months.

In planning capacity, the contractual shape is based upon outturn for 15/16 plus growth with some adjustment (around 1,503 emergency admissions and a similar number of Emergency Department attendances) for QIP.
Given the scale of demand growth in quarter 4 2015/16, the Trust has modelled the ongoing risk of growth sustained at this level. Capacity risks range between 6 beds (assumed planning level) and 27 beds based on worse case continuing trend from 2015/16.

To mitigate this, the following is in place:

- Upfront investment in community capacity through the System Resilience Group, agreed start 16/17 for deployment in a planned way for winter (currently £200k).
- Investment of £0.9m through the community contract baseline to provide increased community capacity / admission avoidance resource, to be deployed from quarter 2.
- Implementation of agreed SRG work plans that focus specifically on hospital productivity, faster pathways through adult social care, continuing admission avoidance and reduction in care home demand.
- Jointly agreed milestones and deliverables for a shared emergency demand QIP
- Unplanned changes in demand managed financially through the agreed risk share contract to allow adequate flow of resources to manage unforeseen growth.

2. Approach to Quality Planning

The Five Year Forward View sets out the five year ambition for quality for the NHS in England. Achieving safe, effective care with a good patient experience occurs when a caring culture, professional commitment and strong leadership are combined to serve patients.

Across the NHS we strive to consistently achieve these standards and it is a priority for BHT to reduce variation across our services and ensure that patients receive safe, compassionate care, every time.

BHT’s Quality Strategy outlines how the Trust will ensure that the culture to promote quality and continuously improve the care for our patients is at the heart of everything we do. The strategy also describes the specific quality goals for the organisation, and how they will be monitored and reported so that our patients and their families and carers can have confidence in the quality of care we provide.

The Trust currently has a Quality Improvement Plan (QIP) which integrates the requirements from the Chief Inspector of Hospitals visit with the underlying Trust quality plan. A substantial number of actions from the current QIP have been closed by the end of March with some actions which require longer to be embedded within the Trust carrying forward to the next year. The Trust Quality Strategy has been refreshed and new priorities agreed.

2.1 Stakeholder Involvement

The Trust works closely with the local CCGs through a monthly clinical quality review meeting.

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1 Five Year Forward View, NHS England, October 2014
We have set up a joint group with the CCGs to look at End of Life Care and Mortality and this group will play an increasing role in our quality work as it becomes more established.

The Trust has a strong record in engaging and involving patients in the quality agenda including: designing new models of delivery in urgent and emergency and end of life care; surveys in areas such as outpatients and enhanced recovery programmes; and feedback on patient experience through focus groups on specific service areas such as the emergency department.

Patients, CCG colleagues, social care and public health colleagues are represented on a variety of committees throughout the Trust. Presentations to groups such as Health and Wellbeing Boards and Health and Social Care Scrutiny Committees and system-wide Quality Summits on the Trust's Quality Improvement Plan will continue to gain system-wide ownership of the Trust’s quality agenda.

The Trust is committed to raising Equality and Diversity as a priority for 2016/17 (and beyond) by ensuring we continue to hear the voice of our B&ME patients and improve services or access appropriately. The Trust recognises the ED agenda for its staff and has participated in completion of the WRES standards and will aim to improve compliance across all domains. We are ensuring that we are delivering our quality objectives with involvement from our partners in Health and Social Care, education providers and the academic health science networks. We are engaged and working collaboratively to ensure Board to Board engagement through the Healthy Bucks Leaders programme to reaffirm the Health and Wellbeing Board strategy.

The Trust is committed to staffing our wards and departments safely with registered nurses, midwives and care staff to ensure that the skill mix and numbers of staff in the clinical areas are correct, matching the acuity and dependency needs of individual patient groups. Our fundamental responsibility is to ensure that we have the right skill mix of staff to provide safe, effective care. The Trust is part of a national pilot in conjunction with the Department of Health piloting a ward resource planning tool called Netcare. The aim of the project is to staff wards based on the care hours per patient day (CHPPD) model introduced by the Carter productivity and efficiency review. The pilot commenced in February 2016 and is due to complete at the end of April 2016. 250 staff have been trained on and provided access to the system. 99% of ward managers are planning their staffing requirements 24 hours in advance with a view to support deployment of extra staff and reduce usage of temporary staff.

In order to plan for the workforce of the future, the trust is working with health education providers to support role development for Bands 3 and 4, physician associates and other suitable roles across community services for 2016/17. The Trust currently has a vacancy rate of c.14% for nursing, which reflects attrition levels outstripping our recruitment activity. We have therefore developed a retention toolkit to support ward managers to retain their staff, and a focussed working group has been set up to address the reasons for poor retention.

There is a focussed effort to work with universities to increase the number of student placements and to encourage students to take up employment with the Trust. Recruitment activity in the UK and abroad is high with over 140 offers of employment to international nurses, and 19 UK nurses joining the Trust in March 2016.

The TDA has provided support to the Trust over the last year in a number of quality areas and we will continue to access support through NHS Improvement in 2016/17.
2.2 Annual publication of avoidable deaths

We are preparing for this new initiative. The Trust Board and the Quality Committee have received information on the anticipated national changes with respect to the annual publication of avoidable deaths. The national self-assessment form has been completed, submitted and discussed at the Trust’s Mortality Reduction Group (MRG). Helen Hogan, a national lead in this area, has agreed to speak at the Trust in quarter 2 to discuss the mortality changes with clinicians. The Trust already reviews on average 95% of deaths monthly so is in a good position to embed the new requirements. The current system is paper based so there will be a need to move to an electronic system of capture depending on the national requirements.

2.3 Approach to quality improvement

Each of the five divisions is divided into service delivery units (SDUs) and these all report into the Quality and Safety Group which in turn reports to the Executive Management Committee and provides assurance to the Board through the Trust Quality Committee. The Trust Quality Committee is developing a quality ‘deep dive’ approach with each division in turn to ensure that there is scrutiny at specialty and corporate level and to ensure that variation is identified and understood. The Trust Board receives regular quality reports. The Quality Committee is responsible for monitoring the Quality Improvement Plan on behalf of the Board.

We are fostering an inclusive approach with partners through inviting them to attend the serious events group, the Trust Quality Committee and the Mortality Reduction Group. We are developing an open culture where staff are encouraged to speak up and raise concerns. Part of this openness is a willingness to invite external review of our work to provide additional assurance, for example with Dr Foster.

BHT’s Quality Improvement Strategy describes continuous quality improvement against three strategic goals:
- Reduce mortality
- Reduce harm
- Great patient experience
while at the same time building a culture for quality improvement.

The Trust is committed to implementing the Institute for Healthcare Improvement (IHI) methodology to support our large scale improvement programme through our breakthrough collaboratives and change teams. The aim of the patient safety collaborative is to create a comprehensive, effective and sustainable improvement system with a culture of continual learning and improvement in patient safety. The first two programmes have focussed on the recognition and management of the acutely unwell patient and reducing the incidence of falls. The collaborative is now entering its third cycle in which the improvement methodology will be rolled out and embedded across the Trust.

The Trust is also an active participating member of the Academic Health Sciences Network patient safety collaborative. This means that we can maximise the opportunities for learning and sharing across other organisations and showcase better patient outcomes through partnership working.
A good example of this has been maternity services. The Oxford AHSN Maternity Network, working with the Thames Valley and Wessex Neonatal Operational Delivery Network (ODN), audited cases of all preterm babies meeting the transfer criteria who were born outside the region’s Level 3 Neonatal Intensive Care Unit over a two-year period. The Maternity Network used lessons learned to develop and implement an improved and simplified referral pathway to the Level 3 unit at the John Radcliffe Hospital, Oxford, together with network-wide guidelines incorporating best practice. The aim was to establish clear, consistent processes and increase cooperation between maternity units. Our preterm babies who are transferred to Oxford now benefit from these expedited pathways.

The Trust has fostered an incident and serious incident reporting approach with a strong emphasis on shared learning. There have been 27 trustwide open lessons learnt sessions since October 2015 accounting for over 900 staff attendances. There is multi-professional attendance at the SE group and consultants attend to share the discussion about serious incidents. Cross organisational learning is encouraged and cross divisional working is evident to reduce incidents which have the propensity to occur elsewhere. Open and honest reporting is actively encouraged, and staff are supported through debrief sessions to understand what went wrong and mitigate swiftly.

Quality achievements to date:

- In reducing avoidable harm the Trust has achieved a 67% reduction of avoidable grade 3 and 4 pressure ulcers for 2015/16.
- Falls prevention collaborative has seen a 30% reduction of falls in the areas involved in the collaborative. However this has not been consistent across the organisation, and will continue to be a strong focus for 2016/17.
- In reducing mortality, the Trust identified ‘the deteriorating patient as an area for improvement. A 90 day deteriorating patient programme commenced in November 2015 across 5 ward areas. It has yielded 95% compliance with identification and 75% compliance with escalation of the sick patient. There have been zero deteriorating patient serious incidents to date. This will continue to be a focus in 2016/17
- Mortality - Rolling HSMR has improved significantly from 102 to 94 at December 2015, whilst crude mortality remains stable. We consistently review around 100% of deaths. We have achieved 10% reduction in avoidable cardiac arrests in 2015/16
- End of Life care achievements - the national end of life care audit presented in March 2016 showed that the Trust scored above national average in 4 out of the 5 indicators. There is still much work to be done in this area focusing on working with our partners and across primary care to improve care at the end of life.

Learning is shared through the patient safety learning collaboratives, through monthly ‘lessons learned’, through the quality improvement newsletter, at a variety of different mechanisms across the Trust such as the Hospital Medical Advisory Committee and SDU leads’ forum and through a number of other awareness raising initiatives.

One such initiative is our plan to strengthen the Academic Half Days. Following a review in 2015 by the Medical Director, work has been undertaken to develop these sessions to build on the good practice evident in many of the SDUs so that maximum benefit can be derived across the whole organisation from these key learning interventions. The sessions are held on a monthly basis and will be held consistently as multi-disciplinary sessions. An agreed agenda will include a first hour focussed on delivery of QIP, incident reporting and risk and corporate learning messages. The remainder of the agenda will be led by the SDU Leads; on an annual basis, some 7 sessions will drive SDU learning, updating and developing local clinical practice as well as supporting learning from local governance issues such as mortality, complaints and incidents. The remaining 4 sessions will be available for SDUs to
draw on corporate education resources such as team development, health and wellbeing initiatives, legal updates and wider staffing issues.

In operating theatres, our aim has been to develop a theatre culture that values teamwork, accountability and an environment that encourages speaking up. To enable staff to openly share and learn from safety information, alternate weekly theatre safety and quality meetings have been introduced on both acute sites. Theatres start late by thirty minutes, allowing staff - from porters to anaesthetists, managers, estates, operating surgeons - the time to attend. The top five issues or incidents are reviewed and, to ensure credibility and sustainability, identified issues are proactively closed down with updates provided at the subsequent meeting. Anecdotal feedback is that staff feel engaged in the process and that the meetings are valuable. They report a tangible change in the way that concerns are dealt with.

Alongside this, theatre safety boards have been put up outside every theatre. The purpose of these boards is to highlight any patient safety, infrastructure, kit, performance (delays) concerns that staff may have, however small. They clearly identify who reported the issue, the date raised, who is responsible for fixing (the person in charge that day), and when the issue is solved, so that staff can see tangible evidence that their safety concerns are being recognised and action is being taken.

The results of this improvement work can be evidenced by a significant increase in compliance with the WHO Surgical Safety Checklist with checklist compliance increasing from 22% at SMH in January 2014 to 99% in November 2015 and from 57% at WH to 100% in November 2015. There is a more transparent and open reporting culture in theatres demonstrated by an increase in incident reporting in 15/16 but a reduction in harm caused as a result. This is starting to enable BHT to learn lessons about sustaining safety solutions over time that are transferable beyond operating theatres.

Junior doctors are encouraged to become involved with patient safety initiatives; one junior doctor recently developed an antibiotic guidelines app which is now used across the Trust.

All doctors are required to include a reflective piece on a serious event in their annual appraisal portfolio.

We recognise the importance of other work as vehicles to improve quality and patient safety. An example is the electronic patient discharge work which improves patient safety and which has had strong GP involvement.

Also important are those changes made as a result of patient or staff feedback, especially relating to the E&D agenda, examples of which are:

- Following feedback from a patient engagement exercise held to inform the design of our future A&E we learned that patients who have a hearing impairment would greatly benefit from having access to a portable hearing loop when arriving at A&E and that built in hearing loops in cubicles would not be appropriate for reasons of confidentiality. This was something we actioned with immediate effect and we now have portable hearing loops available at the front reception and check in desk in A&E.
- We have targeted PALS training for staff throughout the past year to include raising awareness of the availability of interpretation and translation services for patients and how to access them.
- Following recent engagement with relevant Trust groups and our patient experience group (PEG), we are currently working to make sure that our NEW Trust Food and
nutrition strategy is informed by explicit reference to equality and diversity relevant requirements e.g. taking account of meeting the needs of those with religious beliefs and those with physical or sensory impairment.

- We have two patient and staff equality objectives in place which resulted from ongoing engagement and patient and staff assessment against the EDS2 framework. These have come directly from staff and patients.

Workforce related:
- Implemented the WRES
- Implemented an onboarding exercise targeting the experience of BME staff who have been in the organisation for one year to better understand their experience and to identify any improvements that we may be able to make based on their feedback. The Board will receive a report in July.

2.4 The named executive leads for Quality are:

- Carolyn Morrice, Chief Nurse
- Dr Tina Kenny, Medical Director

2.5 The top three quality priorities for 2016/17 are:

- Mortality and the deteriorating patient
- Reduction of Avoidable harm (e.g. Falls, pressure ulcers, VTE, CAUTI, medication errors)
- End of Life Care

2.6 The top three risks to the delivery of quality are:

- Culture and leadership
- Staffing - see below, and further details in section 3 Workforce
- Urgent care system pressures

2.7 The plans for mitigation are:

- Support through Quality Improvement workshops to help shape a positive outlook towards change and improvement methods and senior leadership engagement sessions.
- The 2015/16 Leadership Development Programme (for 125 staff in Bands 8a and senior medical staff) is underway. The programme, developed from a similar programme run in 2014-15 solely for senior medical leaders, is fully subscribed with positive feedback received to date from participants. It includes core development of leadership theory and application, together with practical application to work through organised action learning sets. Delegates’ feedback about benefits includes increased opportunities to work with colleagues across divisions, recognising synergies and opportunities for improving quality of care. We have also introduced a coaching programme for staff in Bands 6 -7, with c200 individuals booked onto the course. It has been developed to raise understanding and competence to use a range of coaching techniques and also considers the impact of behaviour on colleagues and direct reports.
Comprehensive workforce planning is in place and is described in more detail in section 3 (Workforce). This includes skill mix reviews, including the development of staff in Bands 1 – 4, supported by national initiatives such as the Apprenticeship levy and Physicians associates (working in partnership with Buckinghamshire New University). Retention of staff is key, particularly in areas that have seen higher attrition levels such as nursing and AHPs, but also some medical specialities. Our nurse recruitment retention strategy includes increased support for staff in planning and managing their own careers, “stay” interviews and working ever more closely with our local HEIs to support students in their studies as we develop the workforce of the future.

- Staffing reviews have been undertaken across hospital and community services. Safe staffing is monitored on a daily basis. Flexing of staff across wards and departments continues to ensure they remain safe. If required, Matrons base themselves in clinical areas alongside other senior nurses to provide support.
- The Trust has been involved in two pilot studies to improve nursing productivity and maintain safe staffing levels. The Lord Carter nursing efficiency pilot with Netcare using a workforce tool to predict staffing needs against acuity and occupancy; and in partnership with the TDA, improving the experience of one to one care (‘specialling’) for hospital in-patients. The specific aim of the programme is to deliver an improved experience for the most vulnerable hospital in-patients whilst also seeking to measure, monitor and reduce the cost of care.
- Further educational programmes to be planned relating to clinical governance and clinical risk management.
- CQC, quality improvement programmes will be rolled out during 2016/17 including peer review for core services and quality review self-assessments.

To mitigate the potential detrimental impact on quality driven through pressures on the urgent care system, the following mitigation plans are in place:

- Introduction of Rapid Assessment and Treatment model in the Emergency Department (launched March 2016) to ensure rapid review by a senior decision maker and a reduction in ambulance handover waits.
- Continued deployment of the SAFER standards to ensure rapid movement of patients from the Emergency Department and assessment units early in the morning – this will be a key patient safety initiative for the organisation continuing in 2016/17.
- Continued monthly scrutiny of key patient experience measures, most notably the Friends and Family Test in the Emergency Department
- Robust monitoring of key performance indicators for care quality in the Emergency Department, for example ‘door to needle’ time for sepsis.
- More robust system capacity planning for 16/17, including a focus on adult social care capacity.
- Detailed risk assessments and mitigation plans when implementing shifts in hospital or system capacity.
- Investment in extended community services, with a more flexible deployment to allow expansion at critical times (trialled successfully 15/16)

**2.8 Focus on the well-led elements:**
We will use our peer review methodology to develop the critical questioning skills in our front line staff across all settings. This will further develop our learning culture, giving staff the confidence to assess and question their own and others’ practice and to use these skills to support quality improvement.

2.9 ‘Sign up to safety’ priorities for 2016/17:

- Continue the work from 2015 on reducing falls and creating safer environments.
- Roll out the ‘Stay in the Bay’ campaign.
- Further embed the cultural shift required to drive the improvements needed (see section 3, Workforce)

2.10 Academy of Medical Royal Colleges Guidance

The Trust responded to the Academy of Medical Royal Colleges guidance on the responsible consultant/clinician and named nurse by installing new boards above patient beds with space for the names of the responsible doctor and named nurse. In addition, the Academy of Medical Royal Colleges leaflet was developed into a BHT patient information leaflet used on wards and given to patients and carers.

2.11 Seven Day Service

The Trust has seen good progress on the implementation of its seven day working action plan during 2015/16. Self-assessment, supported by ongoing input from NHS Improving Quality, has shown good progress on diagnostics and ongoing review, with further work to be completed at specialty level especially on the time to consultant review standard.

Our priority areas for development are as follows:

<table>
<thead>
<tr>
<th>Clinical Standard</th>
<th>Proposed Action</th>
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<tbody>
<tr>
<td>Standard 2: Time to Consultant Review</td>
<td>Extension of ambulatory medical care across 7 days and into the evening</td>
</tr>
<tr>
<td>Standard 5: Access to Diagnostics</td>
<td>Retain current compliance levels</td>
</tr>
<tr>
<td>Standard 6: Access to Consultant-directed Interventions &amp; Standard 8: On-going Review</td>
<td>Expansion of medical cover across the weekend at sub specialty level</td>
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<td></td>
<td>Commissioner support to be secured for further specialty increase in out of hour coverage, with a focus on developments in orthopaedics, spinal and paediatrics.</td>
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2.12 Quality impact assessment process
The Trust has a robust and effective quality impact assessment (QIA) process for CIPs which was reviewed by the TDA in 2015 and judged fit for purpose. The Chief Nurse and Medical Director assess the quality impact of all schemes submitted for consideration. Schemes are not approved if there is a risk to safety and quality that cannot be adequately mitigated. These schemes are returned for review and re-submission.

2.12 Triangulation of indicators

Triangulation of quality, workforce and financial indicators occurs at the Board and through its sub-committees.

The Board itself receives monthly reports on quality, performance and finance and receives bi-monthly an Integrated Performance report that includes all the key indicators. The Board also receives a six monthly review of progress against corporate objectives which include a number of key indicators. Through the Board Assurance Framework (BAF) (reviewed quarterly) the Board considers the main risks to the Trust so triangulation is assessed and discussed.

Key indicators at Board level include:
- NHS Constitution access standards (including A&E, RTT, Cancer);
- Quality Indicators linked to reducing mortality; reducing harm (e.g. falls, pressure ulcers, medication errors, and learning from SI's);
- improving the patient experience through FFT;
- and complaints monitoring.
- Workforce Indicators including safe staffing fill-rates for nurses and HCAs, statutory training and appraisal rates.
- Finance Indicators linked to income and expenditure (by division), cost improvement, cash and capital plans.

The Finance and Business Performance committee (F&BP) considers the key financial indicators and reports to the Board on actions required to deliver the financial plan.

The Quality committee considers the key quality indicators and reports to the Board on the achievement of the Quality Improvement Plan. The Quality committee also receives from each clinical division on a rolling basis a presentation of the divisional scorecard which contains key indicators on all aspects of divisional performance.

The Audit committee receives reports from both the F&BP and Quality committees and thus enables triangulation on the assurance that the Board can take form these reports.

Through this framework of committees and regular reports, the Board is able to triangulate information to inform strategic decision-making and focus resources in areas of greatest priority.

2.13 2016/17 Quality and Safety Priorities

<table>
<thead>
<tr>
<th>Heading</th>
<th>Proposal for 16/17</th>
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<tbody>
<tr>
<td>Annual publication of avoidable deaths</td>
<td>When guidance is received, a plan will be integrated into the mortality reduction plan for the year</td>
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<tr>
<td>Sharing Lessons learned</td>
<td>Focus on this area in QIP plan and use of revised AHD model</td>
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<tr>
<td>Area</td>
<td>Action Plan</td>
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<td>-------------------------------------------</td>
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<tr>
<td>Mortality and the deteriorating patient</td>
<td>Refresh of mortality reduction plan with an emphasis on the deteriorating patient, sepsis, AKI, CAP, escalation and access to critical care support</td>
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<tr>
<td>Avoidable harm</td>
<td>Continue with our two year plan for reduction in falls, pressure ulcers and hospital acquired infection</td>
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<tr>
<td>End of Life Care</td>
<td>Increase partnership working, continue TEP roll out including DNACPR training</td>
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<tr>
<td>Culture and Leadership</td>
<td>Continue leadership development plan into this year. Repeat Medical Engagement Scale</td>
</tr>
<tr>
<td>Staff Survey</td>
<td>Improve score in Key Finding 31 – the percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice</td>
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<tr>
<td>Staff Survey</td>
<td>Improving the score in Key Finding 30 – Fairness and effectiveness of procedures for reporting Errors, Near Misses &amp; Incidents</td>
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<tr>
<td>Staffing</td>
<td>Reduce proportion of agency staff. Recruit, retain and train permanent staff to support quality improvement</td>
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<tr>
<td>Academy of Medical Royal Colleges Guidance</td>
<td>Audit this aspect of care</td>
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<tr>
<td>Seven Day Services</td>
<td>Continue progress as comments above</td>
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<tr>
<td>Quality Impact Assessment</td>
<td>Continue with established process</td>
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</tbody>
</table>

### 3. Approach to Workforce Planning

#### 3.1 Background and context

In March 2015, the Board endorsed a People Strategy to support delivery of the five year strategy. The People Strategy was heavily informed by the work of Professor Michael West\(^2\) which established a clear link between staff engagement and the level of patient care. In recognition of this and the Trust's current and historical position of being in the bottom 20% of trusts for staff engagement in the NHS National Staff Survey, the initial focus for the strategy was to address 3 key themes:

- Enabling our staff to connect with our vision, values and behaviours – consistently.

\(^2\) Employee Engagement and NHS Performance, M WEST and J DAWSON, Kings Fund 2012

[link]

Operational plan 2016/17 vFINAL Aug
- Ensuring accountability for results through positive leadership and effective performance coaching.
- Attracting and retaining skilled and committed people

Our focus over the next year will be to continue the work started in 2015/16 to rebuild staff connections with our values, behaviours and goals and to support teams and individuals to develop their skills and experience to deliver these goals. At the same time, we will continue to improve the wide range of people processes within the Trust. For example we will continue to improve communication across the organisation, ensure all our staff complete statutory and mandatory training and receive well-structured appraisals, and continue to focus on our Health and Wellbeing agenda and the accelerated development of leadership capability. This is encapsulated in an Organisation Development Plan which seeks to build the capability to deliver our strategic plan and provides the strategic overlay to our workforce planning work.

### 3.2 Achievements to date

In 2015/16 we launched a more strategic approach to our workforce activity. Having established a strategic vision for the organisation we launched a major engagement exercise with leaders, managers, staff and patients to develop a set of values and behaviours which would encapsulate what we are trying to achieve and ensure sustainable and consistent delivery. The rollout of these values and behaviours is a key plank of the BHT Way and informs much of the activity for the next 12 months.

Amongst the achievements to date are:

- Executive back to floor sessions launched with all Executive Directors having completed at least one session
- New communications approach launched including CEO and Executive blogs, twitter and a revamped Team Brief (a monthly brief cascaded through the organisation by managers)
- CEO engagement sessions with all staff to launch new Strategy completed
- Over 500 staff, managers and patients have been engaged in developing and launching new Values and Behaviours which will underpin all our people activity
- Roll-out of our Leadership Programme for 125 senior managers. The eight day programme lasts ten months and is split into three – Training Needs Assessment; Core Development; Continual Development. The aim of this unique programme is to equip these key individuals (who have been nominated by the Executive Team) with the skills and competences to lead Buckinghamshire Healthcare NHS Trust on its journey to increase staff engagement.

### 3.3 Workforce Planning

We have put in place a comprehensive approach to workforce planning which recognises the national, regional and local picture. We are working on the development of detailed
workforce plans in all Divisions which ensures a bottom up and top down approach to workforce planning and complete alignment with financial and quality plans.

Whilst we are looking to achieve cost and workforce savings including reductions in headcount through our transformation plans e.g. developing out of hospital care and community hubs, our intention is to redeploy staff, upskilling as appropriate, and thereby make savings in temporary staffing. We will also put in place plans to meet our annual limit for agency nurses of 6% for f/y 2016-17 (as set out in the letter of 1 September 2015 from the TDA to Neil Dardis). Although the required savings will be backed into Divisional budgets a central CIP programme will ensure close scrutiny and a coordinated approach (see section 4.3 for more detail).

We have sought to achieve an integrated approach with significant engagement and joint working with system partners to ensure that our workforce projections are firmly anchored in overall strategy, the Five Year Forward View and BHT’s transformation and service development plans. Key elements of our approach include:

- Very early engagement with Health Education Thames Valley (HETV) where we were able to explore the regional and national trends and plans and use these to inform our local planning.
- Development and provision of a workforce planning framework which is used to develop people plans for all Divisions and functions in the Trust. It is structured so that each division will assess the capability and competence of its workforce as well as skill mix required to meet future plans and aspirations. The framework is outlined below:
  - Analysis of workforce in post
  - Identification of skills gaps
  - Review and optimise divisional structures
  - Recruitment & retention plans; succession planning
  - People engagement plans and staff survey actions; cultural change initiatives
  - Plans to address specific divisional workforce challenges (identified in SWOT analysis and any specific projects proposed)
  - Activity requiring staff consultation
  - Future workforce plans linked to access & capacity analysis and future developments (e.g. technology)
  - Plans for Workforce development/redesign, including consideration of expected future supply of particular staff groups, options for skill mix reviews and how assurance of quality of care will be maintained
  - Achievement of financial efficiency targets must also be specifically addressed
  - Risk analysis

- Divisional inputs have been consolidated and overlaid with the regional and national intentions, to create a final plan to be submitted for Executive Committee and Board review. Specific elements of the people plan are reviewed by the Board and manpower plans will be even more clearly highlighted in business cases moving forward.
- As the overall plan develops we are actively engaging with commissioners and other stakeholders through a monthly system-wide workforce group as well as through more informal contacts.
Engagement is enhanced by the whole system planning sessions, which have been held with other system providers to identify weaknesses and emerging themes, and the outputs from these sessions have informed our priorities for addressing both skills shortages and training. For example, there is a particular focus in our plans for the need to create a better career path for Band 2 HCAs to help create a better pool of trained staff at Bands 3 and 4 which will also help alleviate the shortage of registered nursing staff. We are also exploring how we can provide a flow of professionals and share training and rotational opportunities across the system to ensure more flexibility and to deliver the ambition to bring care closer to the home.

Education, Learning & Development staff will continue to work closely with recruitment and our HEI partners to up-skill our HCA workforce through a Foundation Degree programme. Each year we utilise HETV funding to support the development of this workforce into Assistant Practitioner roles. In 2014/15 we recruited 20 HCAs onto the Foundation Degree and we are currently recruiting a further 25 HCAs into the September 2016 cohort. We are about to embark on a new venture with Aylesbury College at the end of April and are looking to recruit 10 HCAs onto an Access to Nursing/Midwifery course. On successful completion of the 30 week course the HCAs will be awarded an Access to Higher Education Diploma as well as GCSE Maths and English that will enable them to progress their careers and undertake a BSc in Nursing.

Achieving a better balance between permanent and agency staff, where our initiatives include accelerated recruitment of non-EU nurses, changing skills mixes to minimise shortages in critical areas, and full adoption of Agency caps and controls. Our plans assume full compliance with all agency caps and controls and a concerted effort to achieve greater continuity for patients through recruiting more permanent and bank staff.

We have accepted the NHSI target of reducing our Agency spend from £19m to £12.1m in the next 12 months. This will be one of our most significant CIPs and we have established a programme structure to ensure rigorous monitoring and delivery. Under Executive leadership and direction there will be a workstream for each key workgroup where we will focus on control and incremental improvements to the management of supply and demand. Even more significant will be the impact of improved recruitment and retention and there will be specific workstreams focussing on recruitment and retention. Initial focus will be on the recruitment of nurses where we are targeting to recruit c365, an increase from 224 FTE recruited in 2015-16. This will be achieved through recruitment from the Philippines of c100 individuals, targeted recruitment of placement students and continued EU and local recruitment. On nurse retention, we are targeting a reduction in attrition of c25% from 255 FTE to c195 FTE. Pressure on nursing staffing will also be relieved by the closure of Ward 5b and conversion of c20 nurse roles into Band 3 and 4 support roles. Targets will also be established for medical recruitment and key AHP roles through the divisional people planning process.

High levels of attrition particularly in nursing and some AHPs are contributing to our agency challenge and we will be seeking to address this through targeted activity in hot spots and sharing best practice across the Trust. For example we have identified that
there is a high risk of new recruits leaving during their first year so we will strengthen preceptorship support during year one post qualification and we have produced a framework to help line managers engage more effectively during this period. We will also introduce enhanced clinical skills support during the following year when we have also seen a significant number of staff leave in 2015-16. We will strengthen our exit interview processes and data gathering so that we have an even better understanding of why people are leaving at various stages of their career. Other activities include the introduction of retention support managers in two divisions and a review of flexible working arrangements to help mitigate the impact of an ageing workforce in key skills areas. This activity will be managed through a formal project to ensure maximum impact on retention. We will be seeking to capitalise on our much improved staff engagement and ensuring we create appropriate career paths and workplace flexibility that supports both organisational and individual needs. We are very mindful that experienced committed staff bring benefits to both patient care and financial stability.

- We closely monitor nurse utilisation through our e-rostering system (Rosterpro). Compliance is reported weekly as part of our agency recovery programme and areas of non-compliance have a targeted recovery plan. For non-nursing staff groups, controls are in place through the recruitment approval system (substantive staff) and a sign-off process at Director level. This will be further enhanced during 2016-17 through the agency CIP programme board, with a challenge board in place to review all agency authorisations and spend.

- We will continue to use the data supplied by the Carter review and other benchmarking data and this will be supplemented by an acuity review and continuous reviews of safe staffing to ensure patient safety is not compromised in any way.

- Workforce risks are reviewed by the Senior HR Team on a monthly basis and where appropriate escalated and reviewed at the Senior Leadership Forum and Trust Board. Counsel is also taken on significant risks at the monthly HR &Workforce committee.

- Workforce metrics will continue to be reviewed by the Board, Finance and Business Performance Committee, Divisional Boards as well as HR and Workforce Committee and the newly formed Strategic Workforce Committee, thereby ensuring that efficiency, quality and safety remain in equilibrium at all times. All workforce cost improvement plans will continue to be scrutinised by the appropriate quality checks and any conflicts escalated to the Quality sub-committee, with final sign off by the Chief Nurse and the Medical Director for assurance that there is no adverse quality impact.

- At the request of the Board, a Strategic Workforce Committee has been established to provide assurance and oversight on the delivery of the OD plan and ensure that
significant people challenges and transformational culture change receive sufficient challenge and attention.

A detailed training needs analysis has been completed and we are in dialogue with HETV about our emerging needs and how gaps will be bridged. We are exploring with our local universities the opportunities for further partnership working and will look to solidify this work during 2016-17 so that we have an established programme for 2017-18. Current work streams include:

- Partnering with Bucks New University in the professional development of our workforce to fill areas of workforce shortage through salary support for Operating Department Practitioners, District Nurses, Health Visitors and School Nurses. We are also exploring the development of the role of Physician Associates with Bucks New University which is being supported by HEE TV.

- Partnering with Bucks New University in the delivery and continued development of a variety of ‘bespoke’ educational programmes that are specifically designed to meet the needs of our service. These are also aligned to our Trust top three quality priorities: Reducing mortality & identification of the deteriorating patient; Avoiding harm; and End of Life care. These programmes include: ‘Transition to Community’; ‘End of Life Care’; ‘Cancer Care’, and Essentials of Spinal Care’. We are also strengthening the knowledge and skills within our community workforce with specific skills programmes. Additionally we are running a ‘bespoke’ patient assessment module and deteriorating patient module and a Dementia Simulation study day with Oxford Brookes University.

- We have developed a talent management methodology which we have piloted at senior levels and we will apply more widely in 2016/17.

- We will continue to invest in leadership and management training as we are firmly convinced by the research that highlights the very positive influence of effective line management on staff satisfaction which leads to improved retention and much improved patient care. In 2015-16, c125 senior managers (including medical staff) participated in the Trust Leadership Programme; we expect to train the same number over the next two years as part of our plans to develop a skilled leadership cadre to lead the extensive culture change programme referenced earlier.

3.4 Diversity

The Equality and Diversity Agenda will continue to be a focus, and the Workforce Race Equality Scheme metrics will be a trustwide staff survey action for 2016-17. We have applied to be a partner trust in the NHS Employers Diversity and Inclusion Partner Programme 2016/17, which would provide further support and enable us to engage with organisations across the country.
3.5 Training

In addition to the training already referenced, key training initiatives during 2016-17 will be:

- The pilot for the 90 day project ‘NEWS ward based ‘micro-teach’ programme’ was completed in January 2016 and delivered an increase in compliance with the NEWS policy and a 28% reduction in cardiac arrests, from 83 in 2014/15 to 60 in 2015/16. Roll out across the Trust is planned with further ward based training programmes that are currently underway in Stroke services.

- Expand current educational programmes to incorporate simulation, and introduce ward-based simulation to develop a model for inter-professional simulation. Simulation has the potential to facilitate clinicians in connecting theory to practice and research, and allows them to think critically and discuss interventions relating to complex clinical situations in a safe learning environment.

- Community up-skilling project. We are currently conducting a comprehensive review of the current skills and competencies across the community workforce to identify gaps and enable an action plan to be developed to address these. The focus of this project is to explore, develop and deliver innovative educational initiatives to free up capacity within the acute trust and care for patients where they would ideally prefer to be cared for – at home. These initiatives need to support patient–centred care through transitioning clinical care out of hospital, through timely discharge and avoid unnecessary admissions.

Strengthening appraisals will be a key plank in embedding the Trust values and behaviours. The process will be redesigned over the first half of the year to reflect this and extensive training will be offered to ensure maximum benefit is derived from the appraisal conversation.

4. Approach to Financial Planning

4.1 Financial forecasts and modelling

The Trust reported an audited £10.8m deficit for the year ending 31st March 2016, however, after adjusting for non-recurrent items, such as the year end arrangement with CCGs, this results in an underlying (or normalised) position of circa £12m deficit.

The financial plan for 2016/17 sets out to address the following:

1. The deficit inherited from the previous year. The recovery of this underlying position is not proposed to be addressed in full during 2016/17.
2. An income plan (supported by the contract process) sufficient to address service demand, incorporating a fair allocation of risk between the Trust and its commissioners.
3. To correct a historic shortfall in expenditure budgets, including the requirements of safer staffing levels, the impact of the employers national insurance changes and the CNST premium increase.

4. A cash management plan to address the renewal of the c£28m finance facility currently being utilised.

5. The delivery of a 5.2% cost improvement target (£20m as a percentage of £385.7m budgeted cost base).

6. To utilise capital funds in order to ensure improvements in patient safety, to maximise estate utilisation and make headway on the digital roadmap.

In 2015/16 we have been open and transparent with the organisation about the scale of financial challenge the Trust faces. We have strengthened governance in respect of financial performance and control to ensure that there is just one version of the truth. We are developing our leaders to take on more responsibility for running their budgets including income delivery.

The headlines for our Financial Plan for 2016/17:

- I&E £5.2m surplus.
- The Trust has included the receipt of the allocation from the Sustainability and Transformation Fund (£9.4m).
- Capital programme of £10m
- CIP programme of £20m (5.2%)

The basis for the development of the Plan is as follows:

Budget setting: The opportunity has been taken to address a large number of the historical budgetary problems that the Trust has coped with for a number of years using non-recurrent means. This means that ward establishments have been set at a level commensurate with the patient activity and acuity. This means that Divisions have been given a strong chance of deliver their objectives and remain within their budgets.

The national guidance has been followed for planning assumptions including the national 2% efficiency requirement (actual savings target is above this rate) and the 3.1% uplift to tariff for inflation, with additional 0.7% for CNST increases.

Contracts: activity and financial baselines have been agreed with the two main CCGs. The activity baseline is based on 7 months in 2014/15 and 5 months in 2015/16. This reference period was agreed in order to avoid the data problems associated with the implementation of the new PAS midway through 2015/16. There is a downside risk in that the reference period will not capture the increase in activity seen in the November 2015 to February 2016 period. However this risk needs to be balanced against the larger risk of using a period affected by the PAS implementation. The plan includes demographic growth, with commissioner QIPP focus upon outpatient numbers, admission avoidances, and care moving from a hospital setting to community and home based care.
The key risks (and mitigations) to delivery of the financial plan are:

1. Contract (or income) risk
   a. Delivering activity levels. In 2015/16 the Trust underperformed against elective activity targets by £2m+. Our internal performance management framework in 2016/17 will raise the profile of elective activity performance against contract to ensure that targets are achieved.
   b. Fines and Penalties. In 2015/16 the Trust incurred £1.5m in fines and penalties; this has not been provided for in the plan.

2. Expenditure control risk
   a. The potential for activity to exceed plan, for example, in the case of winter pressures or summer heatwave. Some provision is made in reserves.

3. CIP delivery. See below.

4.2 Efficiency savings for 2016/17

The Trust has developed plans to deliver £20m (5.2%) efficiency savings in 2016/17. This compares to last year’s CIP delivery of £19m which included income of £5m.

Our CIP programme has been designed to meet:

- The national requirement to deliver year on year efficiencies.
- The Trust’s own requirement to control its finances.
- The Agency cap.
- Recommendations by Lord Carter.

The Trust was one of 22 Trusts involved in working with Lord Carter to develop the evidence base to drive efficiency opportunities across the NHS. Our savings programme therefore reflects the key areas identified by Carter, and we have established a number of programmes of Trust wide projects led by an Executive. In addition, our Divisions have been tasked with making savings of 1.5% to improve efficiency in the areas not covered by Trust wide schemes. The Trust wide schemes cover:

- Reduction in agency staffing costs, building on the application of rate caps, with tighter controls on rostering, development of retention strategies and targeted recruitment (exploring skill mix and alternative practitioner options where an option).
- Bed productivity through better management of flow and length of stay. As part of the Carter project we have implemented the Netcare acuity based nursing staffing model, calculating Care Hours per Patient Day. We expect to use this model to support better bed management, optimisation of our nursing resource and support better controls for the wards.
- Theatre productivity making better use of Monday to Friday capacity and reducing Saturday working.
- Reducing our estate costs, reviewing our peripheral assets and reducing our PFI costs.
- Workstreams covering procurement, medicines management and demand management in pathology and radiology.
We recognise that CIP plans are not without delivery risk. We have assessed the planned programme of savings and estimate potential risk of circa 30% (£5m). This is based on an assessment of maturity of plans, causing some potential for slippage (planning risk) and an assessment of delivery risk.

Delivery risk has been identified for:

- Capacity and productivity improvements i.e. theatres and length of stay. Our ability to deliver will be dependent upon activity levels, demand pressures and contractual payments in full.
- Temporary staffing, which will be partially linked to recruitment and holding all staff groups to the price 'caps' (linked to demand/supply, our neighbouring trusts holding to caps and patient safety requirements).
- Asset sales, where the process is outside of our direct control due to complexity of delivery and economic factors. We believe we have made some allowance for timeline factors but recognise we need a combination of mitigating actions to insure against adverse results; these are:

To mitigate our risks we have implemented 'Quarter 1 Actions' to apply additional, central controls over a number of expenditure items e.g. vacancy controls, minor works, waiting list initiatives and non-essential non-pay orders. We have a strengthened performance management framework, with overall programme leadership by the CEO, and specific responsibilities for each Executive to lead specific elements of the programme. The implementation of a dedicated CIP reporting system, monitoring milestones and financial delivery.

Continue to explore and identify further improvement opportunities to improve our cost base. We are exploring additional schemes in outpatients, management functions, clinical administration as well as the potential for stretch targets for commercial income and clinical productivity.

4.3 Capital planning

The Trust cash position is under pressure as a result of the income and expenditure delivery over recent years. It has drawn down £27.1m of its £28.2m facility in year and is in discussions with the NHS Improvement regarding a term loan bid to the ITFF for a medium-term solution, and potential working capital facility uplift in the short term.

To assist in cash management the Trust is limiting its capital expenditure to levels generated internally, equating to depreciation less PFI costs. This is however a relatively low level of capital available for a multi-site trust of this size, and thus a number of larger projects are being reviewed to assess where and how external funding might be secured. These larger projects include a theatre block and critical care facilities.

In 2016/17 the Trust will have around £8.5m available from internally generated resources before potential land sales. Amongst some of the largest priorities for capital spend are;
investment at the Wycombe site in cardiology and endoscopy; bariatric surgery and water systems at Stoke Mandeville; electrical upgrades across sites; patient administration efficiency and productivity improvement; virtual desktops; and pathology enterprise solution. These projects have been prioritised to ensure they fit with the overarching investment strategy.

The investment in capital available is managed through the Capital Management Group setting priorities for spend aligned to the overall Trust strategy. There are sub groups for medical equipment, IT, and Estates planning. The Trust has a ten year Estates Strategy developed in conjunction with PwC during 2015 which aims to downsize the footprint generating disposal proceeds with which to invest in upgrade and maintenance provision. The affordability will need to be tested on an annual basis along with the priority setting as the landscape changes and Trust plans develop.

5. Sustainability and Transformation Plan

5.1 Introduction and Background

The NHS shared planning guidance 2016/17 – 2020/21\(^3\) outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

As in previous years, NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

To do this, local health and care systems will come together in STP ‘footprints’. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances.

5.2 Vision

Healthy Bucks Leaders\(^4\) (HBL); have proposed a vision for the Buckinghamshire Health and Care system which reaffirms the Health and Wellbeing Board strategy:

‘Everyone working together so that the people of Buckinghamshire have happy and healthier lives’

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\(^3\) Delivering the Forward View; NHS Shared Planning Guidance 2016/17-2020/21, NHS England, December 2015
\(^4\) A Group of Chief Executives and Senior Directors working in partnership to improve health and social care in the county from the following organisations; Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust, Buckinghamshire County Council, South Central Ambulance Service, Aylesbury Vale CCG, Chiltern CCG
This will mean placing a greater emphasis on creating an environment that allows local people to make healthier choices and greater support so residents can actively manage their own long term conditions.

The Health and Wellbeing Board have developed priorities, outcomes and performance indicators in four key areas:

- Healthy Lives
- Children, Young People and Families
- Good health and Well-Being in Adults
- Healthy Workplaces, environments and thriving communities

**Figure 1 Health and Wellbeing Board Priorities**

Over the five year period the aim of partners is to rebalance the health and social care spend in Buckinghamshire to increase support for Living, Ageing and Staying Well, and Prevention and Early Intervention initiatives.

**Figure 2 Rebalancing Buckinghamshire Health and Social Care Spend**
5.3 Principles and ways of working

Principles and ways of working have been agreed by Healthy Bucks Leaders in the development and delivery of the Sustainability and Transformation Plan.

5.3.1 General

- We are all working to a common goal of ensuring the people of Buckinghamshire have happy and healthier lives. We will place greater emphasis on the environment that allows local people to make healthier choices. Greater support will be provided so residents can actively manage their own long term conditions.
- The Buckinghamshire system will focus on reducing health inequalities between and within communities.
- There will be total transparency between us in sharing operational and planning information on operational pressures, quality issues and finance.
- Parity of esteem between mental and physical health is important to all stakeholders.
- We will initiate work that will make a difference and is aligned to our agreed vision.
- We will agree key priorities to work on in 2016/17 towards our vision.

5.3.2 Specific

- A shared leadership narrative will be developed and communicated to staff, leaders, and public.
- Openness and transparency – leaders to discuss what is/is not needed from our own organisational perspective.
- HBL receives progress reports and removes any blocks.
- Any work delegated is resourced.
- In some cases not all organisational leaders will need to be actively involved in all areas.
- Key messages to be taken back to our boards and staff at the end of each meeting.
- Frequency of meetings – Leaders to commit to be held fortnightly for 2 hours to support production of the STP but recognised that some issues will need to be addressed in a way that allows others to engage.
- A facilitated debate and discussion on certain areas to allow the leadership group to deal with ‘difficult issues’ may be required.
5.3.3 Financial and Contractual

- 2016/17 is the first year of our System Transformation and the decisions we take in setting 2016/17 contracts will be consistent with our developing STP.
- There is one pot of money and our collective task is to get the best value from that pot. Our aim will be to maximize value and take out “high cost low value” activity where possible.
- We will agree the priorities for improving the quality of services and the resources to be invested in these priorities.
- Our investment decisions will be consistent with our developing the STP.
- Investment is dependent on agreed service changes being identified and delivered.
- Financial risk in year will be a shared responsibility. The system will take collective responsibility to support each individual organization in taking necessary action to achieve their own financial duties.
- There will be a shared responsibility for redesigning pathways.
- Financial plans and contracts will be underpinned by agreed operational and capacity plans.
- Planning and contracting will reflect both the modelled impact of demographic changes and the need to meet the NHS Constitution standards.
- The transactional burden of contracting will be reduced to those activities that can be shown to add value or are inescapable external requirements.

5.4 Governance and Leadership

5.4.1 Workstreams

In the development of the Sustainability and Transformation Plan, HBL have agreed to focus on the key transformation workstreams. Leads have been agreed for each area and are responsible for identifying support, governance, clinical and council leadership, and undertaking with colleagues a ‘gap’ analysis to identify priorities and challenges as a first phase of work.

**Figure 3 STP Transformation Workstreams**

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Self Care</td>
<td>Trevor Boyd/Jane O’Grady, BCC</td>
</tr>
<tr>
<td>Long term Conditions, Frailty and Elderly</td>
<td>Lou Patten, AV CCG</td>
</tr>
<tr>
<td>Maternity and Paediatrics</td>
<td>Neil Dardis, BHT</td>
</tr>
<tr>
<td>Mental Health and Learning Disability</td>
<td>Stuart Bell/Dominic Hardisty, OH</td>
</tr>
<tr>
<td>Planned and Specialist Care</td>
<td>Neil Dardis, BHT</td>
</tr>
</tbody>
</table>
Achievements in these workstreams will clearly support improvements in the four areas of focus of the Health and Wellbeing board i.e. healthy lifestyles; children, young people and families; adults’ health and wellbeing; and healthy environments and thriving communities (see fig 1, 5.2).

In addition, two cross cutting groups have been established to help support the development of the plan in Buckinghamshire. Representatives from these groups will attend every Healthy Bucks Leaders meeting:

5.4.2 Finance Directors

The Finance Directors’ responsibility is to support the following areas of activity.

- A baseline activity and financial model – understanding the ‘gap’ in the system
- Scenarios to model the impact of different models of care on the Buckinghamshire system
- Long term financial model to achieve sustainability in the Buckinghamshire system by 2020

The current financial challenge which the STP is to address with new arrangements and models of care was estimated as £185m for the years 2014/5 to 2018/19 in a report compiled for Buckinghamshire in 2014\(^5\). This will need to be refreshed based on a more up to date assessment of the systems position as part of the programme.

5.4.3 Chief Operating Officers

The Chief Operating Officers’ responsibility is to develop the overall plan for an integrated health and care system in Buckinghamshire that delivers sustainability based on the proposed outcomes by 2020.

- Fully integrated pooled budgets for health and social care
- Single out of hospital model of care
- Shift of resources from hospital to community
- Fully integrated primary care and community IT system
- Single patient portal
- Single CCG
- Shared back office and estates
Figure 4 (below) provides a first draft analysis of the key outcomes and delivery vehicles for the Buckinghamshire system over a five year period. Further work will be progressed to crystallise outcomes over the period in all workstream areas.

It is proposed that a system wide Integrated Commissioning Board is established to steer the development of joint commissioning as well as focussing on long term conditions, frail elderly, mental health and learning disabilities and digital workstreams.

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**Figure 4  Governance Structure for HBL delivery of the STP**

<table>
<thead>
<tr>
<th>Transformation Workstream</th>
<th>Delivery Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Self Care</td>
<td>Healthy Communities Partnership</td>
</tr>
<tr>
<td>Long Term Conditions, Frailty and Elderly</td>
<td>Integrated Commissioning Board</td>
</tr>
<tr>
<td>Maternity and Paediatrics</td>
<td>Children and Young Peoples Joint Executive team (Thames Valley Clinical Networks)</td>
</tr>
<tr>
<td>Mental Health and Learning Disabilities</td>
<td>Integrated Commissioning Board</td>
</tr>
<tr>
<td>Planned and Specialist Care</td>
<td>Right Care Group (Thames Valley Clinical Networks)</td>
</tr>
<tr>
<td>Urgent and Emergency Care</td>
<td>Buckinghamshire System Resilience Group (Thames Valley Urgent and Emergency Care Network)</td>
</tr>
<tr>
<td>Digital Roadmap/Interoperability</td>
<td>Integrated Commissioning Board (My Care Record Group)</td>
</tr>
</tbody>
</table>
5.4.4 Buckinghamshire Healthcare Trust Strategy Development

BHT is playing a leading role in developing the system-wide Sustainability and Transformation Plan (STP). BHT’s own vision and strategy reflects the central importance of providing high quality specialist services whilst leading the way in joining up health and care services in the community.

Equally important is an emphasis on partnership with patients, communities and staff as well as a priority to develop sustainable services.

The Trust Board formally approved in March a five year strategy which has been developed through a series of Board seminars and discussions throughout 2015/16, together with consultations with key leaders both internally and externally to assure alignment with the emerging STP.

The Trust mission – Safe and compassionate care, every time – is underpinned by the Trust values: Collaborate, Aspire, Respect, Enable (CARE), which have been developed by a programme of staff engagement and leadership sessions.

The Board have approved three strategic priorities to guide the development of the Trust:

- Quality and Safety
- People
- Financial Stability

and each priority has a series of outcomes mapped through to 2020.

Figure 5 Buckinghamshire Healthcare Trust Strategic Priorities

These strategic priorities are supported by six strategic drivers – Emergency and Urgent Care, Integrated Care, Planned Care, Specialist Care, Technology and Innovation, Estates.

<table>
<thead>
<tr>
<th>Quality and Safety</th>
<th>People</th>
</tr>
</thead>
</table>
| Our primary objective is to reduce mortality and harm, and deliver a great patient experience which will support our strategy of being recognised as one of the safest trusts in the country. We will offer high quality of care with good outcomes to all our patients, whether they are treated in one of our hospitals, in the community or in their own homes. We will do this by:  
• Preventing people from dying prematurely and reducing mortality  
• Keeping people safe and protecting them from avoidable harm  
• Engaging people in their care and ensuring great experience | Our people are critical to achieving our ambitions over the next five years and beyond. The focus of our People Strategy is to develop a culture of safe, compassionate care across our organisation. We will ensure staff have the right skills, behaviours, competencies and values to enable us to deliver high quality patient care, which is vital to our vision. We will do this by:  
• Becoming an exemplar of well led with skilled and inspirational leadership available to all  
• Identifying, developing and retaining skilled and committed staff at all levels  
• Improving engagement and encouraging an open culture |

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Our objective is to become a sustainable organisation operating within a sustainable health economy. We must deliver transformational change and challenging cost improvement over the next five years whilst improving further our quality outcomes and the patient experience.

We will do this by:

• Maximising accountability in the organisation
• Delivering internal and external efficiency
• Maximising opportunities for developments in Estates and IT

Figure 6  Buckinghamshire Healthcare Trust Strategic Framework
For these drivers 18 key actions for delivery by 2020 have been identified and the Trust is working across organisational boundaries to develop system-wide solutions that will be integral to the overall delivery of the STP over the next five years.

5.5 Thames Valley System Alignment

The Sustainability and Transformation Plan is being developed across Thames Valley in line with national timescales. A regional process has been established led by David Smith as Chief Officer of Oxford CCG on behalf of the footprint. CCG Accountable Officers have been provided with leadership roles across Thames Valley linked to STP completion.

The Buckinghamshire integrated care system through the Healthy Bucks Leaders group has appointed an Interim Programme Director to co-ordinate the development of the STP amongst partners in Buckinghamshire and provide programme direction for the development of an integrated commissioning and provider system of care over the next three years. Further support has been approved in financial modelling terms to assist with the STP process. This provides further capacity to undertake the responsibilities of the Buckinghamshire planning process as part of the Thames Valley footprint.
Shared learning across Thames Valley will take place as plans develop. It is acknowledged that for Buckinghamshire County Council the remit for the STP would be on a Buckinghamshire basis.

5.6 Communications and Engagement

The Buckinghamshire health and social care partners have adopted a mechanism involving all partners in communicating and engaging with patients and communities on substantive changes in the health and social care system in a consistent and integrated way. A Community reference group is to be established for this purpose.

An engagement programme on Community Hubs is already taking place over the spring/summer and the system will use this headline ‘Your Community, Your Care’ for all communication on engagement activities linked to the STP and the integration agenda in the county as it develops.