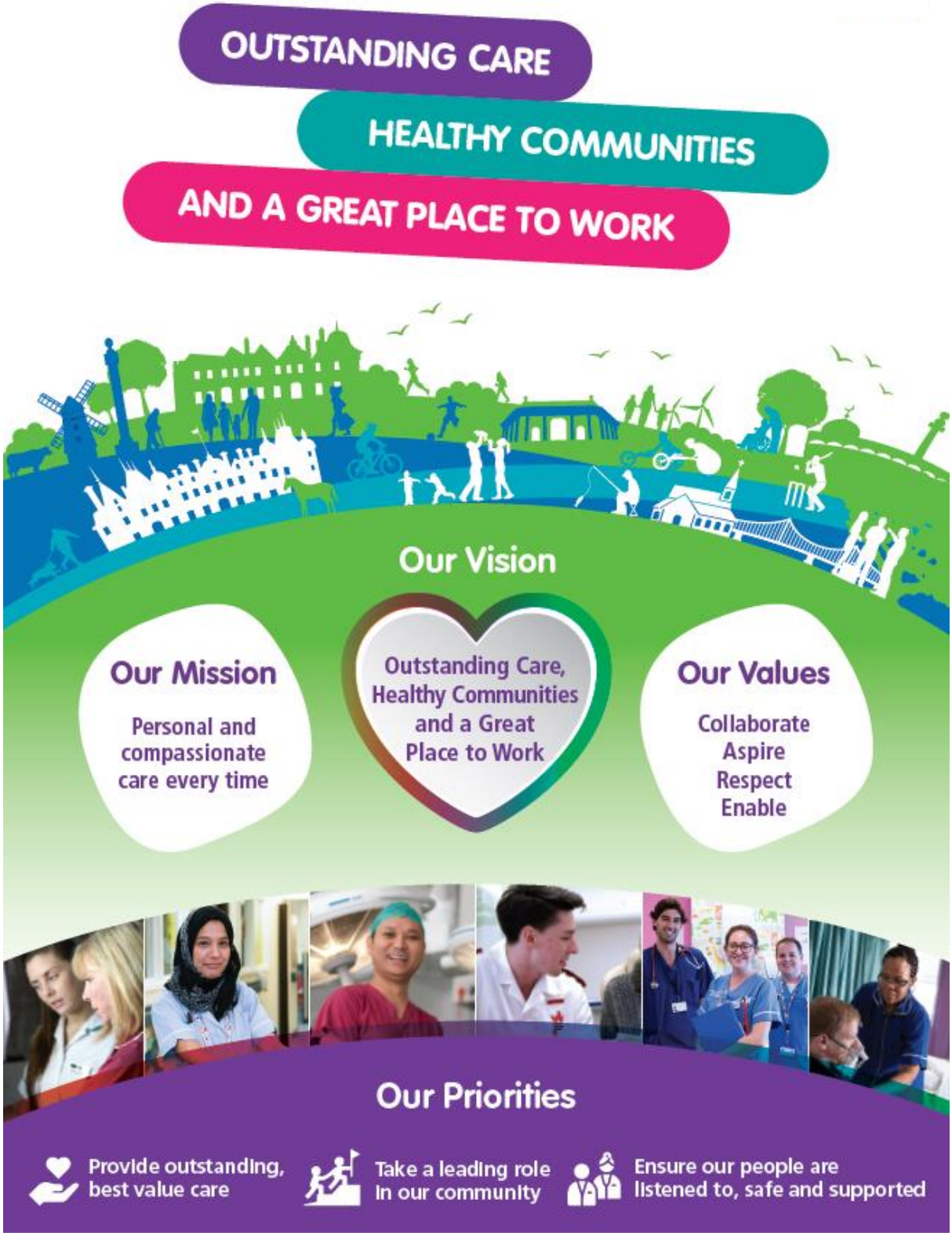
Buckinghamshire Healthcare NHS Trust
2025 Strategy



Any planned changes are subject to appropriate patient and resident engagement and involvement

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Introduction

Our current Trust strategy was approved in 2016. It supported us to achieve a CQC rating of 'good' in 2019 ('outstanding' for caring) and to be one of the first wave integrated care systems in England. We have moved on, not least in responding to the largest global pandemic for a century. We are updating our strategy to reflect the ways we have changed how we deliver care and how we want to change in the future to provide outstanding care, support healthy communities and be a great place to work.

Over the last 12 months we have looked afresh at our changing context. We have worked with clinical colleagues to assess trends and themes in services that will ensure we are successful over the next decade. We have led community engagement to involve people and understand our operating context, our strengths and weaknesses and the impact of COVID-19 to develop our clinical and enabling strategies. The clinical strategy is our driver for change and enablers like estates, IT and people are critical to its success.

This strategy is central to Buckinghamshire Integrated Care Partnership. We have a long history of working together and have the ingredients for success – a single unitary council, a largely federated general practice, an integrated acute and community NHS Trust, a thriving voluntary sector and strong partners in mental health and the ambulance service. Being situated within the London economic ecosystem and major growth corridors this strategy will make a major contribution to the health and wealth of our region.

People are at the heart of this strategy. We are uniquely placed in our region as an integrated Trust that provides acute hospital and community services alongside international facilities like the Stoke Mandeville National Spinal Injuries Centre. Our strategy describes some key changes including bringing rehabilitation services together as a centre of excellence, strengthening emergency care and separating it from planned care services and integrating community services. We want to realise the benefits of new technologies, new models of care and invest significantly to re-shape our estate to make it fit for the 21st century. Our strategy is set out in five sections:

Section 1: Our strategic context describes the environment we operate in and the significant changes taking place nationally, regionally and locally. This section provides an indication of what our people, patients, partners and the public have told us so far.

Section 2: Our strategy for 2025 sets out how we are going to achieve our vision and strategic priorities. It provides a framework for service strategies that helps us align our plans and get behind our shared vision.

Section 3: Our clinical strategy sets out high impact changes designed to deliver outstanding care and meet the needs of the population we serve.

Section 4: Our enablers section provides an overview of strategies such as Estates, IT, People and Finance that are essential to support delivery.

Section 5: Governance, assurance and communication show how progress and the delivery of the strategy will be embedded, monitored, reviewed and communicated.

We will communicate widely about our plans, developing a range of materials to make it accessible for everyone. We want people to get involved wherever possible. Whether a patient, a carer, a family member or one of our people we cannot recover from the pandemic or deliver this strategy without you. We want everyone to understand what these plans mean for you and what your role is in achieving our vision.

Our Strategy on a Page

Urgent and Emergency Care

In an emergency you will be treated quickly by specialists in hospital. If it is urgent NHS111 will direct you to the right service as close to home as possible.

We will strengthen emergency services and separate them from planned care so we can always provide care safely even during times of great pressures.

Planned Care

When people need follow-up specialist care it will be increasingly delivered digitally. People will only be asked to come to hospital when they absolutely need to.

We will work with our partners in Berkshire and Oxfordshire to deliver procedures that achieve the best outcomes in the most efficient way.

National Spinal Injuries Centre and Rehabilitation

Stoke Mandeville will be a national and international centre of excellence for rehabilitation.

We will build on the foundations and legacy of the national spinal injuries centre & Paralympic movement. We will support people to regain independence and live healthy lives at home.

Integrated Communities

People living with frailty and long term conditions will be supported to live independently well at home. If people are in hospital we will support them to return home as quickly as possible.

We will work with partners and use information to improve population health promoting wellbeing, preventing illness & reducing health inequalities.

Take a leading role in our community

Outstanding Care, Healthy Communities and A Great Place to Work

Provide outstanding best value care

Ensure our people are listened to, safe and supported

Diagnostics and Medicine Optimisation

People will have access to diagnostics tests and results quickly. We will support primary care to deliver tests locally or in larger diagnostic hubs.

Pathology & imaging networks will ensure providers work together and we have the right technologies for fast reporting.

Estates: Investing in our estate will improve patient experiences, create great places to work & support centres of excellence & new models of care. We will provide clinical space that is fit for delivering modern care & make us more energy efficient

ICT: Investing in technology will give people more control over their health, provide care anywhere & reduce wasted time and duplication. It will help us understand the populations' health needs better and provide integrated care closer to people's homes.

People: Safe, happy & healthy workforces deliver outstanding care. We want to be a great place to work with inclusive, diverse & compassionate leaders that help teams to improve, learn & develop together.

Any planned changes are subject to appropriate patient and resident engagement and involvement

Section 1: Our Strategic Context

This section will:

- Set the context in which we have written this strategy by describing:
  - Who we are, our achievements and the challenges we face.
  - Changes in our population, in national policy and in regional and local plans and priorities.
  - What we have learned so far from listening to the public, patients, our partners and our people.
- Summarise the issues that we need to address through our 2025 strategy.

Who We Are

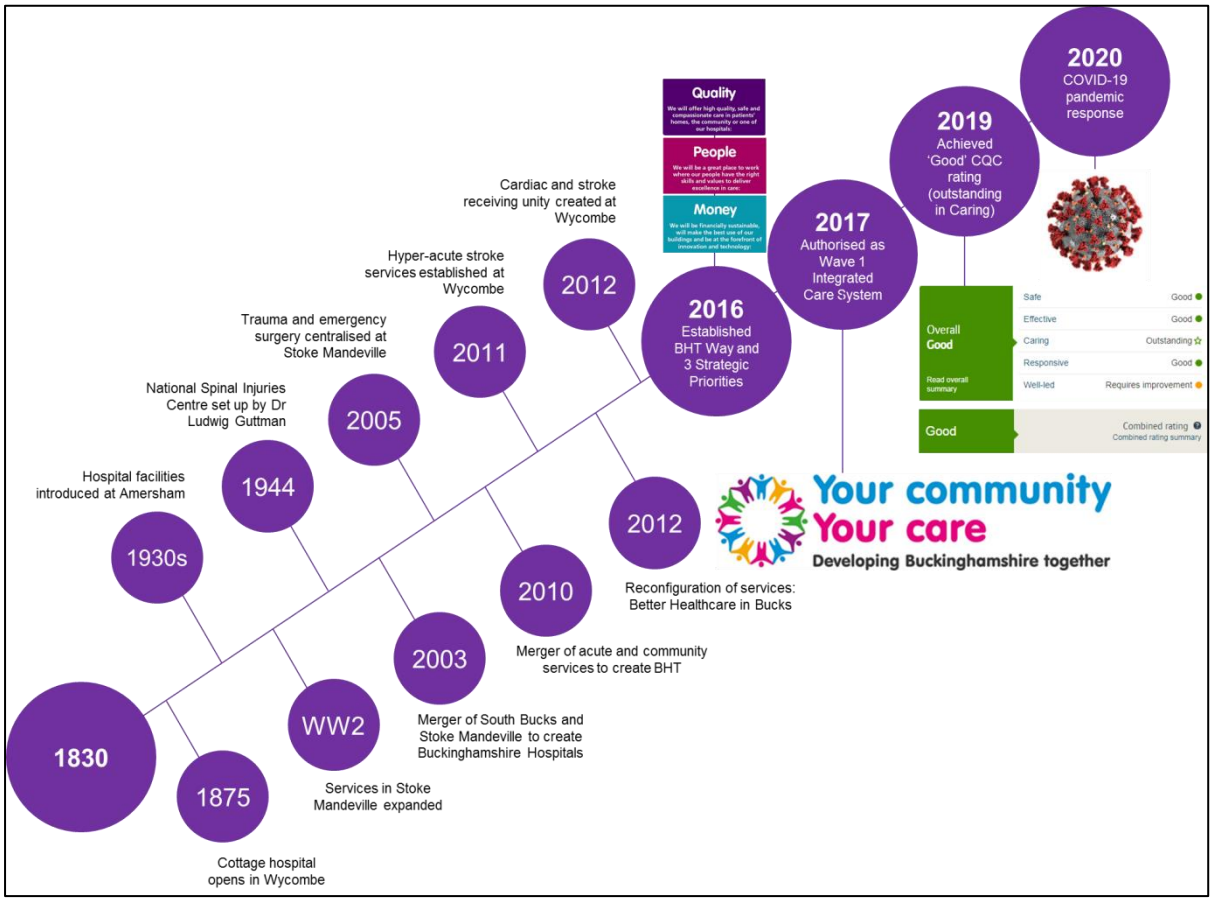


Figure 1: A Brief History of Buckinghamshire Healthcare NHS Trust

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated provider of acute hospital and community services for people living in Buckinghamshire as well as some access for people living in Berkshire, Bedfordshire, Hertfordshire, Oxfordshire and London. We provide care to over half a million patients every year. At Stoke Mandeville Hospital, the birthplace of the Paralympics, we provide specialist spinal services from our world renowned National Spinal Injuries Centre (NSIC). We are also the regional centre for burns and plastics services and stroke and cardiac services.

Our mission is to provide **personal and compassionate care every time**.

We deliver our services from a range of facilities:

- Different community settings – health centres, GP surgeries, schools and patient's own homes.
- Three community hospitals in Amersham, Buckingham and Chalfont & Gerrard's Cross.
- Two community hubs at Thame and Marlow.
- Two acute hospitals located in the two most densely populated areas of the county – Stoke Mandeville in Aylesbury and High Wycombe.

More than 6,000 people from different nations, cultures and backgrounds work for us. These include highly trained doctors, nurses, midwives, health visitors, psychologists, therapists and health scientists. They are supported by dedicated administrative and management within corporate services.

Looking forward to 2025 and beyond, we will learn, share and improve in the areas we can do better. It is important to recognise and celebrate so many of the amazing things we have achieved to get us to where we are today. Not least, the recognition by the CQC of 'significant and sustained improvement throughout the Trust' to award us a 'good' overall rating with 'outstanding' in the caring domain in 2019. This is the foundation of our strategy to build towards delivering outstanding care for our patients and support our communities to be healthy.

Our Case for Change

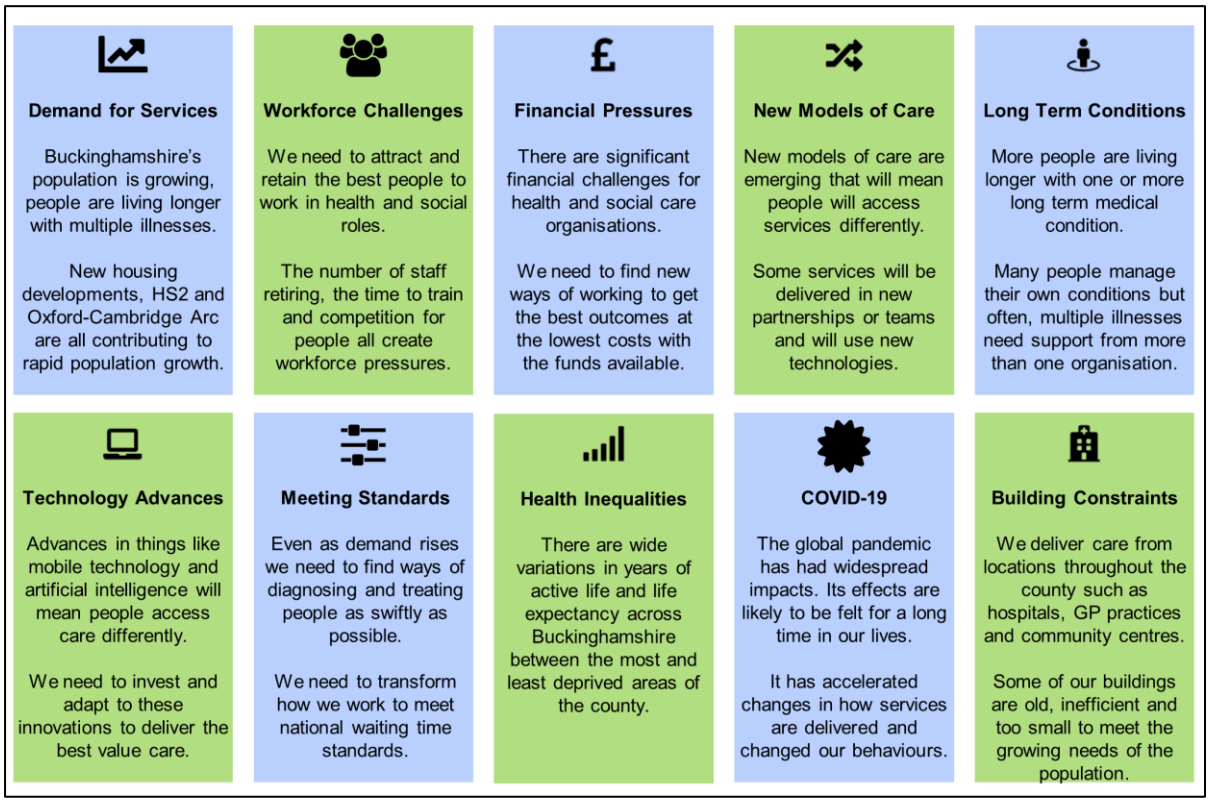


Figure 2: A summary of our operating context

Our vision is for **outstanding care, healthy communities and a great place to work**. To meet the changing needs of the population, especially those living in deprived areas, will require significant transformation of how we and our partners provide care.

There is high demand for care and people have increasingly complex needs. In Buckinghamshire alone we are expecting significant population growth. We have operational

challenges running acute services (including intensive care) across two sites and resource challenges including people, finances and old estates. Transforming what we do will involve developing new ways of working, creating new partnerships as well as requiring investment in new facilities, equipment, innovation and new technologies.

Population Growth and Health Inequalities

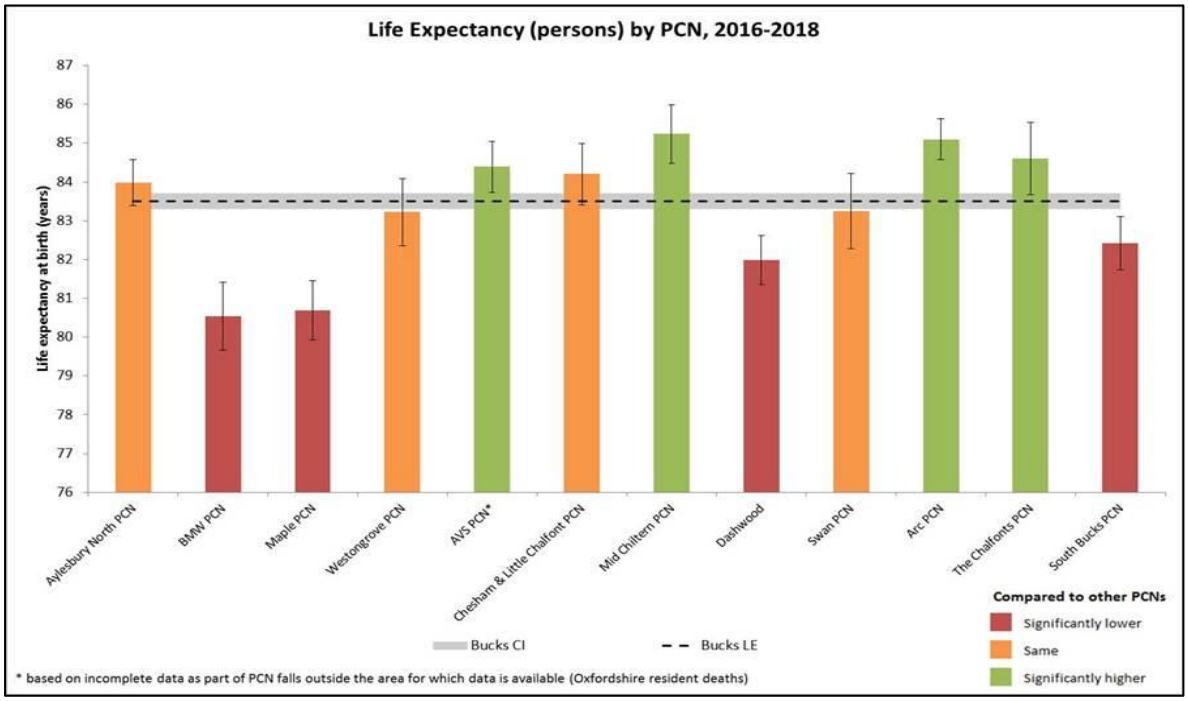
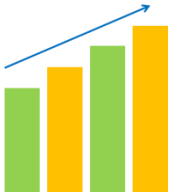
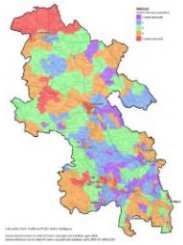


Figure 3: Life expectancy by PCN. Demonstrates link between deprivation and life expectancy



There are projected to be approximately 75,000 more people living in Buckinghamshire by 2030 (14.4% increase from 2018)[1]. There will be over 50% more people aged over 85. While people are living longer not all these years of life are in good health. 1 in 5 adults is physically inactive. 2 in 3 adults are overweight or obese. 1 in 9 adults smoke. 1 in 5 adults drink harmful levels of alcohol.



Analysis shows that starting from birth and continuing throughout life, people living in the most deprived areas have poorer health and the worst health outcomes. In our most deprived areas, there is higher prevalence of low birthweight and infant mortality and higher levels of long-term conditions. There is lower uptake of health screening and higher rates emergency admissions. In our most deprived areas, the premature death rate (deaths under 75) is twice that of the least deprived areas.

Mental Health

Demand for mental health services for young people and for adults will continue to grow. Across England approximately 1 in 6 adults experience a common mental disorder (such as anxiety or depression) in any given week. Half of mental health problems are established by the age of 14, rising to 75% by the age of 24. In the UK, suicide is the leading cause of death among young people aged 20-34 years. COVID-19 has taken its toll mentally and

[1] *Director of Public Health:2020 Annual Report. This projection excludes housing projections.*

physically. During the crisis eating disorders and self-harm in young people has increased. It is likely the emotional effects of COVID-19 will be felt by our families, communities and colleagues long after the peak of the pandemic has passed.

Digital Exclusion and Data Poverty

In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind. Technological change means that digital skills are increasingly important for connecting with others, accessing information and services and meetings the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods. As we realise the benefits of digital transformation, we need to make sure we bring all our communities with us. It is especially important to ensure we guarantee it is safe, clinically and from the point of view of how data and information is used.

The Impact of COVID-19

COVID-19 is having a profound impact not only on health and social care but on society. We cannot develop our strategy for the future without considering its impacts.

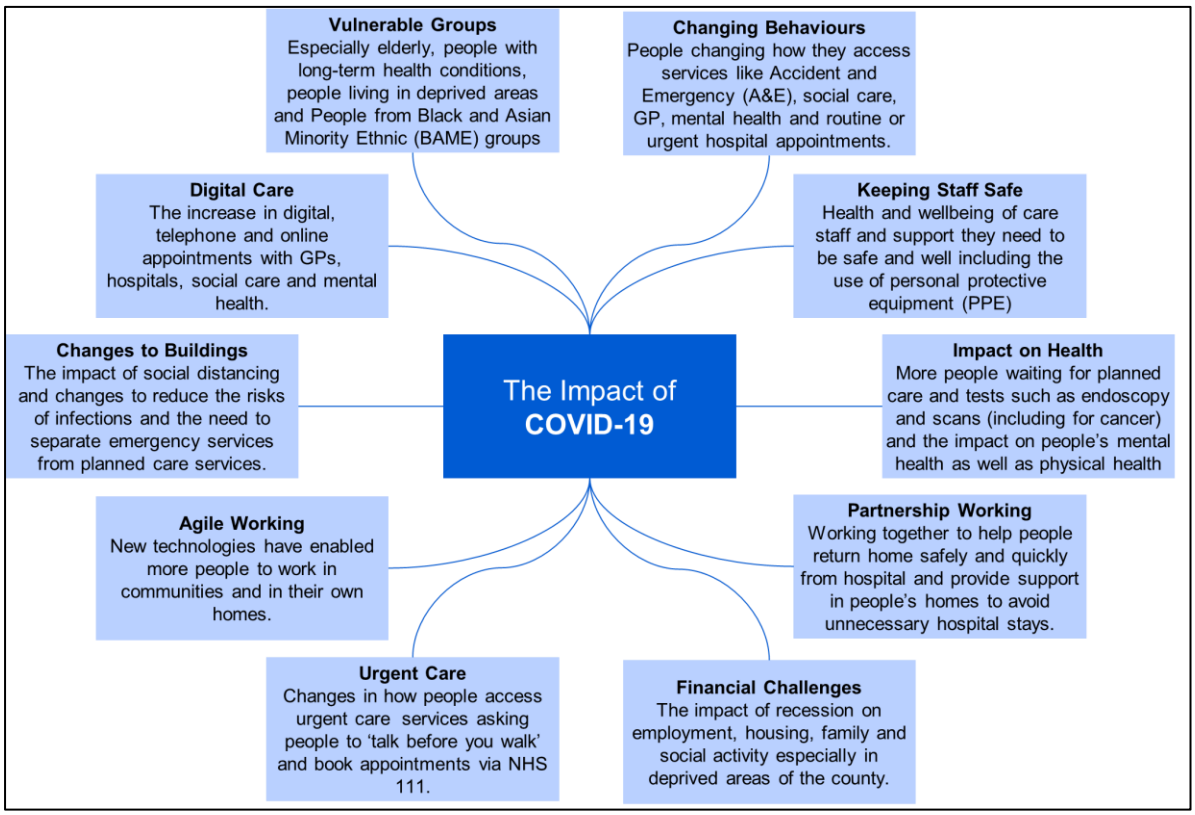


Figure 4: A summary of some of the main impacts of COVID-19.

We need to understand the long-term impacts of the pandemic on how people access health and social care such as GP, hospital or other care appointments. During 2020, we rapidly accelerated our plans to provide telephone and video consultations. We enabled our people to work more flexibly and to work at home.

We made changes to our estate to meet the requirements for infection control and social distancing. We changed waiting areas, inpatient areas and invested in new buildings (such as same day emergency care) and new mortuary facilities at Stoke Mandeville.

Many of these changes were introduced rapidly because of the COVID-19 emergency response. There was limited time to engage people working in health and social care and people that use our services on some of the changes. We are now in the process of embedding an approach to engagement for the long-term to help make them more sustainable.

Changes in National Policy and Strategy

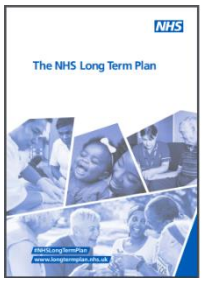
Our strategy has evolved considering influences and key changes in national strategies and policies described in the following section.

The NHS Long Term Plan

The NHS Long Term Plan was published in January 2019 and sets out how the NHS will change to ensure:

- Everyone has the best start in life including support for new mums, children with obesity, cancer and mental health.
- We deliver world-class care for major health problems such as cancer, cardiovascular disease, stroke, mental health and dementia.
- People are supported to age well encouraging care that supports independence as well as support for care homes.

It outlines five major, practical changes to the NHS service model to be delivered over the next five years:



- Boosting ‘out-of-hospital’ care and joining up primary and community health services.
- Redesigning and reducing pressure on emergency hospital services.
- Giving people more control over their own health and more personalised care when they need it.
- Digitally enabled primary and outpatient care mainstreaming across the NHS.
- Local NHS organisations increasingly focussing on population health and local partnerships with local authority-funded services, through new integrated care systems (ICS) and partnerships (ICP).

The NHS Response to COVID-19: Recovery and Renewal

It is essential now to be prepared for future waves of the virus (and other viruses) and to restore service provision, building on what we have learnt so that we can support the greatest possible improvements in health and wellbeing for everyone. This will include:

- Separating emergency services from planned care services to ensure we can deliver safe, uninterrupted care.
- Responding to the impacts of Long COVID.
- A step change on inequalities and population health.
- Lasting reform for social care.
- Putting our people centre stage and making the NHS (and wider care sector) a great place to work.
- Embedding and accelerating digital change.

Global Warming and Climate Change

In October 2020, the NHS committed to be the world's first carbon net zero national health system. This strives to reach an 80% reduction by 2032 and become net zero by 2040. The plan also outlines the idea of the NHS as an 'anchor institution', which is an important concept to promote an understanding of the NHS' contribution and responsibility to the local economy, society and environment.

NHS People Plan

*We are the **NHS: People Plan 2020/21**[2] – action for us all* outlines the actions organisations, employers and the workforce will need to take to transform the NHS workforce. Central to the plan is Our People Promise which outlines behaviours and actions people can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.
Actions within the plan fall under the following themes:

- Looking after our people – with quality health and wellbeing support for everyone belonging in the NHS and a focus on diversity and inclusion and tackling bullying, harassment and discrimination.
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience.
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

The Carter Report (June 2015)

Lord Carter of Coles produced two independent reports "**Operational productivity and performance in English NHS acute hospitals: unwarranted variations**"[3] and "**NHS operational productivity: unwarranted variations in mental health services and community health services"**[4] for the Department of Health (DH) with the aim of identifying efficiency opportunities across NHS providers. The reports explore workforce, hospital pharmacy and medicines optimisation, estates management, and procurement.

As a result, NHS Improvement established The ***Model Hospital***[5] benchmarking tool to support the NHS to identify and realise opportunities to deliver the best patient care in the most efficient way. We use the data to explore how we compare to similar Trusts on productivity, quality and responsiveness, to provide a clearer view of improvement opportunities.

Getting it Right First Time[6] (**GiRFT**) was also created as a national programme to reduce clinical and operational variation in care; working to the principle that anyone attending a hospital anywhere in England should expect treatment with minimal clinical variation. At a system level we will continue to focus our efforts on high volume, low complexity procedures to reduce variation and improve the value of planned care we provide.

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2 https://www.england.nhs.uk/ournhspeople/

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

[4] Microsoft Word - 20180524 NHS operational productivity - Unwarranted variations - Mental health and community health services (england.nhs.uk)

[5] https://improvement.nhs.uk/resources/model-hospital/

[6] Getting It Right First Time - GIRFT

The Naylor Review (March 2017)

Sir Robert Naylor's review ***NHS Property and Estates: Why the estate matters for patients*** was published in March 2017. It set out to develop a new NHS estate strategy. The report contains ambitious proposals for the future of the entire health estate and recognises the significant investment needed to achieve STP (now ICS) proposals. It calls for the NHS to develop robust capital plans which:

- Align with clinical strategies.
- Maximise value for money (including land sales).
- Address backlog maintenance.

Integration and Innovation: working together to improve health and social care for all[7] (February 2021)

On 11 February 2021 the Department of Health and Social Care (DHSC) published the White Paper which sets out legislative proposals for a health and care bill. It brings together proposals that build on the recommendations made by the NHSE/I in their December consultation with additional ones relating to the Secretary of State's powers over the system and changes to public health, social care and quality and safety matters. Proposals are grouped together under the following themes:

- Working together and supporting integration.

Establishing Integrated Care Systems (ICSs) in statute, working closely with health and Wellbeing Boards and transferring duties of Clinical Commissioning Groups (CCGs) to them. They will set up an ICS Board in charge of setting strategic direction, NHS planning and allocation decisions and accountable for NHS spend and performance. Also they will establish Health and Care Partnerships to support integration with partners such as social care and public health. Places, such as Buckinghamshire Integrated Care Partnership (ICP), will be free to arrange ourselves.

- Stripping out needless bureaucracy.

The proposals represent a shift away from the focus on competition towards a new model of collaboration, partnership and integration. It removes some competition and procurement rules whereby the NHS will be free to make decision on how it organises itself without the involvement of the Competition and Market Authority (CMA). Changes to the national tariff will enable payment mechanisms to work more flexibly encouraging system approaches.

- Enhancing public confidence and accountability.

Along with the formal merger of NHS England and NHS Improvement the proposals expand the power of the Secretary of State making it easier to set objectives, to direct NHSE/I, create new Trusts, intervene in reconfiguration disputes and amend/abolish Arm's Length Bodies (ALBs).

- Additional proposals to support public health, social care and quality and safety.

These include enhanced assurance frameworks for adult social care and standalone power for the Better Care Fund (BCF), separating it from the NHS mandate setting process. Making

[7] Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)

it easier for the Secretary of State to direct NHS England on specific public health functions and set requirements in relation to things like hospital food. Finally establishing Health Services Safety Investigations Body (HSSIB) ad statutory medical examiner system.

Diagnostics: Recovery and Renewal (October 2020)

Professor Sir Mike Richards led the development of the report[8] proposing major expansion of diagnostic capacity. Without this expansion many of our commitments on cancer, heart disease, stroke, respiratory disease and other conditions along with reforms in same day emergency care and outpatient services will be jeopardised. The following key actions can be defined:

- Acute and elective diagnostics should be separated wherever possible to increase efficiency.
- Acute diagnostics (for A&E and inpatient care) should be improved so that patients who require CT scanning and ultrasound from A&E can be imaged without delay.
- Community diagnostic hubs should be established away from acute hospital sites.
- Diagnostic services should be organised so that as far as possible patients only have to attend once.
- Community phlebotomy services should be improved, so all patients can have blood samples taken close to home, at least six days a week, without needing to come to acute hospitals.
- Regional Pathology and Imaging networks should be established to reduce unwarranted variation, provide better quality and better value care and provide opportunities for people development.

National Maternity Review (February 2016)

The Better Births: Improving Outcomes of Maternity Services in England[9] sets out a vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly. It notes that providers will need to evolve the nature of the service offering, looking beyond the traditional boundary of the acute settings and into the community.

Commissioners and providers should work towards bringing services together in community hubs and providing continuity of carer for an increasing proportion of their community. This will require changes to workforce practices, and how services are designed and work with each other. The report envisages more births taking place in the community, i.e. in midwifery care and at home. As a result, there may be lower demand for obstetric services, which must nevertheless remain easily accessible to those who need them. Obstetric units will require appropriate local configuration to satisfy demands for safety as well as access.

In December 2020, **The Ockenden Review of maternity services at Shrewsbury and Telford NHS Trust**[10] made system-wide recommendations to improve maternity care. These included ensuring there is a non-executive with responsibility for ensuring women and family voices are represented at board level. It also made specific recommendations about staff training and working together, managing complex pregnancy and monitoring foetal wellbeing.

[8] https://www.england.nhs.uk/wp-content/uploads/2020/10/BM2025Pu-item-5-diagnostics-recovery-and-renewal.pdf
[9] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
[10] OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST (publishing.service.gov.uk)

Priorities in our Local and Regional System

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS)

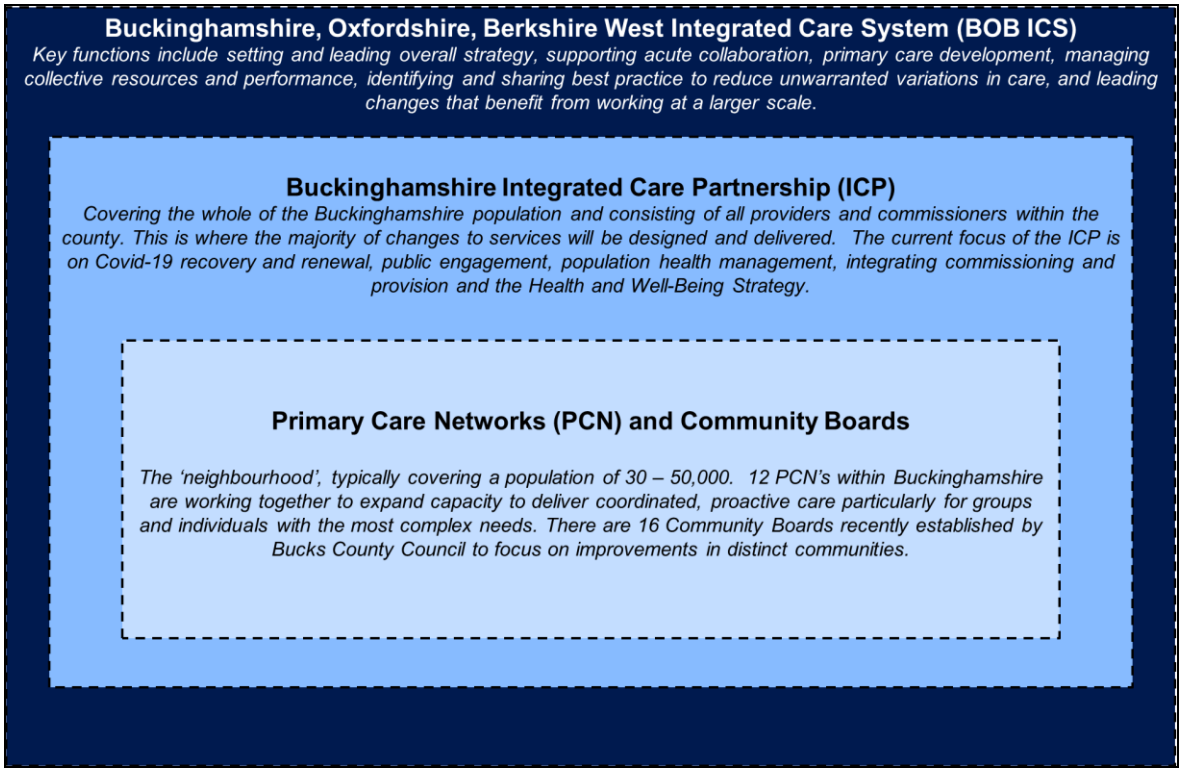


Figure 5: Defining the structures for integrated care.

The BOB ICS covers a population of approximately 1.8 million people, stretching from Banbury in the North to Wokingham/Riseley in the South, from Hungerford in the West to Amersham in the East. It comprises many NHS Trusts, Clinical Commissioning Groups (CCGs) and Local Authorities.

Increasingly the ICS will be an integral part of the NHS's strategic approach to integrating care that proposes to put ICSs on a statutory footing in the NHS Bill. Roles and responsibilities will be devolved from national and regional teams including responsibilities for commissioning services, financial management (including care budgets and capital plans). The White Paper recognises the important leadership role providers have with a new emphasis on at-scale provider collaboratives at system (ICS) and place level (ICP).

We are developing our strategy within the context of being a key part of the ICS and the ICP and our shared triple aim of improving patient outcomes, improving patient experience and achieving financial balance. Our strategy will align with the BOB ICS strategy, help to build momentum in integrated care and strengthen our links particularly with other providers, especially the tertiary centres. Our strategy will support major hospitals as trauma centres as well as specialist care centres as we develop a strong network of District General Hospitals.

Buckinghamshire Integrated Care Partnership (ICP)

The organisations responsible for most mental health, social care and physical health care services in Buckinghamshire have joined to create an Integrated Care Partnership (ICP). The health and social care partners are Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust,

FedBucks (a group of GP practices covering most of Buckinghamshire), Buckinghamshire Council and South Central Ambulance Service NHS Foundation Trust (SCAS).

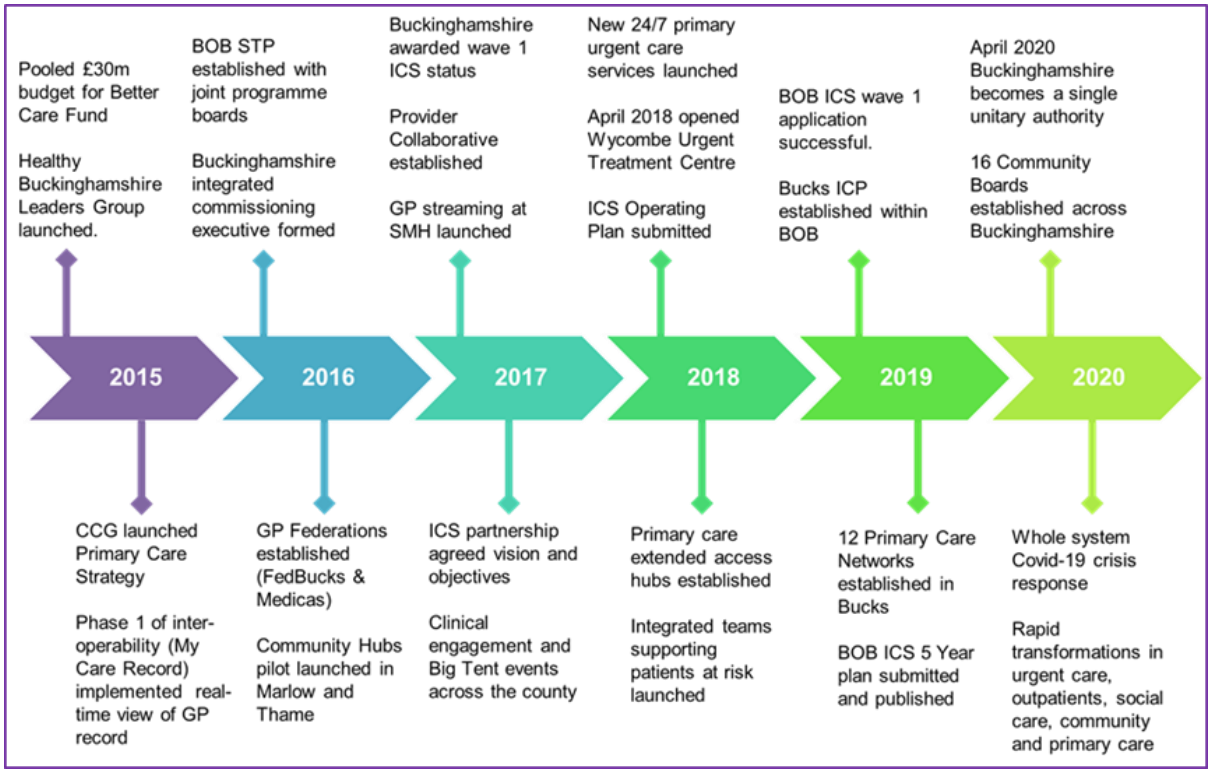


Figure 6: Buckinghamshire ICP - Our Journey So Far

We have a long history of working together. Between us we are responsible for buying and providing health and care services across the county. We have many of the ingredients to make integrated care a success – a single unitary council, a largely federated general practice, an integrated acute and community NHS Trust as well as strong partners in mental health and the ambulance service. Increasingly we will join our services, our people and expertise together to address some of the wider determinants of health, with an emphasis on prevention and reducing health inequalities. Our aims include:

- Greater support for frail people and people with long-term needs in their communities.
- If people need urgent help (and it is not an emergency) we will work together to help people get to the right place as close to home as possible.
- By working together with community organisations, community groups, patients and residents we hope to be able to do more to prevent illnesses.
- There will be benefits for people working in health and social care through improved collaboration and closer working making care easier and more efficient.

As an ICP we will build an NHS and social care fit for the 21st century. People will have the same high quality care wherever they are, and we will create safe, sustainable services to meet the changing needs of our rapidly growing population.

Community Boards and Primary Care Networks

The emergence of new structures in the community is helping us to develop stronger connections locally and find the most effective and efficient ways of delivering care close to people's homes.

Health and Care Centres	Primary Care Networks	GP Practice
North Buckinghamshire	North Bucks	The Swan Practice
		Whitchurch Surgery
		Norden House Surgery
		Waddesdon Surgery
		Ascroft Surgery
		Edlesborough Surgery
		Wing Surgery
Central Buckinghamshire	Maple	Oakfield Surgery
		Mandeville Surgery
		Poplar Grove Practice
	BMW	Berryfields Medical Centre
		Meadowcroft Surgery
		Whitehill Surgery
	Westongrove	Westongrove Partnership
	AV South	The Cross Keys Practice
		Haddenham Medical Centre
		Unity Health
East Buckinghamshire	Mid Chilterns	Amersham Health Centre
		The Practice Prospect
		John Hampden Surgery
		Rectory Meadow Surgery
		Hughenden Valley Surgery
	Chesham & Little Chalfont	Little Chalfont Surgery
		Gladstone Surgery
		The New Surgery
		Water Meadow Surgery
South Buckinghamshire	South Bucks PCN	Burnham Health Centre
		Southmead Surgery
		The Iver Medical Centre
		Threeways Surgery
		Denham Medical Centre
	Chalfonts	Calcot Medical Centre
		The Hall Practice
		The Misbourne Practice
West Buckinghamshire	Dashwood	Carrington House Surgery
		Stokenchurch Medical Centre
		Chiltern House Medical Centre
		Riverside Surgery
		Wye Valley Surgery
		Cressex Health Centre
	Cygnet	Kingswood Surgery
		Priory Surgery
		Desborough Surgery
		Tower House Surgery
	Arc	Cherrymead Surgery
		Bourne End & Wooburn Green MC
		Millbarn Medical Centre
		The Simpson Centre
		Highfield Surgery
		The Marlow Medical Group

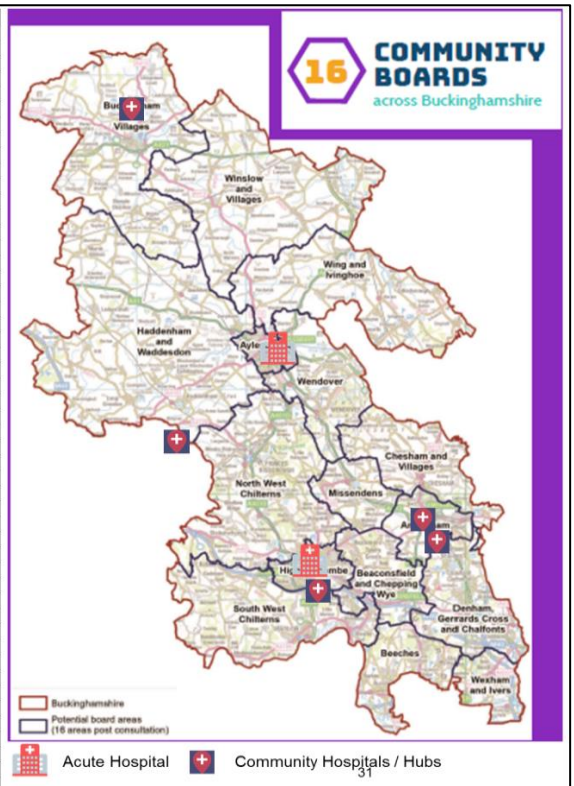


Figure 7: 12 Primary Care Networks and 16 Community Boards

Community Boards are a new way of bringing the council, groups, organisations and people together to look at local issues and find ways of improving them. As a community-led partnership Community Boards will:

- Influence how decisions are made and how services are delivered.
- Represent the voice of local people.
- Capture thoughts, ideas and suggestions.
- Bring together key community partners and residents.
- Identify local needs and work to produce creative solutions.

The Boards will use local data, intelligence and the views of people and partners in the community to identify key areas of focus and priorities. Already things like the local health and wellbeing profiles[11] have offered fantastic insights and resource for developing plans.

Another new local structure is the development of **Primary Care Networks (PCNs)**. They are a key building block of the NHS Long Term Plan. They are designed to bring general practices together to work at scale (between 30,000 and 50,000 population). A key role of these networks is to provide a wide range of services locally as well as make it easier to integrate with the wider health and care system.

PCNs are expected to deliver services set out in a national service specification that began in 2020/21 with structured medication reviews, enhanced health in care homes and early diagnosis of cancer. Anticipatory care (with community services), personalised care, cardiovascular disease case-finding and locally agreed action to tackle health inequalities are set to follow.

[11] http://www.healthandwellbeingbucks.org/local-profiles

Importantly for us networks will be the footprint around which integrated community-based care will develop. Community and mental health services as well as social care services and local community-based organisations will work together with often groups of PCNs to configure services that meet the needs of the populations they cover.

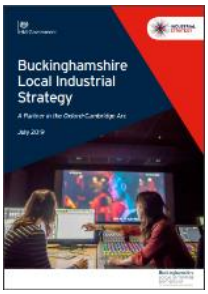
Health and Wellbeing Strategy[12]

The county's joint health and wellbeing strategy is currently being refreshed. The plan proposes three key priority areas for 2021-2023:

- **Start Well**: Focussing on improving the health and wellbeing outcomes of children and young people to ensure every child in Buckinghamshire has the best possible start in life.
- **Live Well**: Ensuring all residents have the choice and skills to live healthier lifestyles, greater connectivity with their local communities, live in resilient neighbourhoods and feel safe and protected.
- **Age Well**: With a projected increase in the proportion of older people in Buckinghamshire, this priority area has a focus on people entering older age with healthier lifestyles and providing the right support at the right time.

The health and wellbeing board plays a pivotal role and provides oversight and sets the strategic direction for delivery of improvements to the health and wellbeing of our local population in Buckinghamshire.

Buckinghamshire Local Industrial Strategy and Economic Growth



Buckinghamshire Thames Valley Local Enterprise Partnership (BTVLEP) has developed a local industrial strategy. The Buckinghamshire Local Industrial Strategy (LIS) sets out a programme of activity to ensure that the county can exploit Buckinghamshire's location at the centre of the Oxford to Cambridge Growth Corridor and as part of the London economic ecosystem region to maximize the contribution of economic assets to the national and local economies. We have a pivotal role in the economic recovery and growth in our region and delivering this strategy is central to our Local Growth Strategy. A key focus of the LIS is on Buckinghamshire's unique assets that underpin the Trust vision to revolutionise the delivery of health and care services. These assets are:

- The Stoke Mandeville National Spinal Injuries Centre.
- The Stoke Mandeville health and social care innovation centre.
- Buckinghamshire Health and Social Care Ventures (HSC Ventures[13]) that promotes enterprise and innovation in health and social care products and services.

Buckinghamshire Council

At the height of the COVID-19 pandemic, Buckinghamshire's local government structure underwent one of the most significant changes in its history. On 1 April, the five standing Councils were dissolved, and the new unitary authority of Buckinghamshire Council came into existence.

[12] http://www.healthandwellbeingbucks.org/health-and-wellbeing-board
[13] https://hscventures.co.uk/

The creation of a single authority enables the Council to take a broader view of the health and wellbeing of residents and link areas such housing, leisure and the environment to support healthier lives in the county.

SWOT Analysis

Below is a summary of the key elements of our SWOT[14] analysis of our external and internal environment.

Strengths	Weaknesses
• Integrated acute and community care provider. • Areas of international expertise and regional specialism e.g. national spinal injuries centre (NSIC), burns and plastics. • Research and innovation – an active research organisation in the top 10 of national research league tables with high levels of recruitment to research and studies. • Good partnerships and working relationships in Buckinghamshire, especially with ICP partners and charities. • CQC outstanding services including emergency department, outpatients, community, National Spinal Injuries Centre and end of life care. • Highly committed and skilled people. • Strong support and backing from patients, families and the communities.	• Old and poorly configured estate that makes meeting access standards and delivering financial sustainability very difficult. • Variable performance against constitutional access standards. • People shortages in some key professions and services. • Old estate with high levels of backlog maintenance (circa £200m) across Wycombe and Stoke Mandeville limiting our ability to safely and sustainably upgrade or modify current buildings. • Digital maturity. Aging IT equipment, networks and operating systems as well as some issues with interoperability. We have received significant funding in 2020 to begin to update our IT. • Operating a 'split site' acute hospital model with ICU, stroke and cardiac at Wycombe separate from Stoke Mandeville emergency services. This leads to some duplication, people challenges and inefficiencies.
Opportunities	**Threats**
• Good CQC rating (outstanding in caring) is a foundation to progress to outstanding overall. • Large employer with an engaged and committed people to lead changes and contribute to our role as an anchor institute. • Our role in the Local Industrial Strategy and Growth Board to contribute to growth and development in the region. • Recent investment in diagnostic capacity (MRI, CT scanners) and partners in pathology and imaging network to provide care and improve outcomes over a wider geography.	• Future pandemics and impact on people, clinical services and buildings. • Unable to separate emergency services and planned care services affecting our ability to deliver uninterrupted care. • Growing demand and increasing complexity of health care needs of our patients, especially elderly patients with frailty. • Rapidly growing population with significant additional housing planned over the next 10-15 years. • Uncertainties about the future workforce (including training and the impact of EU Exit).

[14] Strengths, Weaknesses, Opportunities, Threats

• The Paralympic legacy and heritage and links with Wheelpower[15] to facilitate the development of a centre of excellence for rehabilitation that incorporates sport. • Recent investment in IT improvements will give us a platform to improve patient access, new ways of delivering care, clinical and workflow applications and efficiency. • We know we can make our services more efficient based on benchmarking with other NHS trusts. • Closer working relationships with partners such as GPs and the Council to improve the health of the community • The emergence of new structures including Buckinghamshire Council, ICS and PCNs and Buckinghamshire's devolution bid.	• Further uncertainty and changes in the health and care system – including changes to commissioning. • Health inequalities and areas of deprivation. Buckinghamshire has large inequalities with people in deprived areas having shorter life expectancy. Complex transformation and partnership working are required to address wider determinants of health. • Financial sustainability. Prior to COVID-19 we had an underlying deficit of £30m. • Future payment and contracting mechanisms are unclear. • Capital funding and regulation to enable significant transformation over the coming 5-10 years in estates and IT.

Figure 8: Summary SWOT Analysis

[15] https://www.wheelpower.org.uk/

Section 2: Our Strategy 2021 – 2025

This section will:

- Confirm the Trust's mission, vision and values.
- Present the Trust's strategic priorities.
- Provide us with our strategic framework to guide our detailed planning.

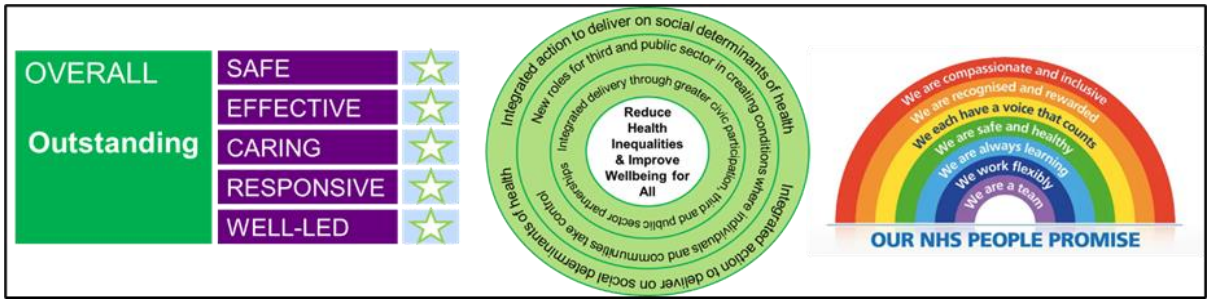


Figure 9: What good looks like.

Our Trust strategy was approved in 2016 and supported us on our journey to achieve a CQC rating of 'Good' in 2019 ('outstanding' in caring) and become one of the first wave integrated care systems in England. Our revised strategy needs to reflect how we have changed and how we will change in the future to meet the needs of populations we serve.

Our vision is **Outstanding Care, Healthy Communities and a Great Place to Work.** It encapsulates our aspirations to be outstanding and reduce health inequalities. It is clear about our focus on people. We are developing our compassionate culture that values diversity and inclusion, involves and enables everyone to be proud of the care we provide.

Our Strategic Framework

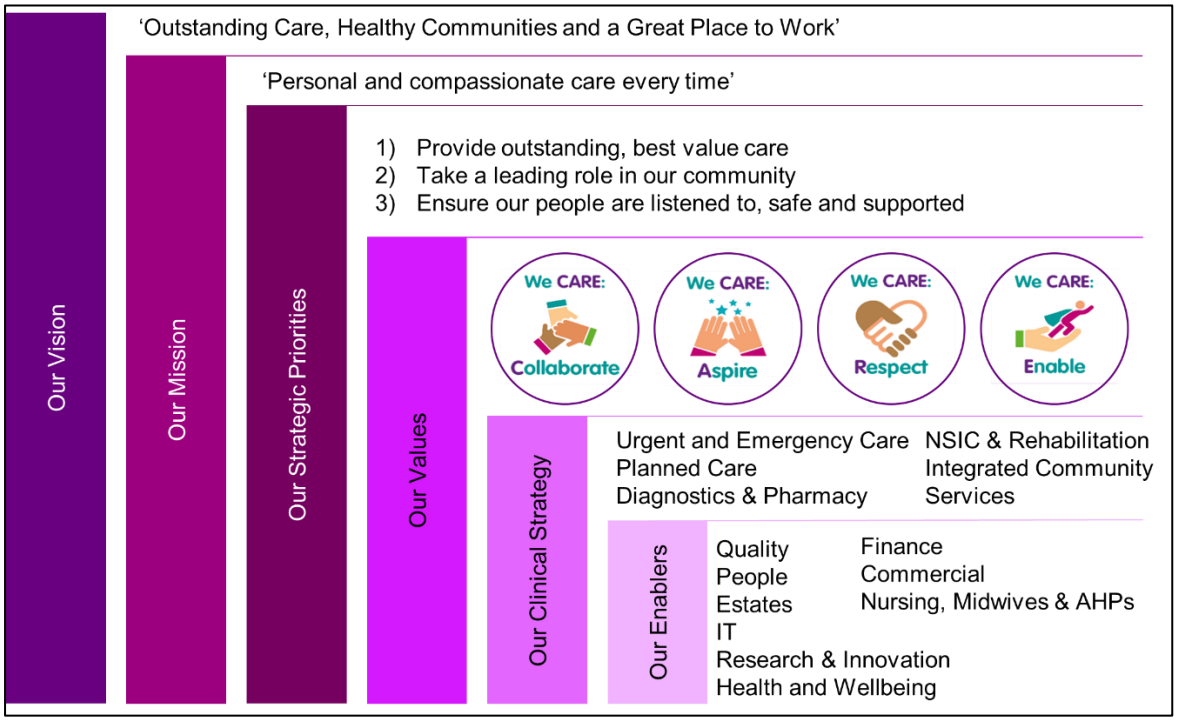


Figure 10: Strategic Framework

The strategic framework identifies how we will deliver our vision through our three strategic priorities. Each priority has joint executive leaders and high impact changes and strategies, around which we will plan, deliver and guide our decisions between now and 2025.

Figure 11: Summary of our strategic priorities and objectives

Engaging Our People and Co-design

During September and October 2020, we undertook an engagement exercise to gain insight about our mission and values. Over 300 people took part either with the online poll or focus groups (75% of participants were working in clinical roles).

Feedback suggested our mission statement resonates and is relevant. There were some suggestions of potential changes or things to consider as part of the strategy to make it more ambitious and reflect the changing context. While the CARE values are familiar the associated behaviours framework appears to be less well embedded and understood.

In November 2020 we agreed the following recommendations:

- Retain the current mission because it still resonates and remains relevant.
- Amend the mission statement and remove the word 'safe' because it was felt this is implicit in providing outstanding care. It was suggested to replace it with 'personal' as this speaks to the changing care context, patient choice and personalisation. The mission statement has therefore become **'Personal and compassionate care every time'**.
- Reference prevention, integration, innovation, collaboration (across place and system) within the Trust strategy.

Engaging our people is ongoing and fundamental to ensuring our plans are realistic, deliverable and sustainable. A great deal of this work will underpin the development and changes in our cultures. The next steps that will begin in 2021 are:

- Develop a new CARE values framework that identifies expectations at an individual and organisational level. This will involve removing negative behaviours and re-positioning the framework within the positive and psychologically safe environment we wish to create.
- Discuss whether we want to change the CARE value from 'Enable' to 'Empower'.
- Create a pact that forms the basis of a change in emphasis from a negative 'performance management' to a more positive 'performance motivation' culture.

Public Engagement and Co-design

Over the last few years Buckinghamshire ICP has undertaken engagement activities that relate to developing an integrated way of working. During the COVID-19 emergency we made changes in the interests of protecting the health of the population. If there are changes, we have made, or changes we are considering, that we would like to make permanently we need to engage the public.

Good communication and feedback from a diverse range of people alongside clinical perspectives will improve our understanding of the impacts of Covid-19 and the changes we have made. Each interaction is an opportunity to identify things we may not have considered and to work with people to make changes sustainable.

We are committed to getting better at reaching the people in our county we do not often reach, the people living in deprived areas or from minority groups who often have the worst health outcomes.

During August 2020 we launched phase 1 of a public engagement programme to ask people what they think about changes we have made, or are considering, in four key areas: virtual appointments, keeping people safe, integrated communities and health inequalities.

Phase 2 of the programme was designed to complement phase 1 and reach a more diverse range of people. We appointed Verve Communications as an independent expert to conduct twelve focus groups and twenty-four individual interviews. In total 83 people participated from specific groups such as carers, people living with disability, people living in deprived areas, people from Buckinghamshire's black or Asian minority ethnic groups, people from the LGBTQ+ community. The work took place between 25 November 2020 and 21 December 2020 while COVID restrictions were in place so focus groups and interviews were conducted online (using Zoom) or by telephone.

The following is a summary of findings:

- 2,818 responses to the online survey. Most respondents (72%) were women. 90% of respondents were white. The average age of respondents was 61 years and 44% were over 65.
- 2/3rd of people said they would like healthier lifestyles. There was great receptiveness to professional advice to help lose weight or improve mental health and wellbeing. Less for alcohol and smoking although still receptive. However, during focus groups people felt public health messages are likely to have less affect than changes in policy such as the smoking ban. They also felt more work with children and families would have a greater impact in reducing unhealthy behaviours.
- People were generally satisfied with digital (phone/video) appointments and would be willing to have similar appointments in the future (69%). This trend reduces with age. The main concern people have is that when a physical examination is needed, they would want to be seen in-person.
- 62% of people stated they would be willing to travel to neighbouring county for a planned hospital procedure if it meant they had a shorter wait. The main concerns for people were frequency (they would not want to do it often), the time it would take and lack of familiarity of the location. During phase 2 it became clear that concerns about public transport were considered the main barrier.
- People are generally satisfied with their experiences of urgent care services. Over half (55%) said they would be happy to book an urgent care appointment with 26% unsure and 19% said no. We need to clearly articulate the distinction between urgent and

emergency services. We also need to assure people about the clinical credibility of the system to get people to the right place and avoid long waits in hospital A&E.

- Community services are more difficult to interpret because of the relatively low response of people with experience of community hospitals (9%). However, from the responses 66% of people said they would prefer to recover at home than in hospital as long it is safe. During some conversations in phase 2 people expressed enthusiasm for the community hub model but also felt access to beds, particularly for step-up or step-down care, was important.

Main Conclusions

- Better communication is a consistent theme. Particularly people want clarity about access to appointments – whether by phone, online or in-person. People want clear, credible and consistent information about changes particularly for accessing appointments by phone or video, urgent care or changes to inpatient community services.
- It seems many people would be receptive to messaging and promotions about healthier lifestyle choices, especially around weight loss and mental wellbeing. People felt interventions that address the wider determinants of health e.g. housing, employment as well as support younger generations to prevent future illnesses would be effective. People also felt better targeting of more vulnerable populations such as those living in deprived areas would be a good idea.
- Work is needed to ensure patients understand when and why digital consultations and appointments are offered. It is important to clarify when people need a physical examination, they will be available. It is also important to bear in mind the different needs of people because of things like age, disability or English as a second language.
- Many people expressed willingness to travel on a one-time basis for treatment further from home. However, older people found this problematic, especially travelling on public transport. Future considerations should be given to setting clear criteria on appropriateness including frequency of visits, travel required and age appropriateness.
- Dissatisfaction with services tended to relate to waiting times and delays, it is possible that having a better system to direct people to appropriate care and care settings could reduce delays and improve satisfaction.
- There is scope for raising awareness about the distinction between emergency and urgent services. It will also be important to provide information about NHS111 to provide clinical credibility and encourage service usage.
- When we consider changes to services such as A&E or community inpatient services people want clear and credible information. They require greater levels of understanding, evidence, credibility and assurance that changes will be safe and access with be fair.

All this activity provides vital information for our strategy and lays a strong foundation for involvement and engagement in the future.

Section 3: Our Clinical Strategy

This section will:

- Set out how we will achieve our vision, priorities and objectives through delivering our clinical strategy.
- Summarise the high-level impacts and changes that will be delivered in the coming 3-5 years.

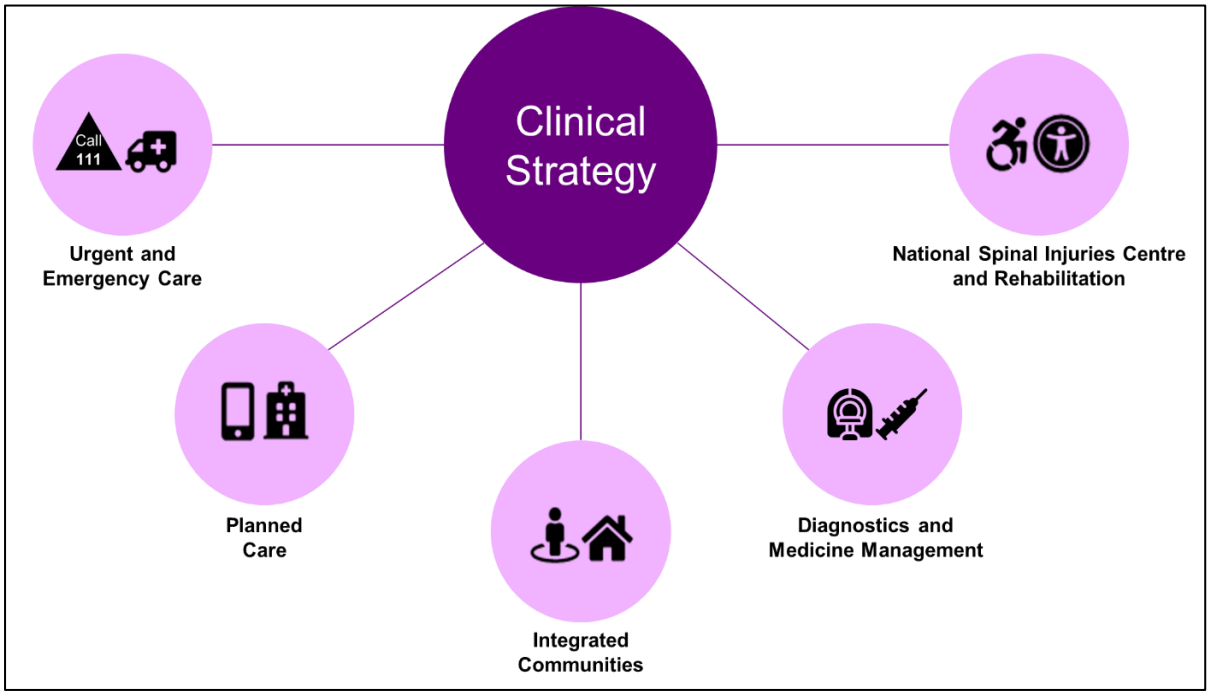


Figure 12: Five themes of our clinical strategy

In November 2019 we held a Clinical Leadership Workshop where the five themes of our clinical strategy emerged. Prior to the COVID-19 response we held further engagement events in December 2019 and January 2020 as part of the process of developing options and priorities set out below.

Our strategy must prepare us for future pandemics and enable us to deliver outstanding integrated care with greater guarantees of infection prevention and control. It must enable us to be financially sustainable by reducing the inefficiencies of delivering critical care from old estate across two sites and tackle our £200m backlog maintenance.

Our current acute hospital services are split between Stoke Mandeville and Wycombe with the emergency department at Stoke Mandeville and cardiac and stroke services at Wycombe. Critical care services are provided across both sites which presents operational and financial challenges managing medical and nursing rotas.

The COVID-19 crisis has highlighted the challenges of trying to separate patients into so-called ‘green’ and ‘red’ zones. There is a stronger case than ever for separating planned and unplanned care services. It has underlined the risks of hospital acquired infection in overcrowded departments and impacted our ability to continue to deliver essential planned care services alongside emergency services.

We can strengthen emergency care services and deliver them on a single site to reduce duplication and improve quality with higher volumes of activity at the same time making it easier for blue light services.

Separating emergency services from elective services will provide us with a greater chance of delivering planned care without the intrusion of emergency demand. A focus on elective care will be highly productive with rapid accurate testing, low bed occupancy and good theatre utilisation. It will be reliable and there will be fewer cancellations. Developing an elective care centre will deliver high volume expert care and achieve outstanding outcomes alongside a cancer care centre and regional diagnostics hub to improve outcomes in cancer.

Key Principles for our Clinical Strategy

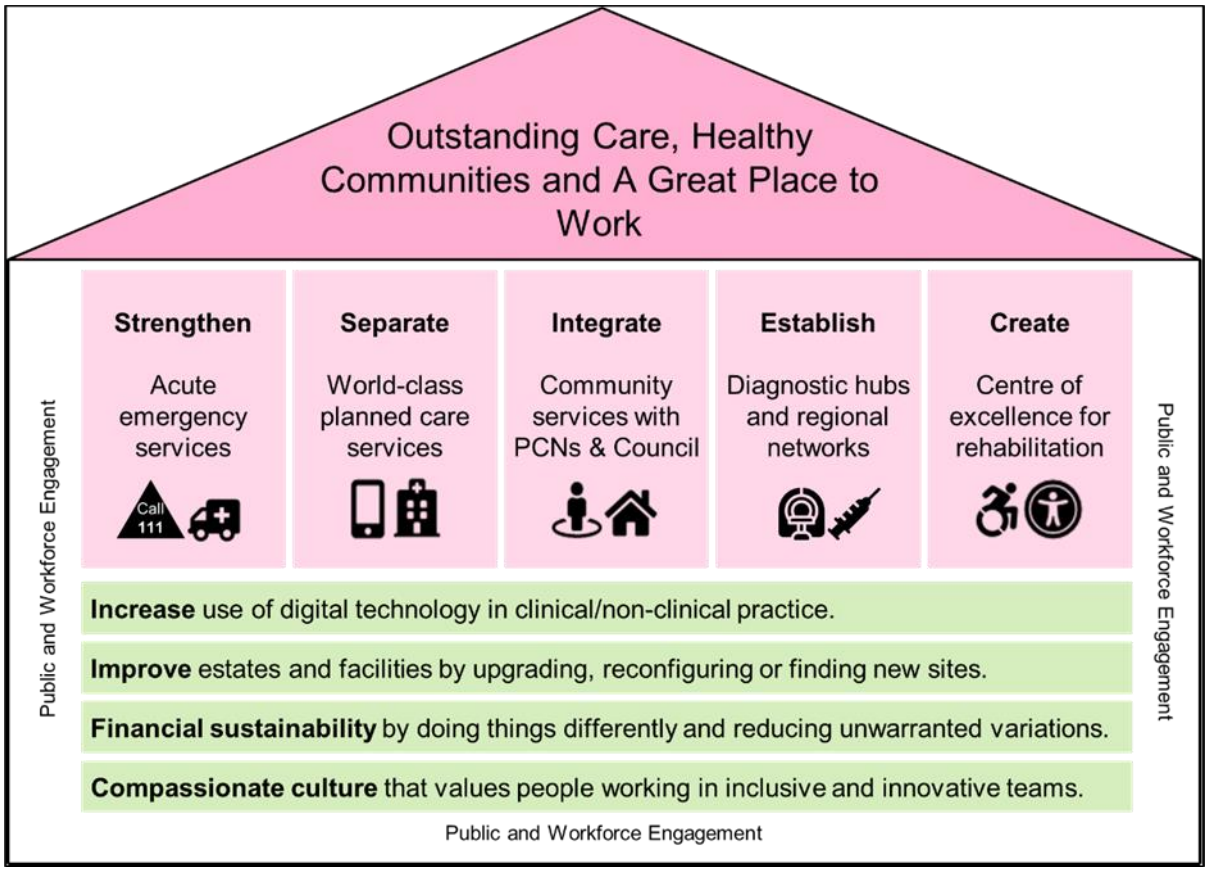


Figure 13: Key principles of our clinical strategy

- **Strengthen** emergency services (theatres, intensive care, and emergency department, stroke, cardiac and maternity) and deliver them together on a single acute hospital site.
- **Establish** a world-class planned care centre including cancer services and robotic surgery, separate from emergency services.
- **Integrate** community care with Buckinghamshire Council and Primary Care Networks (PCNs).
- **Create** a centre of excellence for rehabilitation at Stoke Mandeville and potentially other centres to support regional or national networks such as cancer.
- **Create** diagnostics hubs and pathology and imaging networks with other providers to support clinical services and improve outcomes in cancer.
- **Increase** digital (phone, video or app) outpatient follow-up care and the use of NHS111 for urgent care so we can provide ‘Care Anywhere’.
- **Improve** our estate either by updating and reconfiguring existing hospitals or identifying new sites and locations for some or all services.

- **Financial sustainability** by investing in change, doing different things, addressing inefficiencies and unwarranted variation and adopting new technologies.
- **Public and workforce engagement is** fundamental to the successful development and delivery of our services.

Throughout 2021 we will work with our clinical teams and health planners to design and develop detailed strategic plans including:

- Clinical priorities and objectives.
- Capacity and demand planning, due diligence and benchmarking.
- Consideration of new ways of working and future requirements (e.g. the impact of increasing digital care provision).
- Schedules of accommodation considering future requirements.
- Clinical and patient pathways.
- Consideration and development of operational policies.

Theme 1: Urgent and Emergency Care

Emergency Care Services provide treatment for life-threatening conditions e.g. chest pains or a serious road accident. Most people will need an ambulance to take them to the emergency department.

Urgent Care Services offer advice and treatment for accidents, minor illnesses or injuries that require urgent attention but are not life-threatening. Services include NHS111 either by phone or online and may direct you to a Clinical Assessment Service (CAS), pharmacy, 24/7 GP appointments or an Urgent Treatment Centre.

Urgent and emergency care services perform a critical role in keeping the population healthy. The NHS responds to more than 110 million urgent calls or visits every year, at Stoke Mandeville Hospital's Emergency Department (ED) alone there are on average 8,000 attendances every month.

Urgent and Emergency Care Transformation

Our vision is to work with our partners to provide highly responsive urgent care services close to home. For more serious or life-threatening emergency care needs we will offer centralised care with the very best expertise, from the best facilities to maximise the chances of survival and a good recovery. Translating this vision into reality will mean:

At BOB ICS Level:

Trauma Network

People who suffer serious injury (known as major trauma) need the highest quality specialist care to give them the best chances of survival and recovery. We will continue to develop as one of five major trauma networks in the south of England. This means working closely with Oxford University Hospitals NHS FT (OUHFT) as our Major Trauma Centre (MTC) for treating the most seriously injured patients while we are responsible for treating people with less serious injuries. We will also ensure early access to our world class rehabilitation that supports people to reach their maximum potential after a traumatic event.

NHS 111

From our engagement programmes we have learnt people want clarity about the different services available and how to access them. We will work together with our ICS partners to increase awareness and improve people's understanding and trust of the NHS 111 system.

We will work with South Central Ambulance Service (SCAS) to use their clinical and logistics expertise to ensure people with emergency needs get to hospital as quickly as possible. We will encourage people to use NHS 111 by phone or online and we will direct them to the right service first time.

Mental Health Crisis Response

We are working in partnership with Oxford Health NHS Foundation Trust to include effective urgent care responses for people with mental health needs including psychiatric in-reach and liaison (PIRLS) in the emergency department, home crisis treatment, crisis cafes and street triage in the community. We will integrate with NHS111, our Urgent Treatment Centre and emergency department for children, young people and adults.
At Buckinghamshire ICP Level:

Countywide Urgent Care

We will transform the current countywide urgent care services with South Central Ambulance Service (SCAS) and Primary Care Networks (PCNs) to ensure there is good access to local urgent care 24/7 to support people at home and avoid unnecessary hospital attendances.

We will promote the range of 24/7 urgent care services accessible via NHS111 which can refer directly to Urgent Treatment Centres (at Wycombe), general practice, A&E and community services such as pharmacists. Everything we do will ensure an integrated, responsive healthcare service that helps people stay well at home and receive preventative or primary treatment before it becomes an emergency.

Integrated Communities

Community and primary care services will work together with social care services provided by Buckinghamshire Council to ensure we have an integrated, responsive service that helps people stay well at home for as long as possible. We will work with communities to identify the most vulnerable people, promote health and well-being and over time prevent the progression of illnesses. We will build a better future for all children and young people whatever their starting point.

We recognise the system is complicated. It can be difficult for people to navigate and can result in frustration, duplication and confusion. Our aim is to work together to simplify the system, make it easier for people to get the care they need. We will integrate services such as our Rapid Response and Intermediate Care (RRIC) with Buckinghamshire Council's Reablement to deliver better outcomes for people.

Our principle of 'home first' will do everything we can to provide support and care (medical and social) to help people get home safely and quickly after a hospital stay. This will benefit people with complex needs, people living with frailty and people who have urgent care needs.

Patient Flow

We will continue to focus our efforts to reduce the length of time people stay in hospital. We will work with our ICP partners, especially adult social care, to facilitate rapid, safe discharges from hospital with the right level of support and care available. We will support

care homes to ensure we provide access to advice and guidance and support when it is needed.

Same Day Emergency Care

Children's acute care is a strategic priority. Demand has increased and is expected to continue to increase as the population grows in the coming years.

To support children getting the best start in life we will establish and strengthen our acute paediatric care with a new unit at Stoke Mandeville. The existing space used by children's acute services will be released and act as a key enabler for wider improvements in adult emergency care. The benefits for children's services will include ending overcrowding, reductions in inpatient admissions and overnight stays for children and improved quality of care within a dedicated children's unit.

We will also maximise the number of patients treated without being admitted to hospital overnight at our Same Day Emergency Care (SDEC). This will be a core part of our frailty pathway and result in better experiences for patients as well as reduce pressure on inpatient beds.

At BHT Level:

Strengthen Emergency Services

Whilst, in the short term we can make adaptations to our estate to meet the growing needs of our population. In the longer-term we need to reconfigure services and estate to deliver all our acute emergency services from a single hospital site (including theatres, ICU, A&E, stroke, cardiac and maternity services).

Theme 2: Planned Care

Planned care is the name we give routine services with planned appointments or interventions in hospitals and community settings and generally follow a referral from a GP. This includes specialities such as ophthalmology, orthopaedics, endoscopy and dermatology and includes our cancer services.

Our vision for planned care services is to use technology to deliver outpatient care that is convenient and only ask people to come to hospital when they need to see an expert. We will work with other planned care providers to perform procedures that deliver the best outcomes in a timely way. Translating this vision into reality will mean:

Almost 4.5 million people in England are waiting for hospital care – the highest number on record – and in theory should be treated within 18 weeks. But widespread disruption to non-COVID care means waiting times have increased and the number of people forced to wait more than a year for treatment has soared from 1,398 to 192,169 in a year.

In Buckinghamshire, there are over 30,000 people (February 2021) on our waiting for care. By the summer of 2021 we anticipate people waiting over 52 weeks to reach over 10,000 before gradually reducing. It will take time to return to normal service. It is important we give people time to recover physically and emotionally – the welfare of our people is critical to ongoing patient care.

At BOB ICS Level:

Delivering Planned Care

Many services especially in the area of cancer require close collaboration with other hospitals such as Oxford University Hospitals NHS FT (OUHFT) and primary care. We are committed to working with other hospitals to deliver planned care services that are robust and responsive, improving outcomes and efficiency for the populations we serve. We will work with others in the Thames Valley Cancer Alliance to link early diagnosis with timely planned care that improves the outcomes and experiences for people affected by cancer.

Greater co-ordination between us across the larger geography will:

- Develop better quality and more sustainable services.
- Reduce unwarranted variation in clinical practices and outcomes.
- Reduce health inequalities, with fair and equal access across sites.
- Improve workforce planning.
- Improve the use of resources, including clinical support, facilities and equipment and corporate services.

Across the region we will continue to transform maternity care as part of our Local Maternity System transformation, embedding things like continuity of carer in maternity services and contributing to giving children the best start in life.

We will work together to deliver planned surgery in specialties such as orthopaedics and ophthalmology that complement existing local services and deliver the best value care. We will be able to manage demand and capacity across BOB ICS and reduce inequalities for example in some areas waiting times for certain surgery is higher than in others. Working with regional partners and the GIRFT teams to prioritise elective recovery in high volume, low complexity areas. We will focus on driving equity of access and excellent clinical outcomes for the population through greater standardisation of pathways, adoption of best practice, fast track surgical hubs and agree principles for working across clinical and operation groups. We will invest in the most up-to-date technologies such as surgical robots and diagnostics to improve outcomes, especially for people living with major illnesses such as cancer.

At Buckinghamshire ICP Level:

Improving Outpatients

After general practice, outpatient clinics account for the largest number of patient contacts with the NHS each year. Nationally, around two-thirds of all appointments are follow-ups booked in outpatient departments. In 2017/18 only around 3% of outpatient appointments were carried out by telephone. Such consultations not only have a much lower rate of non-attendance, 8% compared to over 22%, but reduce travel time and levels of pollution[16].

The NHS Long Term Plan clearly sets a vision to 'redesign services so that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatient visits'. In BHT alone during 2019/20 there were over 510,000 outpatient contacts. Our Improving Outpatients Programme has three goals:

- **Increase 'Virtual' Outpatient Consultations** by 30% by 2023. The COVID-19 crisis rapidly accelerated our plans to implement telephone and video consultations to the point

[16] Outpatients: Snapshot of a year, Nuffield Trust, https://www.nuffieldtrust.org.uk/files/2019-07/outpatients/v2/#1

where they are now our default option. The main benefits of this are to the people using outpatient services – avoiding the inconvenience and stress caused by taking extra time out, travelling to often crowded hospitals either by public transport or car can cause.

It is important to note that for some conditions and some specialties where physical examinations and diagnostic tests are required an 'in-person' service will be available. Over the course of the coming 12 months we will evaluate our current outpatient programme, listen to what people tell us and develop pathways that meet the needs of people using our services and the clinical teams delivering them.

- **Managing the Demand for Outpatient Services** by offering advice and guidance and Referral Assessment Services (RAS) to make sure more people get to the right place first time for specialist care. We will introduce patient initiated follow-ups so people will only be followed-up by exception when clinical guidelines allow patients to initiate a follow-up if there is a flare-up of their condition. Technology offers opportunities to provide information and education for patients as well as remote monitoring and alerts that anticipate the need for more specialist input.

- **Increase Outpatient Efficiency** by improving our internal processes. Incremental changes will ensure we are making the best use of technology (e.g. artificial intelligence, automation, and machine-learning decision-support), our estate and valuing people's time so that none is wasted.

At BHT Level:

Separate Emergency and Planned Care

In the long run, aligned with the NHS Long Term Plan and our estates strategy we want to establish a world class planned care centre with clear separation from emergency care services. This will require some service reconfiguration and significant changes to our estate. It will enable us to run efficient surgical services and protect capacity to reduce the risk of operations being postponed if more urgent cases come in or in future pandemics.

Theme 3: Integrated Communities

Community services are provided by NHS, social services or the voluntary sector. They are designed to help local people and improve health and wellbeing in the community. People working in community services include nurses such as district nurses taking care of the elderly, therapists such as physiotherapy, charity groups, social workers and care providers.

In recent years we have seen:

- Costs increase to care for more older people and people living with disability and long-term conditions at home.
- Demand increase for GP and community services with emergency admissions to hospitals growing.
- Delays returning home after a hospital stay often leading to poor patient experiences.

There are lots of people and different organisations involved in providing care for people living with long term conditions or disability. It is often complicated for people and their families. We will make it easier by joining services up and find better ways of delivering care.

We will integrate our community teams with those provided by Buckinghamshire Council to support people to live long, healthy lives at home. We will access joined up information to understand communities, to address the wider determinants of health e.g. housing, education, and employment and reduce health inequalities.

Our vision is to simplify the health and social care system and support people to live long, independent and healthy lives at home. When people need support, you will get it from the right person, at the right place and at the right time. Translating this vision into reality will mean:

At Buckinghamshire ICP Level:

Getting the Best Start in Life

Our aim for children in Buckinghamshire is to build a better future for all children and young people so they realise their potential, whatever their starting point. Our strength is the way we work together whether in education, mental health, physical health like health visiting and school nurses we are all committed to providing high quality services that give children and young people the best possible chances in life. Working in partnership with schools, community and voluntary sector organisations we will increase the number of children and young people accessing mental health services and support the development of Mental Health Support Teams in schools.

Our work focusses on:

1. Keeping children and young people safe.
2. Supporting children, young people, parents and carers to overcome their challenges.
3. Improving children and young people's health and wellbeing.
4. Reducing health inequalities and providing opportunities for children and young people to meet their full potential.

Ageing Well

Frailty is a clinically recognisable state of increased vulnerability resulting from age-associated decline in function across multiple physiological systems such that the ability to cope with every day or acute stressors is compromised. It is often, but not always, associated with the presence of multi-morbidity[17].

Nationally there has been a steady increase in the volume of patients aged over 75 years who are admitted with one or more of frailty groups. We have seen a similar increasing trend and observe a peak in frailty patients at around 84. In-line with the national average more female spells of frailty are reported.

We think more joined up services close to people's homes is the best kind of community care. We will work with colleagues in Buckinghamshire Council as well as Primary Care Networks and other providers (e.g. for mental health) to deliver integrated service including:

- Integrated Reablement and Rapid Response and Intermediate Care (RRIC).
- Social Prescribing.
- Rapid Response Teams.
- Community Nursing.
- Social Work Teams.

[17] Frailty in Older People. Lancet. 2013 March 2; 381 (9868): 752-762

There are three main priorities for our new service model to support frail people in the community:

1. Improve NHS care in Care Homes.
2. Identify and provide proactive support to old people living with frailty in the community.
3. Enhance rapid community response at times of crisis.

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan. GP practices are working together with local services to serve larger populations (approximately 50,000). This will mean bigger teams, longer opening hours and better access to well-organised care from the NHS, Council or voluntary sector. We will support care that improves access to social prescribers and integrated community services. Community teams will do everything they can to help people be independent at home. They will help people return home quickly and safely after a hospital stay. They will have a relationship with people with complex care needs at home or in care homes and spot the first signs of people becoming unwell helping people live independently. These teams will respond quickly in a crisis and improve care for people with multiple illnesses and complex needs.

We will work with PCNs to provide viable alternative services that can be delivered either by primary care, pharmacists, therapists or other community-based services directed by NHS111. This will reduce the need for people to make unnecessary visits to hospital Emergency Departments at Stoke Mandeville as well as surrounding areas.

Working with our partners we will embed an anticipatory model of care that is personal and planned and uses the Comprehensive Geriatric Assessment tool as its foundation. We will provide support in or close to people's homes and respond when people are acutely unwell. Our aim is to help people spend more time living healthy independent lives at home.

Prevention, Population Health Management and Reducing Health Inequalities

During recent public engagement most respondents said they would like to be healthier. As health and care providers we will strengthen our relationships with communities, do things that help people live healthier lives and remove the barriers to good health. However, as members of our community we want all of us to take as much responsibility as we can for our own health and the wellbeing of our families and friends.

We will work to understand the different patient groups, their needs and causes of ill health. We will identify people and populations that are most vulnerable and work as a system to reduce the risks of poor health. We will develop new interventions together to increasingly focus on reducing the burden of disease e.g. cardiovascular disease or cancer and prevention by making improvements in lifestyle, housing or the environment.

We are piloting ways of identifying particularly vulnerable populations living in deprived areas and working with voluntary sector[18] to improve outcomes in cancer and will expand this to other diseases such as respiratory. We will work with grassroots organisations in a culturally competent way to improve people's understanding, self-care and prevention, screening uptake, access to referrals (including 2 week waits) and reduce late presentation of diseases at emergency departments.

An Organisation Rooted in our Communities

[18] Help Us Help You – Improving Cancer Outcomes – Heart of Bucks: The community foundation for Buckinghamshire.

We are an Anchor Institute with deep roots and strong links in our communities. Through our size and scale, we can make a positive contribution to local areas in many ways beyond just providing health care. In the following ways we will take a leading role in making a difference to local people:

- Purchasing more locally and for social benefit. In England alone, the NHS spends £27bn every year on goods and services.
- Using buildings and spaces to support communities. We occupy many sites across Buckinghamshire on hundreds of hectares of land that can contribute in many ways to community wellbeing.
- Working more closely with local partners. We can learn from others, spread good ideas and model civic responsibility. We can also reach more people and understand what works for different communities to reduce inequality and improve health outcomes.
- Reducing our environmental impact. The NHS is responsible for 40% of the public sector's carbon footprint. We can purchase goods and services more sustainably, modify and upgrade our estate and change care pathways.
- Widening access to quality work. The NHS is the UK's biggest employer with 1.6 million people. In Buckinghamshire, along with our partners we can offer long fulfilling careers to people that benefit them and their families.

As an anchor institution we influence the health and wellbeing of communities simply by being here. By choosing to invest in and work with others locally and responsibly we can have an even greater impact on the wider factors that make us healthy.

At BHT Level:

Community Hubs

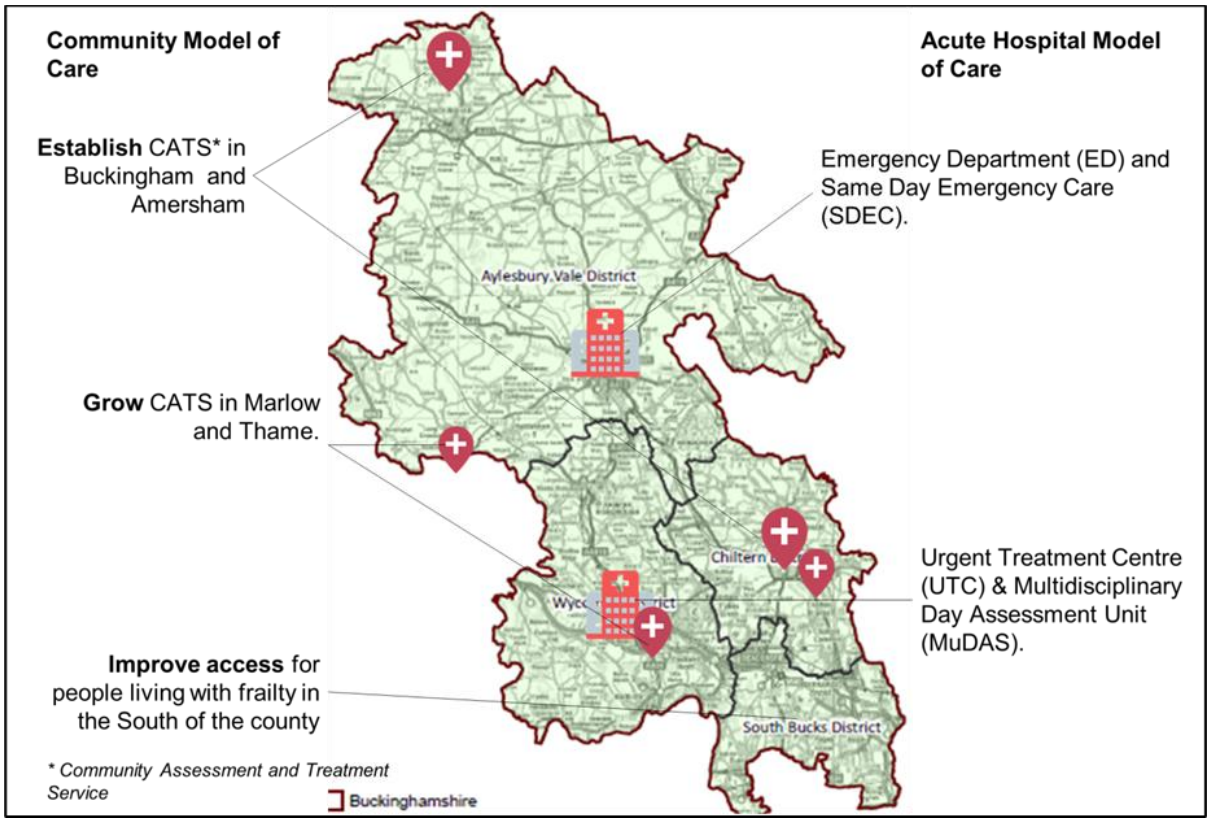


Figure 14: Map illustrating a blueprint for key NHS infrastructure for frailty strategy

In 2016, we temporarily reduced the number of beds in community hospitals in Marlow and Thame and more recently in Amersham. We established community hubs that offer new community services and community links. We tested new ways to meet local needs and make best use of the teams and funding available. Hospital doctors, nurses, therapists and GPs work together. They have access to tests (like blood tests and X-Ray) to treat people in the community. They established new teams of social workers, therapists, nurses and healthcare assistants to provide support for people in their homes and communities. Doing this they have avoided unneeded visits to hospital.

We will learn from the community hubs in Thame and Marlow and begin similar services in other areas. Frail, older people can be stuck in hospital beds where their muscles weaken, and they are at risk of infection. Reports from community hubs show more people were treated and returned home on the same day. Fewer than 1% of people seen in community hubs were sent to A&E. We have held meetings with people in Thame, Marlow and Amersham and community hubs are popular with people that use them. Supported by same day emergency care services they provide safe, effective and compassionate care without needing a hospital bed.

Theme 4: Diagnostics and Medicine Optimisation

Diagnostic and scientific services underpin all models of care and most clinical pathways (including critically cancer pathways). Diagnostic services include radiology (e.g. X-ray, ultrasound, CT scan and MRI), endoscopy (e.g. gastroscopy, colonoscopy), pathology and physiology services for specialties such as cardiac, respiratory and urodynamics.

Demand for all aspects of diagnostics was outstripping capacity even before the COVID-19 pandemic and is predicted to continue to rise year on year. This impacts on our ability to meet waiting time standards with a knock-on effect on elective care and cancer outcomes.

Without reform and expansion of our capacity we will find it increasingly challenging to meet our commitment to improving major health conditions especially in cancer as well as commitments to emergency and planned care. Collectively the changes described in this strategy will provide safe environments and convenience for patients and help save more lives from major illnesses including cancer, stroke, heart disease and respiratory disease.

Our vision for diagnostics is to have access to tests that can be performed close to home as well as central capacity for more complex testing. By working in networks and investing in digital technology we will be able to provide rapid test results that improve outcomes by contributing to early diagnosis and treatment. Translating this vision into reality will mean:

At BOB ICS level:

Diagnostic Centres and Hubs

Aligned with the emerging planned care strategy we will develop diagnostic centres at acute sites as well as diagnostic hubs in the community. The community diagnostic hubs will be able to offer essential diagnostics such as phlebotomy, point of care testing and simple scanning (e.g. ultrasound or X-ray) commonly used in primary care.

The diagnostic centres will provide more complex diagnostics essential for emergency care adjacent to emergency department as well as for planned care and fundamental to cancer pathways. We want to explore high volume diagnostic centres that can serve wider populations than Buckinghamshire, maximising our physical assets and technology and contributing to improving outcomes in major conditions such as cancer and stroke.

Diagnostic Imaging Networks and South 4 Pathology Partnership

Building on our experience working in other clinical networks such as Thames Valley Cancer Alliance we will establish collaborative pathology and imaging networks. These will deliver quality care and better value services for patients as well as opportunities for our people to develop their careers and increase their productivity. The footprint for our imaging network is based on patient flows for a range of conditions including cancer, stroke, major trauma, acute cardiology and maternity services.

Being part of an imaging network will support us to decouple image reporting from image acquisition and enable us to pool our available people and serve a larger population. High quality image acquisition will remain available locally for patients whilst digital technology will enable equity of access, faster turnaround and improved access to sub-specialty expertise. The modern digital infrastructure required to enable image sharing for reporting will also facilitate the rapid introduction of Artificial Intelligence (AI) and machine learning applications to improve clinical practice.

The South 4 Pathology Partnership (S4PP) consists of Oxford University Hospitals NHF Foundation Trust (OUHFT), Great Western Hospital NHS FT (GWH), Milton Keynes NHS Foundation Trust (MKFT) and BHT. We are committed to delivering cost effective, state of the art, standardised pathology services across our catchment area. We will focus on developing workforce models to improve resilience, introduce new technologies to enable greater interoperability between laboratories and processing efficiency.

The main benefits of working in these networks include:

- Improved sustainability and service resilience.
- Staffing consistency and flexibility the provide more opportunities for personal and professional development.
- Staff retention through flexible working and flexible retirement.
- Sharing and levelling of resources for staff and equipment.
- Economies of scale in procurement for both capital and outsourcing.
- Reducing unwarranted variation of pay and non-pay costs.
- Ensuring equal access for all patients, irrespective of geography.
- Locally acquired images and tests, with distributed reporting networks, which allows access to sub-specialty opinion irrespective of location.
- Shared capacity and management of imaging reporting backlogs to optimise reporting turnaround times.
- Management of outsourcing and insourcing in a planned and financially sustainable way.
- Maintaining high quality learning and training environments.
- A cohesive approach to quality improvement across the networks.

Delivering Our Endoscopy Strategy

We must increase our endoscopy capacity if we are going to consistently meet 18-week referral to treatment times, two-week wait cancer waiting times and six-week diagnostic waiting times, retain JAG[19] accreditation and achieve the best patient outcomes and experiences.

Demand consistently exceeds capacity and waiting lists were growing even before COVID-19 resulting in unacceptable numbers of patients waiting beyond 6 weeks for their procedure. During the last five years we have implemented many initiatives, such as 6 day

[19] Joint Advisory Group on GI Endoscopy JAG (thejag.org.uk)

working, new models of care and optimised room utilisation, enabling us to deliver a 40% increase in the number of patients seen.

As all NHS providers in the region are facing similar problems, we will work with our partners to explore the possibility of developing additional regional capacity either as a surveillance centre for low risk patients or mobile facilities.

Pharmacy and Medicines Optimisation

Our pharmacy department provides comprehensive medicine clinical support and supply services to Buckinghamshire patients. It is a 24/7 service with specialist and generalist services throughout the Trust. The department provides a range of services and support including for all patients in Buckinghamshire requiring a NOAC (new oral anti-coagulants), specialist cancer services including support in haematology, specialist spinal, rheumatology and antimicrobial pharmacists.

Pharmacy activity and costs are expected to continue to rise in-line with planned and unplanned growth as well as advances in drugs and technology. Outpatient increases of approximately 12%, growth in chemotherapy and aseptic items of approximately 17% and an anticipated increase in spending of 9% each year. Since 2018 we have introduced e-prescribing, developed a workforce model for community pharmacy and made savings using the Model Hospital benchmarking and switching to biosimilars.

We are taking a leading role in BOB ICS working with Chief Pharmacists from across the region to ensure everyone has the right medicine at the right time in the right place. The focus for pharmacy transformation will establish join leadership and governance, improve medicines safety and value, adopt digital technologies to optimise medicines and establish a sustainable and effective workforce.

Theme 5: National Spinal Injuries Centre and Rehabilitation

Stoke Mandeville National Spinal Injuries Centre (NSIC) is the birthplace of the Paralympic movement and the largest and most recognised spinal cord injury centre in the UK and beyond. At the heart of Buckinghamshire's Local Industrial Strategy is the contribution we can make to our region's economic growth and development. We will build on our heritage and develop a centre of excellence for rehabilitation with an international reputation for care, research and innovation. Translating this vision into reality will mean:

At national level:

Stoke Mandeville National Spinal Injuries Centre (NSIC)

Our strategic vision for NSIC vision is to enable people with spinal cord injury to reach their maximum potential. We have begun a transformation programme in the NSIC focussed on improvements in areas like patient flow, discharge pathways, early access, outpatients and outreach. We aim:

1. To provide outstanding rehabilitation at Stoke Mandeville Hospital for people with new spinal cord injuries. Developing strong links with major trauma centres such as OUHFT to ensure early intervention which is fundamental to achieving the best outcomes for people with spinal cord injuries.

2. To provide outstanding ongoing care for people who are living with spinal cord injury or readmitted to the NSIC. Links with community organisations and primary care as well as ongoing support for families and carers.
3. To be leaders in clinical practice, education, research and innovation. Strong partnerships with research organisations, charities and academic institutions.

The NSIC forms the foundation from which the rest of this strategic theme will be built.

Working with Wheelpower

Founded by Professor Sir Ludwig Guttmann, Stoke Mandeville Stadium was opened in 1969. Originally opened for use by disabled people, the centre is now the base for Wheelpower[20] – the national charity for wheelchair sport and a thriving community sports facility which has around 500,000 user visits annually. Approximately 50,000 of these are visits made by disabled people. It was redeveloped in 2003 following a major capital investment of £10.2 million.

WheelPower wants to significantly increase the number of disabled people leading active lives and are a key partner to deliver our vision for Stoke Mandeville as a centre of excellence for rehabilitation incorporating sport and physical activity.

Becoming a Centre of Excellence for Rehabilitation



Rehabilitation is the development, to the maximum degree possible, of an individual's function and/or role, mentally and physically, within their family and social networks and within education/training and the workplace where appropriate'. (NHS England: Improving Rehabilitation Services Programme (2016).

The long-term impact of COVID-19 remains largely unknown. It is estimated around 1 in 7 people testing positive for the virus have ongoing symptoms at 12 weeks. There is evidence that long-term adverse effects from COVID-19 can go on for much longer than 12 weeks and may disproportionately impact people from ethnic minority groups. Given the complex nature of people's needs we will work together with partners to provide ongoing rehabilitation to support people to make a full recovery.

Along with our long history of rehabilitation through the NSIC we also provide a number of rehabilitation services for people with conditions resulting from a disease of, or injury to the body's nervous system (i.e. the brain, spinal cord, and/or peripheral nerve connections. The primary services include our Community Head Injuries Service (CHIS), Community Neuro-rehabilitation Service (CNRU) and Buckinghamshire Neuro-rehabilitation Unit (BNRU). It also includes psychological services as an important part of a person's rehabilitation and links with our intermediate care teams (e.g. therapies).

[20] WheelPower | Transforming Disabled Lives Through Sport

These services are currently fragmented and managed across different divisions and from different locations. This inevitably leads to duplication or missed opportunities for teams to work together and deliver seamless care and experiences. We will bring these services together into a centre of excellence for rehabilitation at Stoke Mandeville with a single management, governance and accreditation structure.

Summary Critical Path for Clinical Strategy

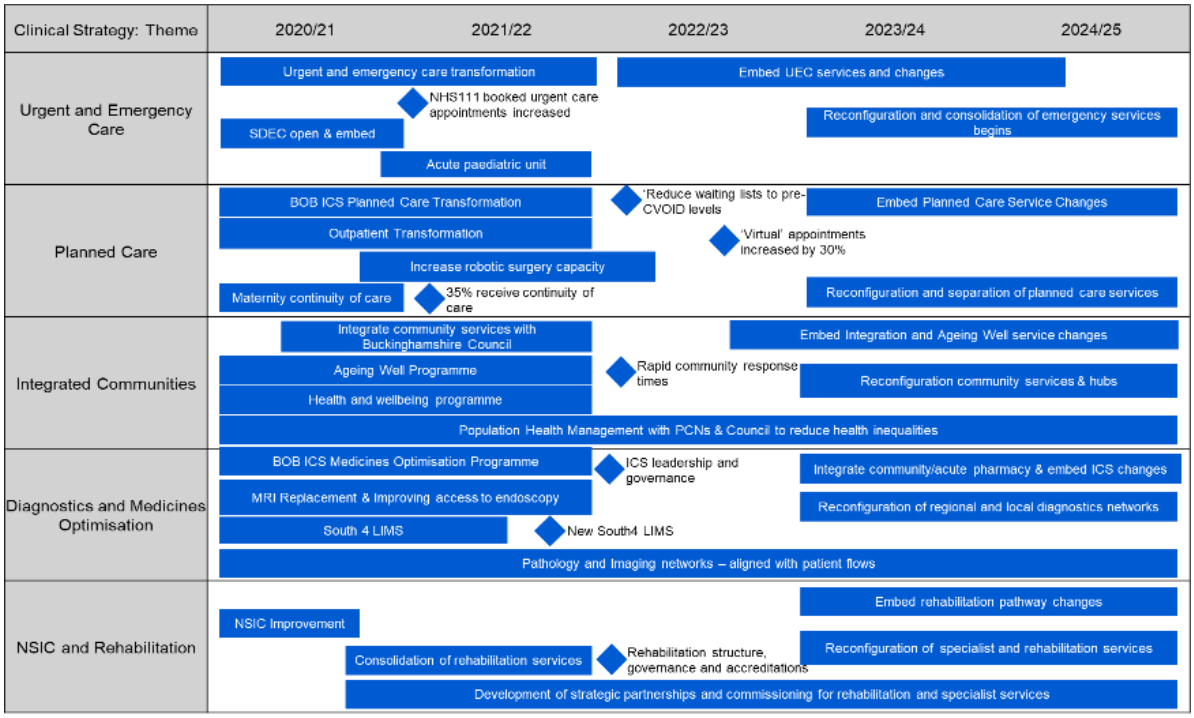


Figure 15: Summary critical path for clinical strategy

Section 4: Our Key Enabling Strategies

This section will:

- Describe our enabling strategies which are crucial in supporting the delivery of our clinical strategy and overall Trust plans.

To deliver our vision we need to change the way we work and use our resources in a different way. We are focussed on creating a compassionate culture, embedding behaviours linked to our values and improving how we listen to and work alongside communities.

We have a series of enabling strategies for people, estate, Information Technology (IT) and digital, finance and research and innovation. These strategies sit alongside our quality strategy that is being developed to describe our approach to improving quality, patient experience and safety, and incorporates key elements of our nursing, midwifery and Allied Health Professionals strategy.

People

Our people strategy sets out how we are building a great place to work and how we will ensure our people are listened to, safe and supported. The 2020 strategy considers our context and several factors that have impacted on us since March 2020 most notably, the COVID-19 pandemic and the NHS People Plan (July 2020).

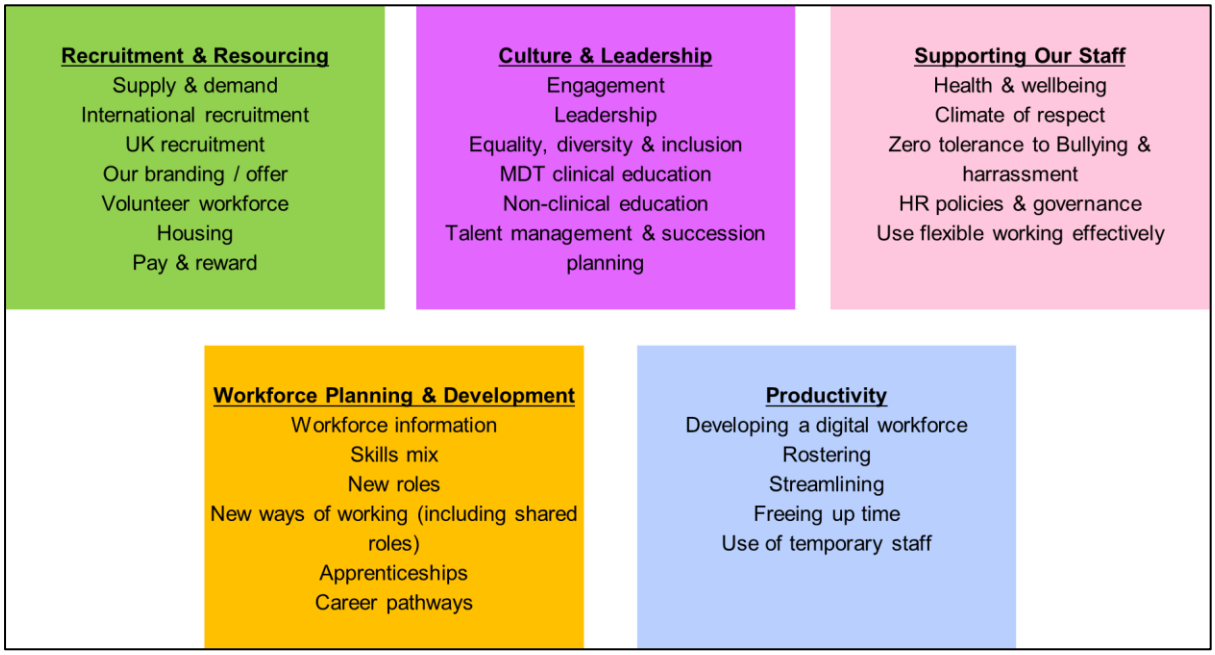


Figure 15: Our 5 People Priorities aligned with BOB ICS programme

COVID-19 has had a profound impact on our people – whether they are patient facing in the hospitals, working in the community or in people's homes or working non-patient facing roles. Sometimes when our focus is on caring for others, we forget to look after ourselves. All of us face challenges in our daily lives and we are committed to supporting everyone with psychological and physical wellbeing now and in the future. It has brought into sharp focus the inequalities in experience of Black, Asian and Minority Ethnic (BAME) colleagues at work and in society.

The NHS People plan sets out actions to support transformation across the whole NHS. It focusses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our people, train people and work together differently to deliver patient care.

Our own People Plan has been developed alongside the system plan so that work is delivered at scale that provides the most benefits.

Through the delivery of our people strategy we will build a sustainable workforce for the future that reflects the diversity of the population we serve and is safe and healthy. One that is skilled and works collaboratively across boundaries (professional and geographic) and develops and learns together in an environment where everyone feels they belong. We will tackle the risks of harm at work by having a compassionate culture and implementing policies, working practices and environments that promote harm-free work. Safe, healthy and happy people deliver outstanding care.

IT and Digital Transformation

There is remarkable potential for digital healthcare technologies to improve accuracy of diagnoses and treatments, the efficiency of care, and workflow for healthcare professionals. Patients who are willing and able to take greater charge of their care using digital tools and algorithms will be empowered. There is the potential for a marked improvement in the patient-clinician relationship. The new medicine we envisage will require education and training of our people and the public. A cultivation of a cross-disciplinary approach that includes data scientists, computer scientists, engineers, bioinformaticians in addition to the traditional mix of pharmacists, nurses and doctors.

Many aspects of care are shifting closer to people's homes while more specialised care is centralised into national or regional centres. We are moving towards a less paternalistic relationship between patients and clinicians. Digital healthcare is speeding this process up – empowering people to be more informed about their care and allowing us to work together to make treatment decisions. With supported self-help we hope more people will be able to take control of their health and wellbeing and manage their own conditions with minimal disruption to their lives.

Genomics is enabling more accurate diagnoses of a broad range of diseases and allowing people to know the likelihood of developing them. **Digital medicine** such as telemedicine like telephone triage via NHS 111, phone and video consultations and smartphone apps are helping people to self-manage, liaise with clinical teams and order repeat prescriptions. Remote monitoring is changing the way care is delivered. Almost 90% of the population

regularly use the internet although, until recently, only small numbers had registered for online services with their GP.

Using **AI-based technologies** (artificial intelligence), automated image interpretation and machine learning will lead to faster diagnosis. While technologies like speech recognition are freeing up people's time to deliver care. These advances in healthcare technologies along with a greater focus on prevention, health and wellbeing will bring major improvements in health outcomes. However, it is critical we are prepared to adopt these technologies in a spirit of equality and fairness and a focus must be given to vulnerable and marginalised groups.

The recent capital investment in excess of £17m has provided us with the opportunity to begin to deliver some of the benefits linked with our improved capability.

Our strategy to promote digital ways of working is not simply digitising traditional ways of working on paper. It is about enhancing our working practices with new workflows, connecting and presenting information once and adding value wherever possible. This will apply across the ICP and the ICS as we connect with partners and peers working in acute and tertiary hospitals such as in imaging, diagnostic data or other elements of the record of care that may have been delivered elsewhere can be seamlessly integrated and presented to clinical teams.

IT and digital advances are having a dramatic impact on the way we deliver care and will contribute to improvements in the quality of services we provide. Already clinical teams have been enabled to deliver significantly more care by phone, video or app as well as remotely in the community. We have enabled our corporate support services to work anywhere reducing the reliance of valuable office space, car parking and travel. The digital revolution has the potential to make a huge contribution to the NHS being carbon neutral and reverse some of the negative health and social care costs of climate change.

Our technology aim is to provide secure, shared access to a single source of electronic patient record across all systems supporting health and care. This will create a safe, more efficient system, improve patient outcomes and support integrated care. This will enable clinicians to have access to a patient's care record at any point on the care pathway, from GP appointment to urgent and emergency situations in hospital.

We will use automation technologies to simplify repetitive processes and adopt AI and analytics to support our clinical decisions and processes. We aim to work as a system to triage and direct people to the right point of care in a timely, efficient and effective way. Technology has the potential to not only improve access to healthcare but redefine and reform how patient flow is managed. We will simplify access for patients and enable health and social care professionals to allocate resources more efficiently, making it possible to provide a better service with less resources.

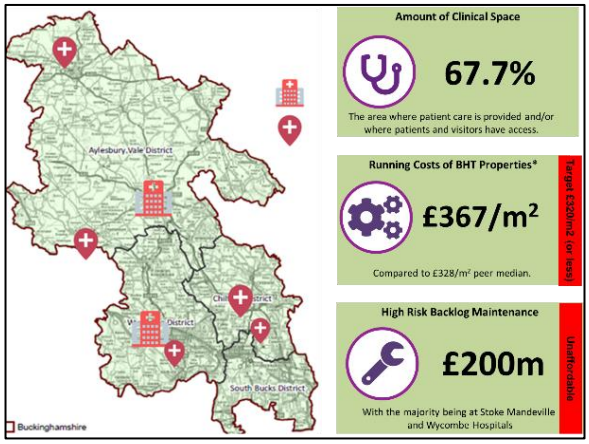
Estates

Our current acute hospital services are split between Stoke Mandeville and Wycombe with the emergency department at Stoke Mandeville and cardiac and stroke services at Wycombe. Much of the estate is old and in poor condition with circa £200m backlog maintenance requirements. The future of our estate and its configuration is driven by our clinical strategy. Investment in changing the estate to meet the needs of the future, to enable us to respond safely to future pandemics and become sustainable is fundamental to our success.

We deliver our services from a range of facilities including:

- Different community settings – Brookside, health centres, GP surgeries, schools and patients' own homes.
- Three community hospitals in Amersham, Buckingham and Chalfont & Gerrard's Cross.
- Two community hubs being piloted at Thame and Marlow.
- Two acute hospitals located in the two most densely populated areas of the county – Stoke Mandeville in Aylesbury and High Wycombe.

Our estate consists of buildings spanning old Victorian buildings (in the community) to more modern Private Finance Initiative (PFI) buildings at Amersham, Wycombe and Stoke Mandeville.



There are limited opportunities for new development, without demolition of existing buildings or removal of car parking. While the more recent buildings are designed to modern standards and provide efficient clinical accommodation the older buildings are not and there is in excess of £100m in backlog maintenance.

Our estates strategy was approved at the beginning of 2020 and sets out the following priorities:

Any proposed changes are subject to appropriate patient and resident engagement and involvement

- To enable the delivery of new models of care and meeting the changing and growing needs of the population.
- To develop modern, flagship buildings and centres of excellence such as the Centre of Excellence for Rehabilitation at Stoke Mandeville and diagnostic centres and hubs.
- To have estates and facilities that are in-line with a CQC outstanding organisation, a great place to work and for patients to receive care.
- To have overhead costs below the national average.
- To have buildings that are energy efficient and environmental (carbon neutral) sites.
- To bring backlog maintenance costs under control.

We have begun developing a strategic outline case for Stoke Mandeville and Wycombe Hospitals that will have knock-on effects for all our other estates including our community facilities. We have three main options to consider and raise capital funding:

1. Adapt existing acute hospital sites (at Wycombe and Stoke Mandeville) to strengthen emergency services and separate planned care.
2. Identify a new site and build a new hospital for only emergency acute care.
3. Identify a new site and build a new hospital for both emergency and planned care (this would need to provide separation of ‘hot’ and ‘cold’ services).

This is a major undertaking and we are putting in-place governance and programme structures (see section 5) to ensure we comply with our regulatory and legal responsibilities.

Finance

Improving financial management to deliver better value for money

Our financial sustainability depends on the delivery of our strategy. Delivering this strategy will address the challenges we face trying to deliver care from old estate and meet access and quality standards. It will prepare us for future pandemics, ensuring greater levels of infection prevention and control and will rectify inefficiencies of operating critical care across two sites and the excessive costs of backlog maintenance.

Over 90% of our income comes from NHS commissioners and Local Authorities. Every day we spend more than £1m of taxpayers’ money delivering care. To be a well-led, sustainable organisation we must deliver value for money by demonstrating economy, efficiency and effectiveness in the use of our resources. Despite growing demand and increasing financial pressures we delivered the plan agreed by NHS Improvement at the end of March 2021. This included £15.1m efficiency savings, exceeding our plans by £0.3m.

While we expect to see growth in funding in the coming years, it is likely to continue to be outstripped by demand, demographic growth and rising costs. The financial pressures in health and social care, particularly for those providing acute hospital services, are likely to persist into the future. Only by investing in transformation and delivering our multi-year strategy will we eliminate our deficit and achieve a breakeven financial position by the end of 2025.

We are building a new approach to transformation that focusses on the best opportunities for service improvement and commercial opportunities. We will explore ways we can maximise the commercial benefit from our wholly owned subsidiary and explore opportunities with our PFI contracts. By delivering our Quality Improvement Strategy we will ensure everyone is equipped with the skills to make improvements and reduce waste in the areas they work. This means using benchmarking in Model Hospital to identify areas to improve our

productivity. Using GIRFT data to reduce unwarranted variations by changing clinical or non-clinical processes. We will need to consider carefully how we deliver care in the future, adopting technology and exploring new ways of delivering care in more sustainable ways.

As a member of BOB ICS and Buckinghamshire ICP we will work with partners to deliver the best value for every pound spent in health and social care. This will be driven by our joint strategies and developing new care models and partnerships. It may also mean introducing new approaches to payment and contracting with greater emphasis on how we work together to deliver the best outcomes for people.

Summary Critical Path for Enabling Strategies

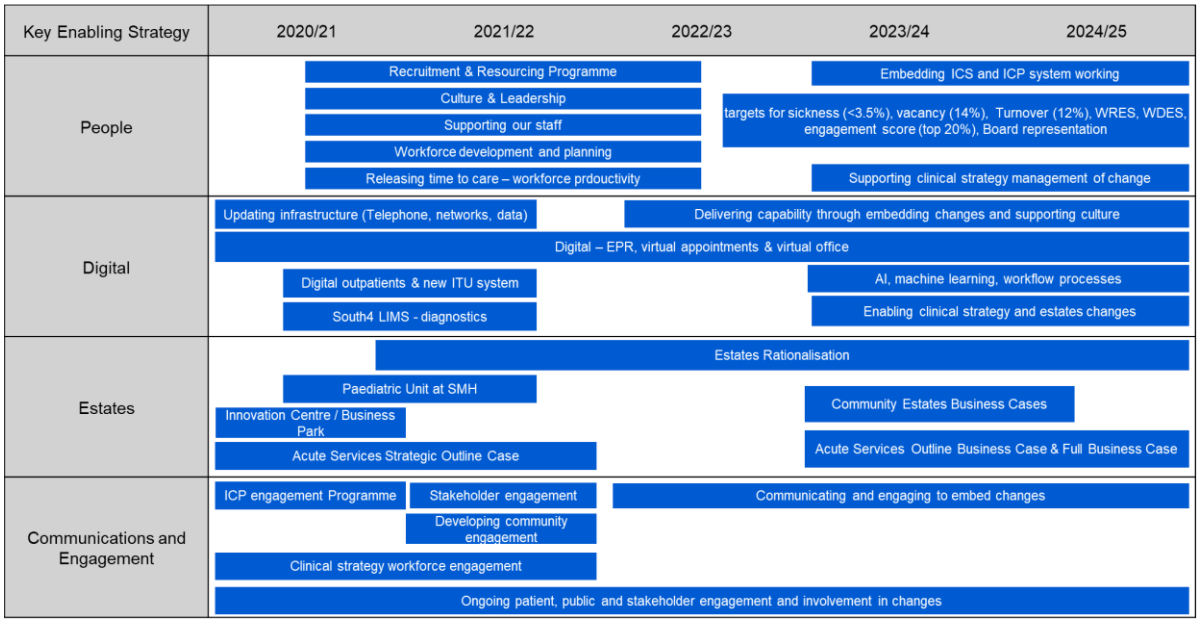


Figure 16: Summary critical path for enabling strategies

Section 5: Implementing our Strategy

This section will:

- Describe our approach to governance, assurance and communication of our Trust strategy.

Our strategy sets our vision and direction between now and 2025. We have used national, regional and local policies along with the feedback and insight we are gaining from communities, clinical leaders and people that work in health and social care. This is an opportunity to set a new course building on the foundations laid during the last five years.

Assuring Delivery

To ensure delivery we will produce an annual operating plan that sets out our plans for the next year including key milestones and developments described within the strategy. The annual plan will be approved by the Board of Directors before the beginning of each financial year (April) and overseen through the existing sub-committees.

The Board will continue to apportion time within its Board meetings and seminars to consider key strategic questions and debate approaches to challenges or risks. The Board will consider strategic risks to the Trust and these are described in the Board Assurance Framework and Corporate Risk Register. Some of the risks to delivery include:

- Our ability to raise capital funding to deliver changes in digital and estates.
- The challenge of new ways of working in partnership with Buckinghamshire Council and Primary Care Networks.
- Our financial position.
- Our ability to recruit, retain and develop our people.
- Public engagement and support for some of the changes in health and social care.

Planning, Assuring and Delivering Change

As we develop our plans, we will ensure we comply with national guidance and best practice for engagement. A key piece of national guidance we are using to guide our approach and process of change is *planning, assuring and delivering service change for patients*[21]. It sets out the detail and process for all tests, checks and considerations that we must undertake in developing our proposals for change.

We are committed to processes that meet the government's four tests for health service reconfiguration. This means any proposals for change we have will:

- Have undergone strong public and patient engagement.
- Be consistent with current and prospective need for patient choice.
- Have clear clinical evidence bases.
- Be supported by clinical commissioners.

[21] https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

Where capital investment is required, we are following the processes laid out in the *capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts*[22]. This guidance enables us to manage our own capital investment up to agreed thresholds and ensures enough governance and assurance given capital departmental expenditure limits (CDEL) set by Her Majesty's Treasury (HMT). It establishes the necessary assurance and governance framework for investment along with delegated limits and business case approval processes.

Successfully delivering a strategy with changes of this scale will require investment to ensure we have adequate resources, expertise and time to focus on all the activities involved. We have established a Transformation Board, chaired by the Chief Executive and managed by our Programme Management Office (PMO) to oversee the delivery of our operating plan. We will establish a Strategic Delivery Programme resourced with external and internal expertise to oversee the delivery of this strategy.

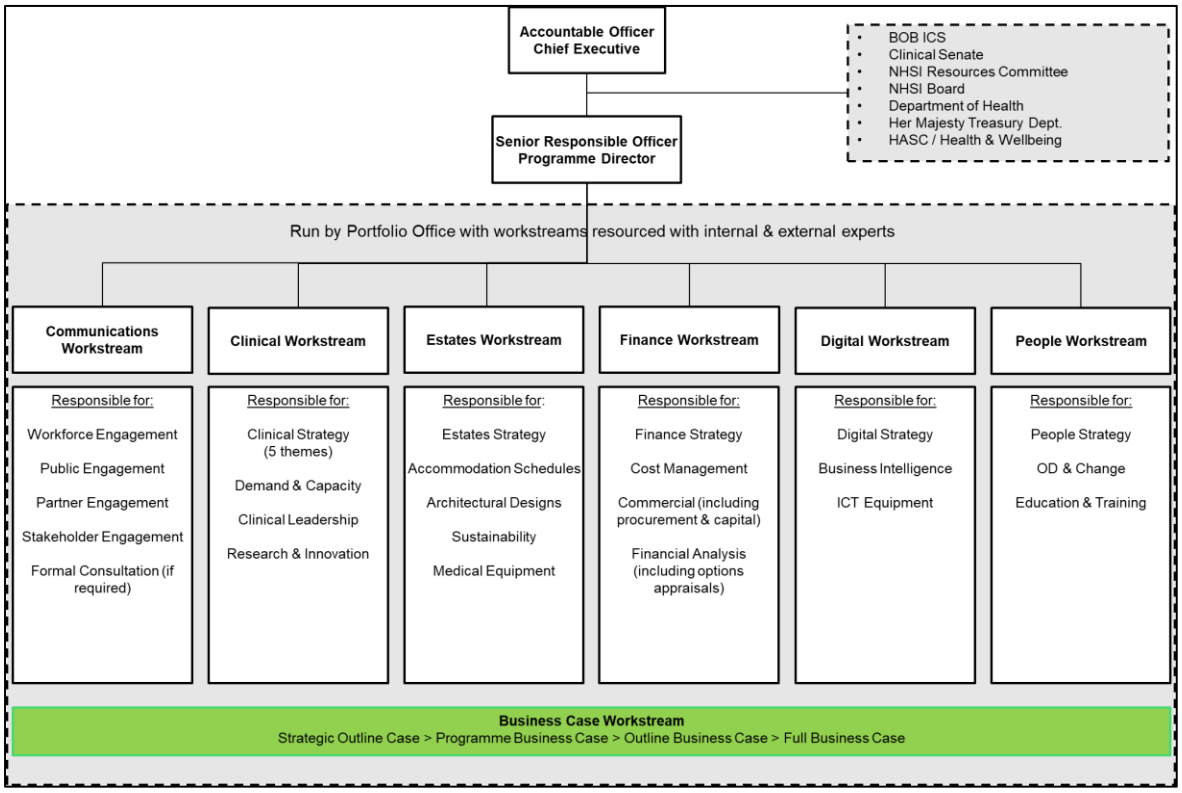


Figure 17: Programme structure for our 2025 strategic transformation

We will develop the right programme and project management structures based on best practice from other organisations working on similar programmes. This will include complex and detailed work to develop service level plans – including demand and capacity, schedules of accommodation, clinical adjacencies and operating policies. It will include ongoing and routine public and workforce engagement as well as stakeholder and relationship management.

[22] https://www.england.nhs.uk/wp-content/uploads/2020/08/NHSI_Capital_Regime_Investment_Property_Business_Case_Main_Comms_V9.0_final_v2.pdf

During the second quarter of 2021/22 (January – March) we will establish a dedicated and skilled portfolio management team. We will work as a team supported by subject matter experts in health planning, communications and engagement, estates project management and capital business cases, financial analysis, procurement and planning. We will need to resource the programme with a combination of external professional services and internal resources. We will backfill clinical (and non-clinical colleagues) to confirm and challenge proposals and provide sign-off for plans as an integral component of each project.

Communications and Engagement

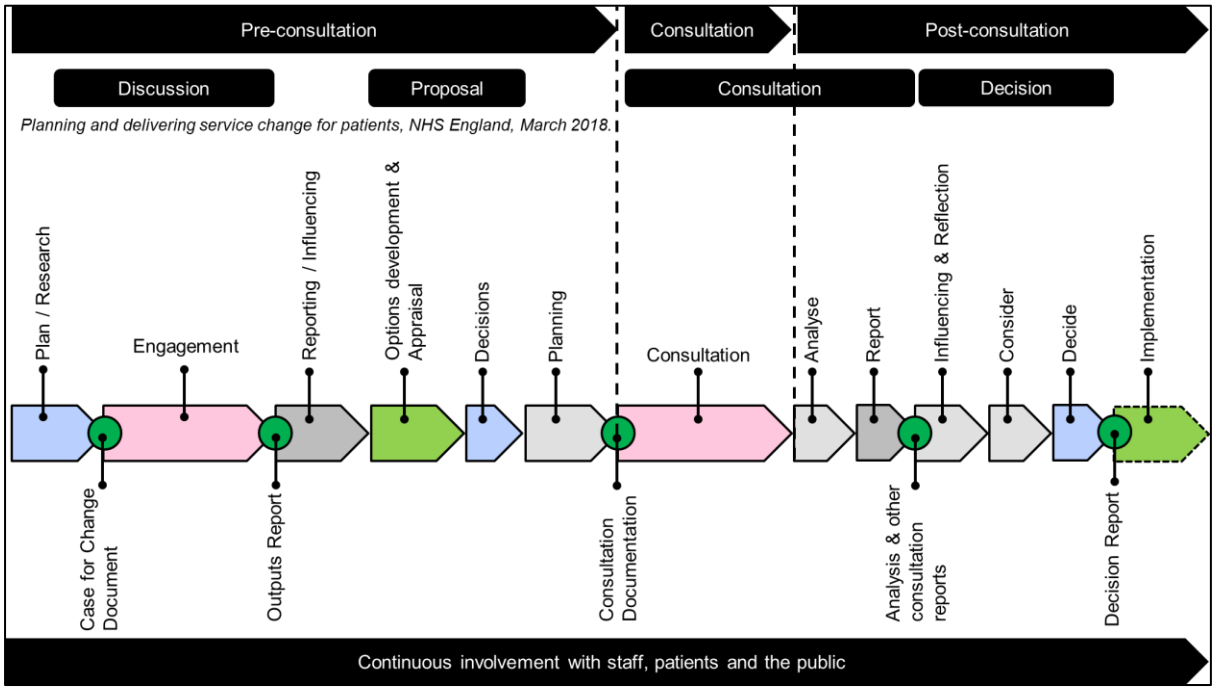


Figure 18: Engagement and public consultation activities

The importance of communication and engagement with the public, our partners and people that work in health and social care as well as key stakeholders such as local politicians, Health and Adult Social Care Scrutiny Committees and regulators such as, NHS I/E, BOB ICS and the regional clinical senate cannot be underestimated.

Good, early and ongoing two-way discussions to share ideas, options and rationale and listen to people's feedback will provide a good foundation for success. It is not a one-off activity and is not something that can be done quickly.

Depending on the nature of the changes and whether they are considered substantial there may be a need for formal consultation on options. If this is the case the following Gunning Principles[23] will guide our approach:

1. **Proposals are still at a formative stage.** A final decision has not yet been made, or predetermined, by the decision makers.
2. **There is enough information to give 'intelligent consideration'.** The information provided must relate to the consultation and must be available, accessible and easily interpretable for consultees to provide an informed response.

[23] https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf Stephen Sedley QC defined that a consultation is only legitimate when these four principles are met.

3. **There is adequate time for consideration and response.** There must be enough opportunity for consultees to participate in consultation. There is no set timeframe for consultation despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation.
4. **Conscientious consideration' must be given to the consultation responses before a decision is made.** Decision-makers should be able to provide evidence that they took consultation responses into account.

Equality Impact Assessments

An equality and diversity impact assessment (EIA) is a tool for ensuring equality, social inclusion and community cohesion issues are considered when drawing up policies or proposals which affect the delivery of services and the employment practices of the Trust. As we develop the programme in 2021, we will prepare EIAs that consider the impact of specific proposals for change. These will help us:

- Determine how new proposals will impact or affect different communities or groups, especially those who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral or positive affect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or groups.
- Develop new ways of monitoring and reviewing the effects of new proposals as and when they are introduced.

Strategic Programme Summary Timeline

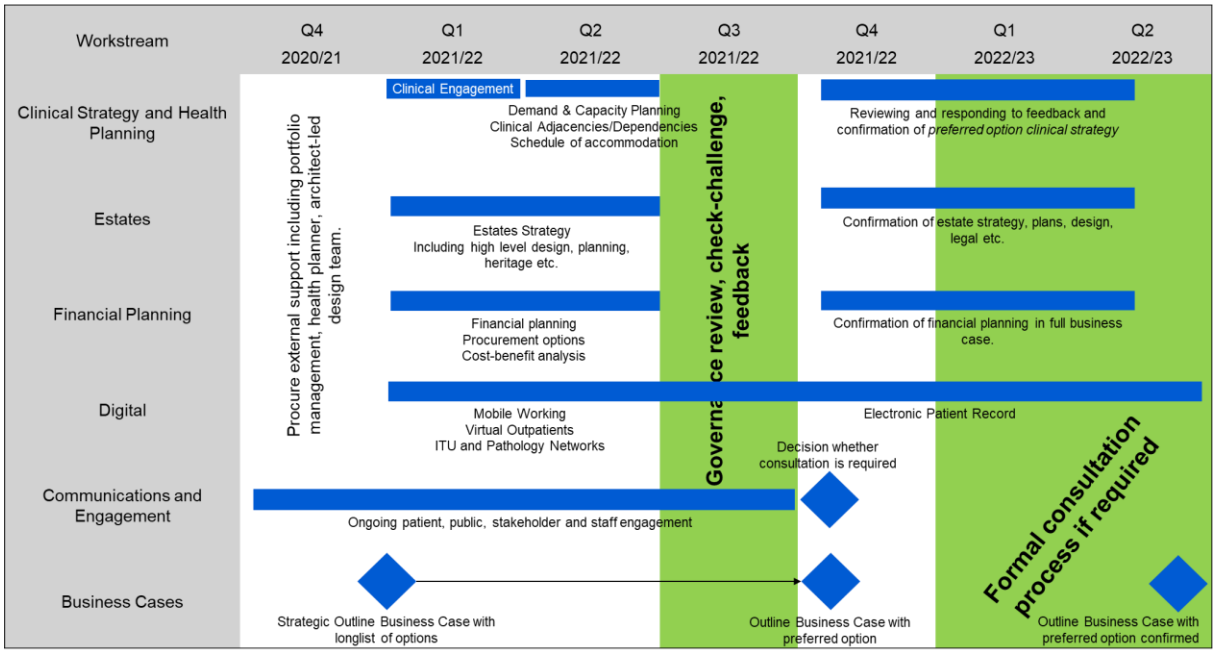


Figure 19: Summary critical path for strategic transformation

Closing Statement

As leaders in both Buckinghamshire Integrated Care Partnership and BOB Integrated Care System we want to reduce unwarranted variation and reduce health inequalities. COVID-19 shone a light on the disparity in our system and the unacceptable differences in health outcomes and life expectancy. Central to our success will be our partnerships not only with acute care providers in the region, Buckinghamshire Council and Primary Care but with residents and communities, with local community groups and businesses.

We are uniquely placed as an integrated acute and community health provider to contribute to the health of people in our communities and growth in our region beyond the traditional boundaries of healthcare organisations. As an anchor institution and as part of a whole system we can begin to focus on the wider determinants of health to help people live long and healthy lives.

We want to deliver outstanding integrated urgent care and strengthen our emergency services by bringing them together on an acute site. We want to separate planned care so they can run uninterrupted and we can safely respond to future pandemics. With our clinical strategy driving changes in our estate we can reduce the excessive costs of maintenance and become a sustainable system delivering the best outcomes at the lowest possible costs.

This is an exciting time for Buckinghamshire Healthcare Trust. We have laid a firm foundation over the last five years to build on and this strategy represents the beginning of our next chapter. There is no doubt the road ahead is long, and the journey is daunting, but we believe with investment and the right resources we can deliver long-term sustainable changes that meet the changing needs of the populations we serve and support economic growth and development in our region.