Chief Executive's Report

National context

The Chancellor delivered his Autumn Statement earlier this month, which included a number of announcements relating to the NHS. A key ask was for the NHS, together with public services, to tackle waste and inefficiency, delivering better outcomes for patients and better value for taxpayers. NHS budgets will increase in 2023 and 2024 by £3.3billion, and £8billion will be available for the NHS and adult social care in England in 2024-25.

Recovery plans for urgent and emergency care and primary care systems will be published by the NHS in the new year, and the Department of Health and Social Care will publish an independently verified plan for the number of doctors and medical professionals the NHS will need in five, 10 and 15 years' time.

Outstanding care

Key performance data are reported through the Integrated Performance Report (IPR) and supporting narrative provided. We continue to experience challenges in our emergency care performance in line with the national picture and recognise this does not reflect the high quality of care for all our patients that we aspire too. As part of our winter plan, two of our five key safety metrics are:

- Ability to free up a resus space in Emergency Department (ED) within 15 minutes at all times
- Sufficient staffing to oversee ED escalation areas and avoid ambulance handovers over 60 minutes

This month we re-opened part of our ED following significant refurbishment to improve the space for urgent patient care, as well as the working environment for ED colleagues. My thanks to the public for their patience while these important works took place.

MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) have recently published perinatal mortality rates in 2020 (i.e. babies born after 24 weeks who die within 28 days of birth) and provide ratings for Trusts. The Health Service Journal (HSJ), and subsequently the Daily Mail and Daily Mirror, have run a story focusing on Trusts that were 'red rated'. In 2020, we helped to deliver 4,622 babies. Sadly 16 of these babies were stillbirths after 24 weeks and six died within 28 days of being born. We are committed to ensuring that parents-to-be can expect the highest levels of safety when they choose to have their baby with us. A copy of our full public statement is available here.

Our organisation has a very active clinical research function, with studies across a wide range of specialties and in partnership within healthcare and with the academic sector. Despite the impact of the COVID-19 pandemic on clinical research recruitment, we are currently ranked 4th in the South East for recruitment numbers this year. This is a fantastic achievement and reflects the efforts of our brilliant Research & Innovation team as well as our numerous clinical colleagues engaged in improving patient outcomes through research. My thanks also to everyone who participates in these clinical studies.

Earlier this month we were honoured to be joined by His Majesty's Lord Lieutenant of Buckinghamshire, Countess Howe, who unveiled our Defence Employer Recognition Scheme plaques and met with Armed Forces colleagues, patients and their families. The Defence Employer Recognition Scheme is an important programme for organisations to pledge, demonstrate and advocate support to our Armed Forces colleagues and community. We currently hold a silver award and are working towards gold recognition. Representatives from

the Royal Air Force benevolent fund, Royal British Legion and local charity, HorseHeard, also attended the event along with Jonnie, a Shetland pony from HorseHeard.

David Highton and I were pleased to welcome Jacqui Rock, Chief Commercial Officer at NHS England, to our two acute sites at Wycombe and Stoke Mandeville, to conduct a strategic review of our estates. We were grateful for the opportunity to discuss our challenges and ideas to improve the environments in which we deliver care and patient experience.

As of month 7 we remain on trajectory to hit our financial plan at the end of the year. I would like to welcome Kishamer Sidhu who joins us as interim Chief Financial Officer. Kish brings a wealth of expertise to the Trust including experiences in healthcare as well as the private sector and I look forward to working with Kish particularly as we turn our attention to the business planning process for the next financial year.

Healthy communities

Earlier this month I was pleased to have the opportunity to share an update with the Health and Adult Social Care Select Committee in Buckinghamshire on our partnership programme with Buckinghamshire Council integrated intermediate care. The webcast recording of this meeting is available here.

We have now received details of the £500 million Adult Social Care Fund announced as part of the Government's 'Our Plan for Patients' issued in September 2022. A letter from the Department of Health and Social Care is appended to this report (Appendix 1). £300 million will be distributed to Integrated Care Boards (ICB), with the first tranche provided in December 2022, and the second in January 2023. We are working closely with our partners through this process.

I was delighted to attend our Family Nurse Partnership (FNP) Annual Review and 10-year anniversary celebration on 3 November 2022. This was an opportunity to hear from clients, and for friends and colleagues of the FNP to meet the team and the advisory board, and to see some of the methods and tools used by the FNP.

Great place to work

Over the last two months I have visited all of our community sites specifically to spend time with the teams based across the county, to talk about our organisation-wide priorities for the coming months, and listen to things they are proud of, as well as any concerns they have for their services and service users.

Huge congratulations to Heidi Beddall, our Director of Midwifery, who is part of the 'Turning The Tide Oversight Group' which was named the winner in the NHS Race Equality Award category of this year's HSJ Awards. The Turning the Tide report described the experiences of Black, Asian and Minority Ethnic (BAME) maternity staff and women during the Covid-19 pandemic. One of the recommendations made in the report is to achieve 'equity in career development, opportunity and well-being', and it was the approaches taken to implement this recommendation that were the focus of the award submission. This included development of an anti-racism framework and clinical fellowship programme in collaboration with CapitalMidwife, and development of a mentorship programme for BAME staff in collaboration with the Royal College of Midwives.

Congratulations to Karen Bonner, our Chief Nurse, who has been recognised as one of the 50 most influential BAME leaders in health. Please see the story on our website for further details.

Alongside Karen and Bridget O'Kelly, our Chief People Officer, I was honoured to be invited to the first Kalinga Convention and Regional Summit, the theme of which was

‘Championing the Filipino Nurse’. Joined by external speakers from our Integrated Care System, the Royal Free London NHS Foundation Trust, and NHS England, it was a wonderful opportunity to speak with this community who are an increasingly large part of our organisation, and who provide so much support to our Filipino colleagues. My humble thanks to the Kalinga Filipino Buckinghamshire Health Professional Organisation for organising such a brilliant event.

With a diverse organisation can come challenges, and while we have made positive steps in creating an inclusive environment for our colleagues and patients, we always have more to do. We are currently running an Allyship programme for leaders and managers, recognising that these individuals hold privileged positions in terms of determining how inclusive our organisation is and feels.

The FIFA World Cup gave us opportunity to come together as teams and brighten up our respective corners of the Trust with decorations representing some of the countries competing in the tournament. While I had the privilege of judging the Amersham Day Nursery who so creatively and impressively represented the USA with their array of food, music, and handmade iconic American sites and costumes, it was Ward 4 who were awarded overall winners with their incredible efforts to represent Brazil. Congratulations to everyone who took part, and I hope our patients, visitors and service users also enjoy seeing their efforts.

Appendices

Appendix 1 – Department of Health and Social Care letter Adult Social Care Discharge Fund
Appendix 2 – CARE value awards
Appendix 3 – Executive Management Committee and Transformation Board
Appendix 4 – Place & System Briefing
Appendix 5 – Acute Provider Collaborative Memorandum of Understanding

Department of Health & Social Care

From Helen Whately MP
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

To:
CEOs of Integrated Care Boards
CEOs of Local Authorities
Directors of Adult Social Services
CEOs of NHS Acute Trusts
CEOs of Mental Health Trusts
CEOs of Community Trusts

Friday 18 November 2022

Dear colleagues,

Adult Social Care Discharge Fund – allocations, conditions and metrics

I am pleased to share details of the £500 million Adult Social Care Discharge Fund ("the Fund"), which was announced as part of Our plan for patients on 22 September. I know this has been much anticipated since it was announced.

Delays to discharging people from hospital when they are fit to leave continue to be a significant issue and have been highlighted in the conversations I have had in recent weeks with local authorities (LAs), and social care and NHS providers. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in hospital.

The Secretary of State and I thank you for your patience in waiting for further details.

We know all parts of the country are facing these challenges. The funding will be allocated to achieve the maximum reduction in delayed discharge:

- £200 million will be distributed to LAs, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations[1] (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding).

We expect you to pool the funding into the Better Care Fund (BCF). The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data, and have met the other conditions.

See Annex A for more details of the distribution approach.

[1] NHS England » Supporting spreadsheets for allocations 2022/23

What the Fund will be used for

The Fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

In some areas where there are particular delays to discharge of patients with long hospital stays – for instance those with particularly complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

Working together

It is crucial that health and care systems and providers work together across health and social care to meet the care needs of people and make best use of available resources. This includes coming together as joint teams involving NHS organisations, local authorities and social care provider representatives, for instance under the umbrella of Integrated Care Partnerships. The Department expects to work with NHSE and local authorities to support the sharing of good practice and assess the impact of the Discharge Fund.

Partners will need to bring together information across health and social care to monitor and improve the functioning of the discharge pathway. Along with drawing on NHS information tools, NHS bodies and LAs should make use of the Capacity Tracker, at a minimum in line with the Adult Social Care Provider Provisions statutory guidance, to identify vacancies when a patient requires bed-based care and is unable to return to their usual place of residence. Further information on Capacity Tracker requirements and recommendations can be found in annex B, **Funding conditions**.

Updated Hospital Discharge and Community Support guidance will be published to explain new legal requirements around discharge and enable relevant trusts to adhere to them accurately. The guidance has been produced with NHS England to cover the duty to cooperate and the duty to involve patients and carers in discharge planning as soon as it is feasible and where appropriate. I would like to underline the importance of considering the needs of carers who may bear much of the load of caring for someone when they are discharged from hospital and who will often need to be supported by professional health and social care workers.

Upcoming publications

I want to be clear that the government recognises that discharge is just one of several pressures facing the provision of health and social care as we head into winter. For example, we also know that supporting people in their own homes is essential for the health of individuals and to avoid unnecessary admissions to hospital. We are absolutely committed to ensuring those providing and accessing care are prepared and supported to manage these

demands. We will publish our full package of support for adult social care in the coming weeks.

This will include an **Adult Social Care Winter Statement**, which will set out what steps are being taken to support the care sector this winter, and actions for local systems to ensure they are as resilient as possible during the colder months. It will include the updated **Hospital Discharge and Community Support guidance** mentioned above, and further details about the **National Discharge Frontrunners programme.** Finally, we will publish the **Workforce Recruitment and Retention Fund (WRRF) evaluation**, to support the sector to prepare for this winter and support local areas in developing their plans on how to best utilise the workforce portion of this Fund.

The past few years have been some of the most challenging those working in our health and care sector have faced, and you have shown incredible commitment and resilience throughout. Thank you for all that you do.

Yours sincerely,

Helen Whately MP
Minister for Social Care

Annex A

Summary of ASC Discharge Fund distribution approach

The Adult Social Care Discharge Fund will be pooled into the Better Care Fund (BCF) and divided as follows:

- £300 million will be allocated to ICBs using NHS England's methodology based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations[2] (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding). For the 75% of ICB funding based on discharge data, the allocation shares are calculated as the ICB weighted population share weighted by the proportion of occupied beds with patients remaining in hospital who no longer meet the criteria to reside relative to the England proportion. All allocations are then rescaled by the same factor, to ensure the total matches the available quantum. We have used the published management information on the number of patients remaining in hospital who no longer meet the criteria to reside[3] and the number of adult general and acute occupied beds[4]. We have used the July to September averages, limited to acute trusts with published discharge data (acute trusts with a type 1 A&E department and excluding specialist trusts). Where there is only data published at trust level (e.g., occupied beds), we have used the 1-1 published trusts to ICBs mapping for financial planning and reporting purposes[5], in line with the published discharge data.

- £200 million will be allocated to local authorities based on the Adult Social Care Relative Needs Formula. Where there have been LA boundary changes, we have used the same ASC RNF allocation shares as those in the Department of Levelling Up, Housing and Communities (DLUHC) final local government finance settlement for 2021 to 2022. This applies to the LA geography changes in April 2019 (Dorset, and Bournemouth, Christchurch and Poole unitary authorities) and in April 2021 (North Northamptonshire and West Northamptonshire unitary authorities).

A full list of the Fund's allocations can be found at https://www.gov.uk/government/publications/adult-social-care-discharge-fund-local-authority-and-integrated-care-board-icb-allocations.

[2] NHS England » Supporting spreadsheets for allocations 2022/23
[3] Statistics » Hospital discharge data (england.nhs.uk)
[4] Statistics » Critical care and General & Acute Beds – Urgent and Emergency Care Daily Situation Reports 2022-23 (england.nhs.uk)
[5] Other NHS organisations - NHS Digital

Annex B

Funding conditions

We have set out the conditions for receipt of Funds in an addendum to the BCF framework. LAs and ICBs will be requested to use the Fund to:

- prioritise those approaches that are most effective in freeing up the maximum number of hospital beds, and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time boost general adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges. This could include, but is not limited to, measures such as retention bonuses or bringing forward pay rises ahead of the new financial year.

To demonstrate this, LAs and ICBs will be asked to work together to provide:

- a plan for spending the funding, which will be an addition to existing BCF plans, due 4 weeks after funding conditions are published. This should outline how the LA plans to increase expenditure on discharge in comparison to their BCF plan. The Department expects to receive one planned spending report per LA;

- fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. Spending plans should be submitted by 16 December 2022, and the first activity report should by submitted on 30 December 2022; and

- a final spending report provided to the Department alongside the wider end of year BCF reports by 2 May 2023.

The second tranche is contingent on receipt of an initial completed planning template (to be submitted 4 weeks after details of the Fund are published) and meeting of the funding conditions.

As a condition of funding, all local authorities, ICBs and trusts will need to engage with a review in January 2023. Where there are significant challenges, local areas will be offered a package of support to encourage improvement. In these cases, the expectation will be that local areas will implement the recommendations provided by the support programme teams.

There will also be an expectation that all ICBs, trusts and LAs fulfil any existing data collections and continue to engage with data improvement programmes already under way. This forms part of the requirements for receiving the second tranche of funding.

As a minimum social care providers must keep the required Capacity Tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance, however it is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. We recommend updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient

discharges. Keeping this data up to date is imperative for ensuring that patients are discharged to the right place for their specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.

Annex C

Monitoring

Along with returns on the number of care packages purchased, the Fund will be monitored using the following metrics:

- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected via a new template);
- the number of people discharged to their usual place of residence (existing BCF metric);
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged);
- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep); and
- the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.

These metrics have been selected because they are robust, timely, and minimise new burdens. Due to the nature of the Fund allowing for flexibility to respond to local challenges, we have not set overall targets for each of these metrics. Rather, these metrics should guide decisions on how systems spend the funding and will provide a picture during and after winter of the impact of that spend.

Appendix 1 – Trust CARE values awards

I am delighted to share this summary of the winners of our Trust CARE value awards. Every month from all nominations received from colleagues and members of the public, the Executive Management Committee award four winners, one for each of four categories, which are: Collaborate, Aspire, Respect, and Enable.

August 2022

Category	Name	Role	Nomination	Nominated by
Collaborate	E-Rostering Team	Integrated Medicine	June & July are always busy months for rostering teams as the Trust prepares to welcome a new cohort of Doctors in Training. The centralised e-rostering team in Medicine is a brand-new team that has hit the ground running in ensuring safe medical staffing across the medical teams at BHT. They respond promptly to requests made of them and do their best to support colleagues in providing personal and compassionate care, every time. They have worked collaboratively together to rollout self-rostering for the first time to over 35 medical registrars and 15 A&E middle grades, ensuring colleagues are able to work more flexibly with an improvement in their work/life balance. They will have also produced rotas for over 75 new additional doctors joining the medical teams at BHT. This is a huge undertaking for a new team, and they have done this while also remaining upbeat and responding to the challenges of increased Covid-19 sickness and new escalation wards. We are proud of the work they have done so far - and know there is more to come! Thank you!	Staff
Aspire	Jackie Stacey	District Nurse Aylesbury ACHT	During a late shift (13:00 - 21:00) a colleague was experiencing a problem with a patient who required an ambulance however they were informed that an emergency ambulance wait was currently 15 hours; the patient was in pain and did not have any family/friends who could wait with them. Jackie, during her own time, returned to support her colleague and then waited with patient until 23:00 to liaise with the paramedics, ensure the patient was admitted safely and then lock up the house.	Staff
Respect	Sophie Bruce	Registrar	Sophie was the registrar cannulating my daughter for her MRI. My daughter has 6 monthly MRIs and they are always traumatic for her and distressing for us, her parents. I always push for a care plan to be put in place or for someone to investigate Chloe's previous admissions to avoid the same situation happening again, but it never happens. Sophie, advocated for Chloe and has followed up to ensure a plan is put in place for future admissions for Chloe before I could even ask. She did everything she could to support Chloe and gave her plenty of breaks, rather than rushing to get the job done, which has often been the case in previous times. I could have selected any category as I feel Sophie's work ethic could be covered by all of them but chose respect as she really had Chloe's best needs and interests and is prepared to stand up for these."	Patient Relative
	Lisa Williams	Nurse	My daughter has 6 monthly MRIs with sedation. They never go smoothly and are always traumatic. Today we had Lisa, who witnessed how traumatic the canula process is for my daughter. Instead of just pushing through like all other times, she advocated for Chloe, saying how distressing it is for her and there has to be a better way (something we try and discuss every visit but nothing is ever done).	

			Lisa and the registrar Sophie worked as a team and have sent emails to relevant people to make Chloe's future visits better. Lisa not only cared for Chloe with compassion and a very high standard of care, but she looked after myself and my partner too. She knew when we needed support and she knew when we needed to be alone. This was our 5th MRI and by far the best care we have received. Another traumatic experience but made so much better by just one member of staff (as well as Sophie the registrar). We really feel Lisa and Sophie deserves recognition.	
Enable	Bruno Silva	Senior Implementation Co-ordinator Informatics	As part of the team who delivered the new intensive care IT system (ICCA), Bruno volunteered to cover 7 night shifts over the 2 week go live support window to support ICU staff as they were getting familiar with using this new application for their role. The ensured that there was night cover for at least one of the sites during the go live window. This was over and above what would have been expected, and this also meant that the staff were supported at an uncertain time, transitioning from paper to an IT system. Thank you Bruno for all your help, I know the staff have greatly appreciated the support.	Staff

September 2022

Category	Name	Role	Nomination	Nominated by
Collaborate	Mike Adams	Ophthalmology consultant / Surgeon	I have nominated Dr Adams as I feel he provided exceptional care to my son, following an eye injury. My son was nervous at his appointments and Dr Adams and his whole team made him feel respected as a patient and put him at ease. On the day that he met Dr Adams, he had already been seen by 5 other BHT consultants, he was overwhelmed and feeling nervous. Dr Adams reassured him about the procedure he needed, his treatment of my son was efficient and caring, he has a chronic health condition unrelated to his eye injury and has been subjected to frequent hospital visits for years and will continue to do so. This was his first experience of visiting a hospital with an injury and he left feeling happy and well looked after. I would like to thank the whole Ophthalmology team that contributed to his care.	Patient Relative
Aspire	Alan Gibson	Lead ENP Emergency Department, SMH	We received the feedback below from a patient who had a positive interaction with Alan: I had to attend A&E following a dog bite which had clearly become infected. I thought long queues were inevitable and tried to get a Tetanus and antibiotics from my GP. Unfortunately, my GP was insistent that I went to A&E, which seemed crazy! My heart sank when I entered the A&E department and saw a room full of people. However, I was called in around 90 minutes after my arrival and was assessed and treated by a staff member called Alan who was such a breath of fresh air. He cleaned the wounds and advised that he would be giving me a tetanus and antibiotics. He advised me on aftercare and what to do if the infection spread. I was extremely impressed with his professionalism and efficiency. He is clearly very experienced and seemed to be genuinely passionate about his work. As someone who runs a healthcare company, I am acutely aware that employees like Alan are worth their weight in gold. I	Patient

			have no doubt that truth be told he probably does the work of 2 or 3 people on his own. Thank you, Alan,!	
Respect	Caroline Rose	Nursery Teacher Amersham Hospital Day Nursery	My son has recently graduated from Amersham Hospital Nursery. I cannot put into words how special this nursery is as a setting and how wonderful all the staff are who look after all the children here. My son who has medical needs and is non-verbal was supported with so much care and compassion by all the staff throughout his time here. His key worker Caroline has supported my son throughout many appointments at nursery, when different therapies such as SALT, OT and Physio have come to visit and assess him in his nursery setting. She has been a great support not just for my son, but for all the family. Caroline really is one in a million. Buckinghamshire Healthcare Trust are very lucky to have such wonderful members of staff running a nursery, that allow other BHT staff to return to work after having children.	Service User
Enable	Giruba Sakthivel Gregory Butler	Senior Information Analyst - Theatres	BHT is working towards introducing a new, high capability Health Intelligence Reporting tool called Microsoft Power BI. Giruba and Greg have whole heartedly supported this project by providing datasets, data logic and analysis to the software development team. They have also given their time to test prototype products giving constructive feedback in the process. They understand the potential that this tool can have in reducing patient waits for elective surgery, improving their experience and also enabling the Hospital to make better use of its human and financial resources at a time when the NHS is under enormous pressure. Their selfless sharing of time and knowledge has spurred the project forward.	Staff

October 2022

Category	**Name**	**Role**	**Nomination**	**Nominated by**
Collaborate	Sisters Alison Malanaphy, Maureen Malanaphy and Catherine Cueto	Ward managers Wards 4, 7 and 6	The teams from ward 4,7 and 6 all worked together to ensure the wedding of a patient on ward 7 was memorable. They provided a fantastic atmosphere. Staff brought in their own wine glasses from home, decorations and helped to set up. This is truly what nursing is about, demonstrating the CARE values and making a difference. Really proud of the teams.	Staff
Aspire	Louise Weatherill	Practice development nurse neonatal unit	Louise is the PDN on the Neonatal Unit and is passionate about the QI work on the NNU, over the past 12 months Louise has been working collaboratively with the TV network, the Trust QI team and the maternity team to ensure that the implementation of ensuring all babies born at <34 weeks gestation receive breastmilk within the first 24hrs of birth. Her enthusiasm, drive and commitment has seen incredibly positive results seen. Louise recently presented her results at a network meeting and she has received excellent feedback and commendations and been invited to share her project results at Thames Valley Mat Neo SIP shared learning event in march 2023.	Staff

Respect	Hazel Landymore	Advanced Occupational Therapy Practitioner	I have just moved to a new house and was struggling to get permission from the council for some work. Hazel took a phone consultation with me and this was resolved within 24 hours. I was starting to get quite poorly, both physically and mentally and her assistance was amazing.	Patient
Enable	Kirsty Taylor	Ward 3 - Paediatrics	Sadly, had a patient pass away on the ward, expected death but not so soon. I had never experienced a death in my career. Kirsty helped me through the whole process, enabling me to take care of my patient with the upmost respect in a seamless manner, respecting family wishes. Without Kirsty being in charge and guiding me I would have found a difficult situation so much more of a struggle. She ensured the ward continued to run like clockwork, making sure all members of staff were okay. She carried out a debrief at the end of shift. I can never thank her enough.	Staff

Appendix 3

Executive Management Committee and Transformation Board

Executive Management Committee (EMC) 25 October to 22 November 2022

The Executive Management Committee meets three times a month and covers a range of subjects including progress against our strategic aims, performance monitoring, oversight of risk and significant financial decisions. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors and leads from the clinical divisions. The following provides an overview of some of the key areas considered by the committee over the last month.

Quality and Performance
Cancer 62-day performance
Emergency Preparedness, Resilience & Response Annual Report
Care Quality Commission action plan
Ockenden insight visit report
Midwifery staffing six monthly report
Maternity digital strategy
Maternity screening report
Maternity safety quarterly report
East Kent report
NHS England Tier 1 and Tier 2 Elective Recovery Programme Board Self-certification

Money and estate
Healthcare Financial Management Association (HFMA) financial sustainability assessment
Waivers of Standing Financial Instructions
Carbon audit
Business planning guidance

People
CARE value awards
Flu and Covid-19 vaccination programme
Temporary staffing
Freedom to Speak Up Guardian quarter 2 report
Supporting our colleagues' safety

Governance
EMC self-assessment and Terms of Reference
Corporate risk register
Board Assurance Framework
Internal audit report
Several policies were approved
Minutes from EMC sub-committees

Transformation Board

Transformation Board is an Executive-level meeting with clinical and operational leads from across the Trust and is dedicated to strategic projects and oversight of delivery of the operating plan. It meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement. Below is an overview of some of the areas considered in the last month:

Transformation Board self-assessment
Monthly finance report
Efficiency plan
Integrated Performance Report
Integrated Elderly & Community Care deep dive
Centre of Excellence deep dive
Winter planning update
Portfolio updates:

- Urgent and emergency care
- Planned care
- Cancer
- Temporary staffing
- Healthy communities

Energy resilience
Quality Improvement projects on a page
Public Sector Equality Duty Report Summary 2021/22

Buckinghamshire Healthcare NHS Trust

Place and System Briefing

November 2022

Buckinghamshire Integrated Care Partnership (ICP) System Leaders meetings 8 November

Item	Summary	Impact
National issues	Discussion about the Council budget pressures, and the challenges with social care backlogs shared by other systems.	Council budget constraints could influence the availability of social care funding and thereby impact on the discharge of patients.
System issues	Recognition of more work to do to progress the actions following the written statement of action for Special Educational Needs and Disabilities. Executive Director for Buckinghamshire will be taking forward with a focus on progressing the necessary contracts. In the context of preparedness for winter, agreement to share cost of living support programmes and ensure the pathway for referrals for economically vulnerable people is joined up.	Cost of living challenges continue to impact colleagues and the local community.
ICS development	CEO of BHT is joining the BOB Integrated Care Board as Partner Member. Executive Director for Buckinghamshire is developing an Integrated Care Strategy over the coming months, with a draft anticipated in December. Discussion regarding proposal to develop a place-based partnership for Buckinghamshire. The Integrated Care Board has appointed a Chief Finance Officer.	As Partner Member of the Integrated Care Board, the CEO of our Trust will have greater opportunity to offer insight and challenge at a system level. The Integrated Care Strategy for Buckinghamshire will complement the existing Health & Wellbeing strategy for the county, and the Trust will have opportunity to review and input through the Health & Wellbeing Board. A place-based partnership for Buckinghamshire would establish healthcare and local authority as equal partners.
Health and care integration programme	Update on progress to date of the programme, including reduction of the number of discharge-to-assess beds, and improvement on medically optimised for discharge measures and length of stay. Discussed continued issues regarding funding and recognition that a sustainable model focused on improving patient outcomes needs to be developed with cost options.	Programme goal is to improve the experience of patients medically optimised for discharge.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) System CEO Group 2 November 2022

Summary	Impact
Discussion regarding: • Non-executive director induction • Cost of living • Communications strategy with respect to operational pressures • Sharing good practice	Continued partnership working and collaboration with organisations in the ICS

Acute Provider Collaborative (APC)
Memorandum of Understanding
Between
Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust

Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a good-faith foundation between the Parties for future collaborative efforts that are mutually beneficial. The Parties agree to work together in a cooperative and coordinated manner to achieve shared priorities that ultimately benefit the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) and wider population served, whether directly or indirectly.

This MOU does not obligate the Parties to provide funds or payment, nor does it bind Parties to any legal obligations but rather sets out the principles to be adopted to support the three statutory organisations working more collaboratively where there is joint benefit in doing so.

Operating principles

The Parties commit to the following operating principles to enhance delivery:

- To work openly and transparently, sharing knowledge and intelligence to inform aligned solutions where appropriate and possible to do so.
- Informed by the health needs of the population of BOB ICS, work together where there is opportunity to reduce health inequalities and improve equity of access.
- Support the exploration and identification of mitigations to service or performance challenges where working together will improve delivery outcomes.
- Reduce costs by doing things once across the three Parties where possible
- Encourage improved recruitment and retention within the system through the exploration, alignment and adoption of innovative staffing models

In agreeing priority areas of work there will be:

- Clear alignment of opportunities to the objectives of BOB ICS and wider NHS England Operating Plan requirements
- Tangible and quantifiable benefits of working together with a clear return on investment
- Strong clinical leadership and sufficient resource to support priorities with all Parties contributing

Operational framework

- An annual work plan will be developed and delivered by the APC Executive Delivery Group, framed by the operating principles.

- Delivery against the work plan and resulting benefits will be reported to Trust Chief Executives and Chairs of the APC members.
- An indicative development plan and reporting arrangements for the APC is detailed in Annex A

……	……
Neil MacDonald Chief Executive Buckinghamshire Healthcare NHS Trust	David Highton Chair Buckinghamshire Healthcare NHS Trust
Date:	Date:

……	……
Professor Meghana Pandit Chief Executive Oxford University Hospitals NHS Foundation Trust	Professor Sir Jonathan Montgomery Chair Oxford University Hospitals NHS Foundation Trust
Date:	Date:

……	……
Steve McManus Chief Executive Royal Berkshire NHS Foundation Trust	Graham Sims Chair Royal Berkshire NHS Foundation Trust
Date:	Date:

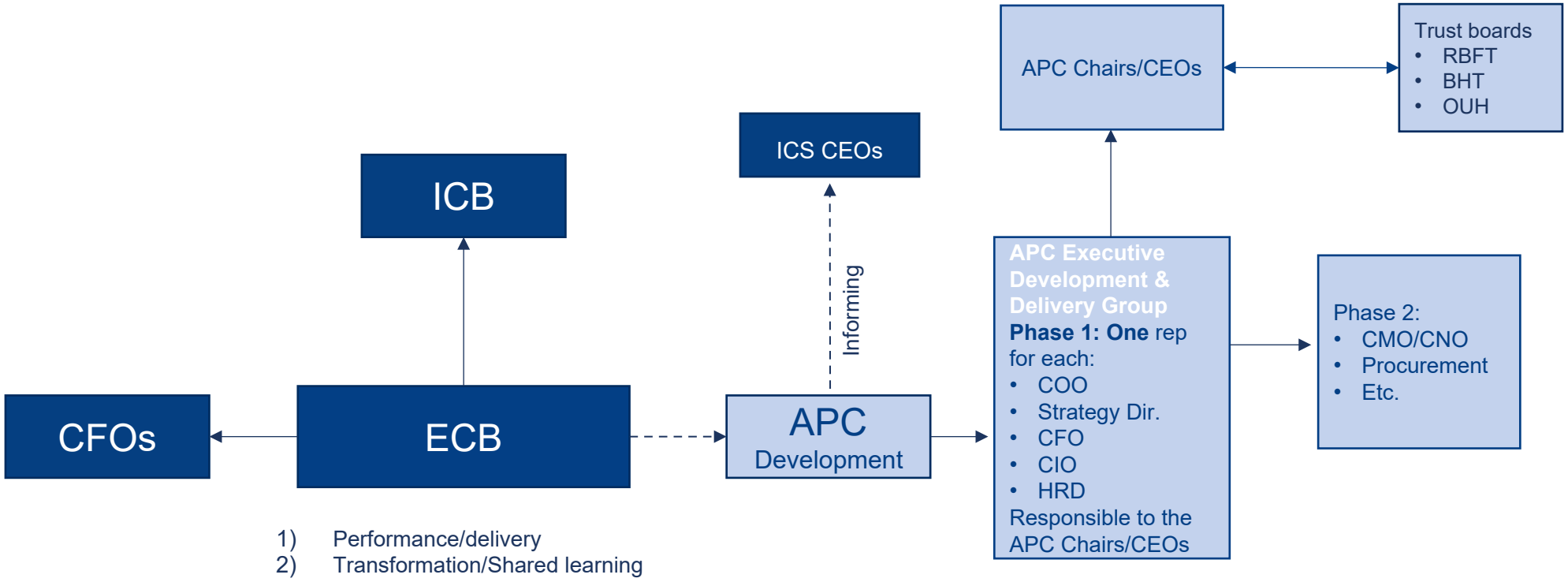
BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

APC development

Annex A

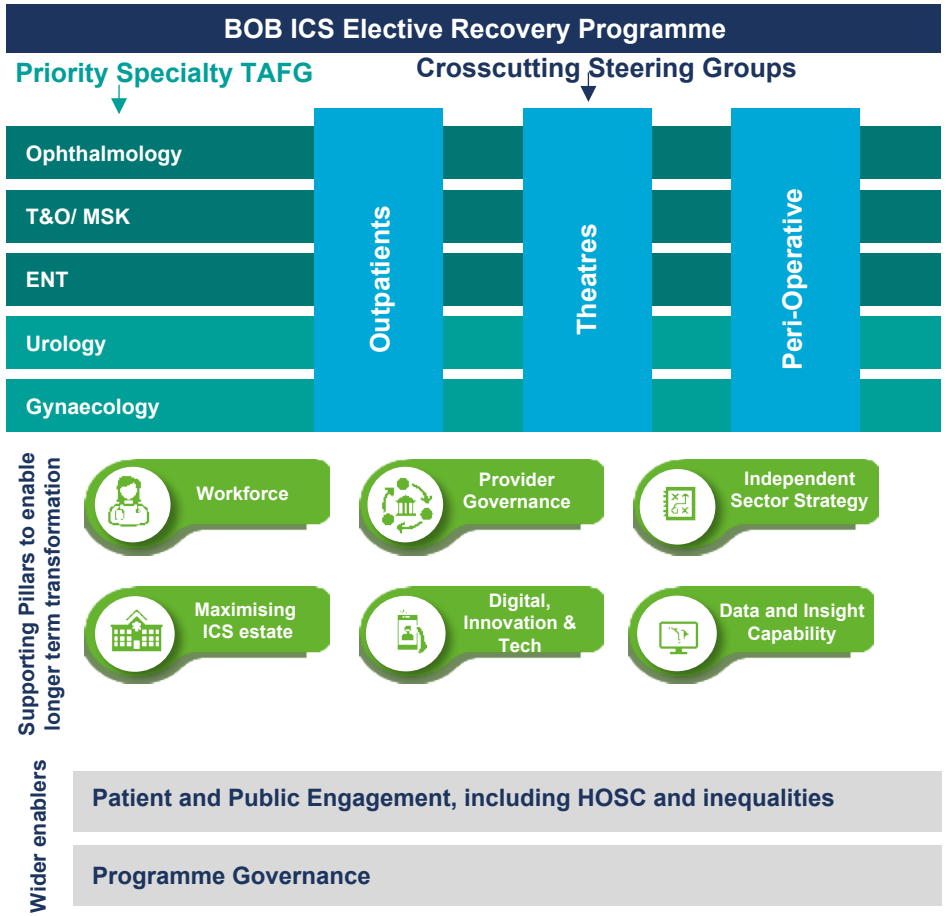
BOB ICS APC Governance Overview

The proposed governance model for the APC and the link with the ICS Elective Care Board (ECB)



Evolution of the Elective Recovery Programme

The Elective Recovery Programme (ERP) is a BOB ICS programme, which is overseen by the Elective Care Board (ECB). This governance structure has been in place since September 2021, prior to this there were similar groups operating under the Acute Collaboration Workstream. Currently the remit of the ERP covers five priority specialty Task and Finish Groups (TAFG) and three cross-cutting Steering Groups (SG) with each group having clinical and operational representation from all three Acute providers and is chaired by an Exec level SRO.



Role of ECB to date

As the oversight forum for the Elective Recovery Programme the Board has prioritised the following across the workstreams:

- Understanding current position and pressures across the system within the particularly challenged areas
- Focuses on collaboration and system transformation, through learning from best practice and system successes
- Developing short term actions and understanding where the largest gaps and pressures are
- Workstream (TAFG/SG) level plans to deliver improved patient experience, performance and quality

Future Role of ECB and the ERP more broadly

As the Board forms a governance role within the ICB, the ECB will expand slightly expand in remit to include the following, whilst still maintaining the strong existing structure:

- Clear visibility and oversight of performance of operational targets pertaining to elective care (including diagnostics)
- Develop Elective Recovery Pillar priorities and work with broader ICS programmes and structure to deliver against these
- Increased focus on tangible benefits and impact from cross-cutting themes to deliver specialty level improvements. Improved governance and connection across the SGs and TAFGs

APC development FY22/23 and next steps

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- The approach undertaken to progress APC formation is outlined below and has engaged key stakeholders from across the ICS. The key principles to this approach have been collaboration, transparency and fairness, and identifying opportunities that yield benefit from a system approach including both short term 'wins' for proof of concept, and medium to longer term strategic priorities.

- The governance of the APC will evolve from MOU and collaboration in year one (FY 22/23) through to formal delegation from ICB with Trust resource by FY24/25 aligned to operational planning and ICS strategic priorities. ICS wide programmes will transfer to the APC as the main delivery vehicle, with links to other collaboratives and partners as appropriate.

- Initial paper supported at ECB with approval to progress principles, function and form
- Workshop of CEOs/Execs across the ICS supported development of APC, proposing a number of possible areas for focus

- Agreement of CEOs/Chairs to form the APC via a MOU to confirm intent and operating principles/ framework for collaboration
- Recognition to move to more formal arrangements as APC matures and delegation from ICB is secured

- Bimonthly meeting of the APC Chairs/ CEOs to support briefings, updates and onward communication to Boards
- Formation of operating group of Trust nominated exec leads to input and lead APC development and delivery

Next steps:

1. Draft MOU to developed with COOs/CFOs be shared with CEOs/Chairs in October for endorsement
2. Trusts to confirm exec leads to form APC Executive Development & Delivery Group (est. November)
3. APC work plan to be developed for 23/24 in Qu4, informed by ICS priorities and NHS Operating plan requirements

Indicative Roadmap to APC delegation

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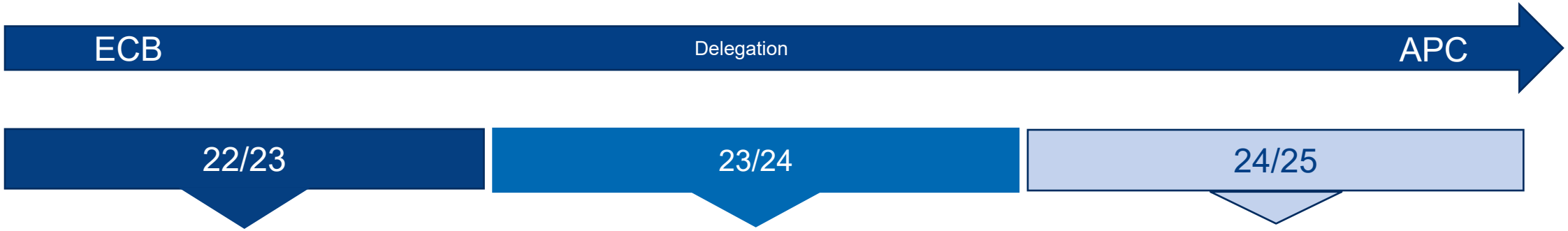
It is the intention to develop a multi-year programme with the ambition to integrate the benefits of clinical networks and diagnostic workstreams within the APC, supported by a clinical priorities programme.

The initial core focus of the APC is proposed to be:

- Elective Recovery
- Areas of mutual financial benefits
- Digital alignment



- APC MOU
- Establish the APC Executive Development & Delivery Group

- Corporate services
- Clinical strategy
- Ops plan delivery
- APC governance formed
- Estates utilisation and oversight

- Trust resource
- Estates strategy linked with capital and revenue

Acute Provider Collaborative – Emerging Opportunities

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Clinical opportunities

Tactical	Strategic
• Elective recovery - priority specialities and cross cutting areas (peri op, outpatients and theatres)	• Clinical services strategy – consideration to finance, activity, health inequalities and configuration
• MSK redesign	• Diagnostics strategy
• Diagnostics oversight	
• Wet AMD treatment change	

Non clinical opportunities

Tactical	Strategic
• System wide change teams/improvement approach	• Digital roadmap linked to Electronic Patient Record
• Business intelligence	• Procurement – possibly with a lead provider
• Medical workforce in the BOB People strategy temporary workforce programme	• Corporate
• Workforce planning for some key acute pathways – e.g. ENT, diagnostics and midwifery	• Workforce wellbeing/support, including occupational health, MSK and MH support