

Meeting: Trust Board Meeting in Public

Date: Wednesday, 25 October 2023

Time: 09:30 – 11:30

Venue: Hampden Lecture Theatre, Wycombe Hospital & live streamed to the public

Start Time	Item	Subject	Purpose	Presenter	Encl.
09:30	1.	<ul style="list-style-type: none"> Chair's Welcome to the Meeting, Meeting Guidance, Who's Who of the Board Apologies for absence 	Information	Chair	Verbal
	2.	Declaration of Interests	Assurance	Chair	Verbal

General Business

09:35	3.	Patient Story	Discussion	Chief Nurse	Paper
	4.	Minutes of the last meeting <ul style="list-style-type: none"> 27 September 2023 	Approval	Chair	Paper
	5.	Actions and Matters Arising	Approval	Chair	Paper
	6.	Chief Executive's Report	Information	Chief Executive Officer	Paper
	7.	BHT Pol 089 – Governance Manual	Approval	Chief Finance Officer	Late paper

Committee Reports

10:10	8.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Verbal
	9.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper

Performance

10:20	10	Integrated Performance Report <i>Transformation Board 17.10.2023, F&BPC 24.10.2023</i>	Assurance	Chief Operating Officer	Paper
	11	Winter Resilience Plan <i>EMC 10.10.2023</i>	Approval	Chief Operating Officer	Paper

Finance

10:50	12	Finance Report <i>EMC 24.10.2023, F&BPC 24.10.2023</i>	Assurance	Chief Finance Officer	Paper
-------	----	---	-----------	-----------------------	-------

Quality

11:00	13	CQC Action/Improvement Plan <i>EMC 03.10.2023, Q&CGC 18.10.2023</i>	Assurance	Chief Nurse	Paper
-------	----	--	-----------	-------------	-------

Information

11:10	14 Private Board Summary Report	Information	Trust Board Business Manager	Paper
	15 Research & Innovation Annual Report	Information	Chief Medical Officer	Paper

AOB

16	Risks identified through Board discussion	Discussion	All	Verbal
----	---	------------	-----	--------

ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:
29 November 2023, 9:30am

The Board will consider a motion: “That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest” Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website www.buckshealthcare.nhs.uk

TRUST BOARD MEETINGS MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available on our website www.buckinghamshirehealthcare.nhs.uk.

Members of the public will be given an opportunity to raise questions related to agenda items during the meeting or in advance of the meeting by emailing: bht.communications@nhs.net

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

When viewing the streamed live meeting please note that only nine directors can be visible at any time. When a director stops talking after a few minutes the system will automatically close their camera and show their initials until the director speaks again.

An acronyms buster has been appended to the end of the papers.

David Highton
Trust Chair

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

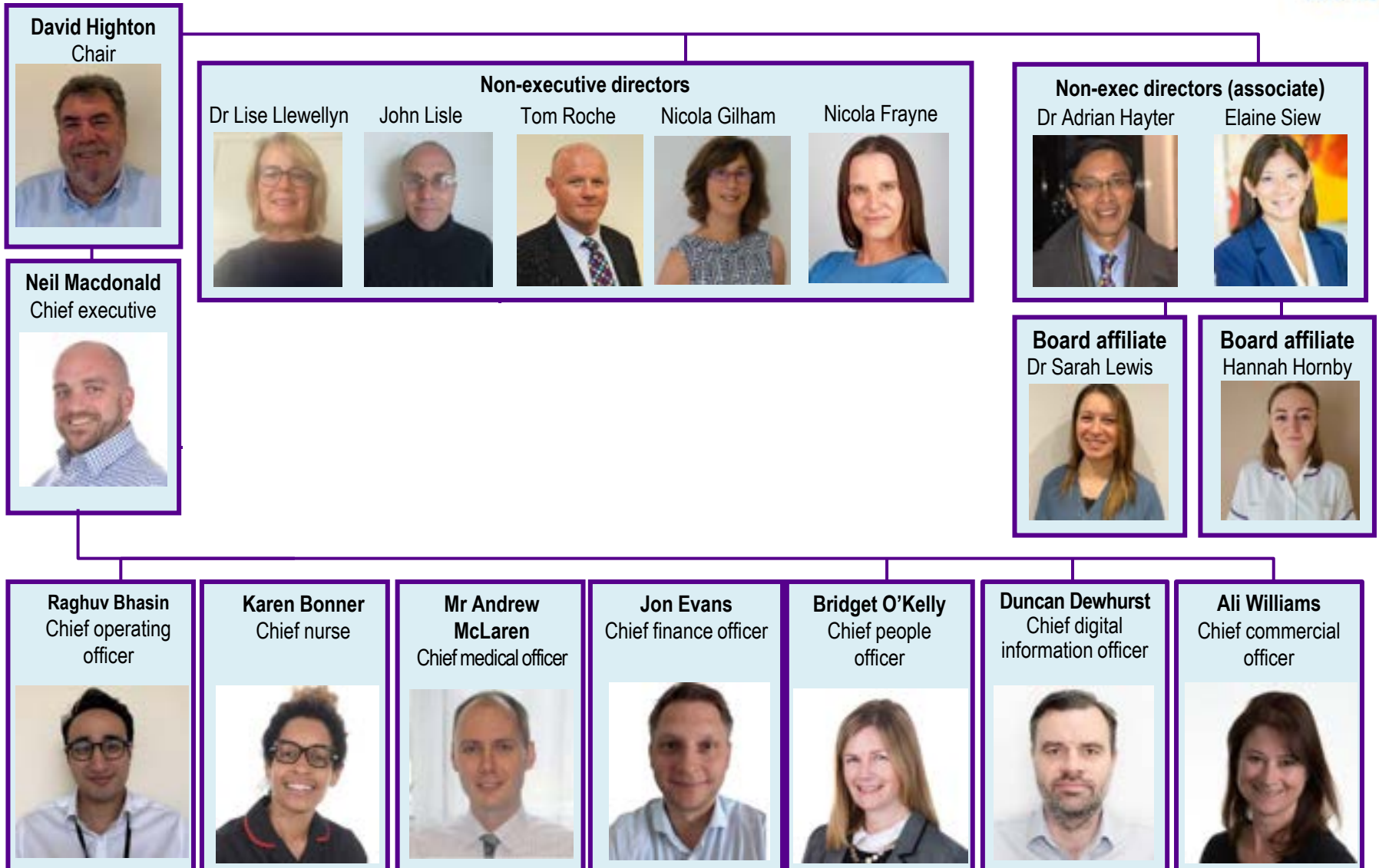
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.

Board of directors



Meeting: Trust Board Meeting in Public

Date: 25 October 2023

Agenda item	Patient Story – Parkinson’s Feedback
EMC Lead	Karen Bonner, Chief Nurse
Author	Heather Brown Patient Experience Improvement Manager
Appendices	Patient Story – YouTube clip
Purpose	Discussion
Previously considered	Q&CGC 19.07.2023

Executive summary

This paper summarises the experiences of two individuals living with Parkinson’s following their time as both inpatients and outpatients.

Peter has been living with Parkinson’s for over 17 years and was recently an inpatient due to a broken hip. Peter & Lesley (carer) share feedback on some of the issues they faced during their time at Stoke Mandeville and some of the improvements they have seen. Laurel has been living with Parkinson’s for 9 years and shares her experiences of being an outpatient during the early stages of diagnosis.

The clinical teams, alongside the patient experience team, have taken onboard the feedback given by the patients’/carers and actioned a number of improvements.

This story was presented to the Quality & Clinical Governance Committee in July 2023. The Committee noted the importance of considering the use of Trust services through the patient lens and acknowledged the benefit of patient support, targeted colleague education and the bid for funding to support an innovative inreach service. The Committee suggested revisiting those actions discussed as part of patient stories one year on to review progress.

Decision	The Board is requested to consider and discuss this story.
-----------------	--

Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
--	--	---	-----------------------------------

Relevant objective

<input type="checkbox"/> Improve waiting times	<input type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	Impact on quality and safety standards and patient experience
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards None
Financial	Financial impact of clinical variation, avoidable harm and length of stay and complaints.

Compliance Select an item. Select CQC standard from list.	Person centred care, safety, safeguarding, complaints, Duty of Candour compliance
Partnership: consultation / communication	Working with key stakeholders in quality, safety and experience including the paediatric wards.
Equality	Potential for inequality due to known health inequalities across the county. The current Covid-19 pandemic has been found to disproportionately impact on specific patient groups e.g. men, over 50s and BAME. Risk of discrimination of patients from diverse backgrounds and poorer socio-economic communities.
Quality Impact Assessment [QIA] completion required?	No All policies impacting on activity referred to in this report have undertaken Equality Impact Assessments including: Duty of Candour and Being Open and Incident reporting including the Management of Serious Incidents

1 Introduction/Position

Listening to the personal stories of others, especially those about emotional issues like health, can help us learn and make an impact on how we behave.

Reading/listening to their stories helps us understand the experience of being a patient/relative/carer. They also show how staff can play a critical role in optimising the power of the story in the patient's journey towards physical and psychological healing.

2 Problem

During Peter's admission to the ward at Stoke Mandeville there were some concerns raised regarding communication. Peter and his wife Laurel, who is Peter's full time carer, discuss how staff communicate with them in relation to the amount of information given at any one time and the ability for people living with Parkinson's to verbalise responses due to swallowing/closed throat issues. Laurel provides feedback on the difficulties she faced when newly diagnosed, sitting in a waiting room with people much further into their diagnosis. Laurel references the difficulties with 'facing her reality' and trying to come to terms with a new diagnosis.

3 Possibilities

Working alongside the Parkinson's nurses, we have been raising the profile of Parkinson's as part of the Trust's mandatory training to help staff understand some of the communication issues facing Parkinson's sufferers as well as other key information that would improve their experiences. We are working with clinical colleagues on implementing a Newly Diagnosed Clinic to help those patients with processing the diagnosis and receiving the support they need in the early stages.

Lived experiences of both patients and their families help to provide significant contributions to the patient's treatment and overall outcome. People who have been closest to the problem have the most experience with it, can elevate real concerns, devise the most pointed solutions, and engage others to support.

4 Proposal, conclusions recommendations and next steps.

Telling the story of one patient's experience of care can memorably illustrate improvements or problems in a care pathway. Statistics and data have an important place in monitoring and understanding services and facilitating improvement, but the right story can also have the power to motivate and change minds

5 Action required from the Board/Committee

5.1 The Board is requested to:

- a) Reflect on the feedback provided by the patient/carer and note the improvements.

APPENDICES

Appendix 1: <https://youtu.be/ss094QZahgQ>

Meeting: Trust Board Meeting in Public

Date: Wednesday, 27 September 2023

Time: 09.30 – 12.00

Venue: Hampden Lecture Theatre, Wycombe Hospital

MINUTES

Voting Members:

Mr D Highton (DH)	Trust Chair
Mr R Bhasin (RB)	Chief Operating Officer
Ms K Bonner (KB)	Chief Nurse
Mr J Evans (JE)	Chief Finance Officer
Mrs N Frayne (NF)	Non-Executive Director
Mrs N Gilham (NG)	Non-Executive Director
Mr J Lisle (JL)	Non-Executive Director (via MS Teams up to agenda item 13)
Dr L Llewellyn (LL)	Non-Executive Director
Mr N Macdonald (NM)	Chief Executive Officer
Mr A McLaren (AM)	Chief Medical Officer
Mr T Roche (TR)	Non-Executive Director

Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital Information Officer
Miss H Hornby (HH)	Board Affiliate
Miss S Lewis (SL)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer
Ms A Williams (AW)	Chief Commercial Officer

In attendance:

Mrs E Jones (EJ)	Senior Board Administrator (minutes)
------------------	--------------------------------------

01/09/23 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting particularly some members of the Trainee Leadership Board who were observing in person.

Apologies had been received from Adrian Hayter, Associate Non-Executive Director and Joanna James, Trust Board Business Manager.

02/09/23 Declarations of Interest

NG, JL, and JE noted their conflict of interest for agenda item 10 as members of the Charitable Funds Committee.

03/09/23 Minutes of the last meeting

The minutes of the meeting held on 26 July 2023 were **APPROVED** as a true and accurate record.

04/09/23 Actions and Matters Arising

Action: 1489: RB updated the Board noting clinical skills and infrastructure were being mapped and a report would come back to Board in October.

Actions: 1750 and 1751 CLOSED – moved to the action matrix for Strategic People Committee and Quality and Clinical Governance Committee respectively.

The Action Matrix was **NOTED**.

NM referred to the submitted report and highlighted the following points:

- Ongoing substantial disruption for colleagues and patients including significant costs due to industrial action.
- A letter had been received from the regulator following the Lucy Letby court case requesting the Trust had certain requirements in place. These were being tested and validated for any gaps including around Freedom to Speak Up processes. Other routes to raise concerns were being communicated again to the organisation. The impact on colleagues the court case might have, were being considered.
- In 2020 the Trust had investigated the possibility of RACC being present in the buildings at Stoke Mandeville and Wycombe and the Board had received a report in 2021 noting none had been present. Considering the current news of RAAC being found in schools, the Trust was undertaking further work to check Community sites and a report would come back to Board.

In response, members of the Board discussed and raised the following points:

- The importance of volunteers feeling able to report any areas of concern. NM noted this would be followed up with the volunteers group.
- It was recognised that around 90% of concerns were raised by colleagues and the triangulation with patient safety was paramount. The importance of listening up and following up was highlighted as well as speaking up.
- Responding seriously to concerns raised was highlighted and being able to take assurance the Trust's processes were robust. NM noted there was more work to do to test and challenge these noting the Duty of Candour process was robust and was tested through the Quality and Clinical Governance Committee for assurance The Trust processes were transparent however it was recognised there was more work to do to test these processes.
- Reaching out to the many new international nurses joining the Trust to ensure there was an emphasis on having the right environment to feel safe to speak up was paramount.
- Contractors and porters were required to follow Trust policies including Speaking Up.
- The Trust had a robust system for incident reporting including patient safety concerns which had a facility for feeding back.

The Board **NOTED** the CEO report.

NG highlighted the following points:

- The Committee had requested assurance on how it was understood whether policies were read, understood, and adhered to. It was noted this was primarily for departmental leaders and managers to ensure colleagues were compliant.
- It was requested the Board approved the appointment of EY as the Trust's external auditors.
- Two internal audits had received a reasonable assurance: UK Visas and Preparation for Renewal of Tier 2 License.
- A minimal assurance internal audit report on IT asset tracking had been received noting the need to ensure lessons were learned for the implementation of any new systems.

The Board **NOTED** the Committee Chair report and **APPROVED** the appointment of EY for a two-year period for the purpose of conducting the Trust and Charity annual audits.

NG highlighted the following points:

- Significant improvements in some metrics in the IPR for month 5 had been noted including medically fit for discharge, hospital at home and cancer pathways.
- The Trust was on plan at month 5 and work was ongoing to keep the efficiency programme on track.
- Work to ensure workforce costs were on track were noted.
- There had been discussion on work with the ICB around block contacts and ERF.
- Assurance had been received the capital plan was on track.
- The elective recovery plan and self-assessment which was required to be undertaken on elective activity was discussed and partial assurance was taken on the ability to validate over 90% of patients waiting more than 12 weeks. This would take extensive work and the deadline of end of October would not be met.

- The Committee had approved some business cases which it recommended for the Board to approve. The Board would discuss these in the Private Meeting.
- Assurance on RAAC had been received noting a further report would come on community sites.

JE explained a report of the risks to the financial plan and the ongoing financial impact on decisions for recovery would come to Board in October following formal governance.

The Committee **NOTED** the Committee Chair report.

08/09/23 Quality and Clinical Governance Committee Chair Report

LL highlighted the following points:

- Thanks were expressed to colleagues for the strong performance in infection prevention control, mortality, and morbidity, and falls metrics in the IPR.
- The risk of vaccine fatigue was discussed related to covid and flu vaccines and the need for robust programmes to get the public vaccinated this autumn / winter.
- The effect on quality by cancelled appointments and lower numbers of colleagues working because of industrial action was discussed.
- The risk in community paediatrics and special educational needs and disabilities (SEND) increased waiting lists was noted and the work ongoing to decrease the impact on the increasing numbers.
- The Increased adult safeguarding cases and the increased workload was highlighted.
- The risk of mental health issues in maternity follow up was noted.

KB assured the Board the Trust had oversight of the SEND waiting list and was working to reduce this and noted there was a national shortage of midwives and explained nurses were being recruited to support midwives to manage the midwifery staffing risk.

The Board **NOTED** the report.

09/09/23 Strategic People Committee Chair Report

TR highlighted the following points:

- The NHS long term workforce plan had been published and the teams were working on measurable actions and targets for the Trust which would come to the Committee.
- The Committee applauded the freedom to speak up guardians on their ideas to improve their performance
- How colleagues feel was very important to the Trust noting the latest staff survey was about to be launched with a target of 60%.
- Effect on the workforce due to industrial action was noted as a risk.

The Board **NOTED** the report

10/09/23 Charitable Funds Committee Chair Report

NG highlighted the following points:

- Thanks were expressed to Scanappeal for their ongoing contribution and support to the Trust.
- The Committee had approved bids totalling £2.946m related to patient monitoring in the National Spinal Injuries Centre and Emergency Department, anaesthetic equipment in theatres and foetal heart monitors.
- A review was underway to look at unrestricted and restricted funds to enable funds to be used more efficiently.
- The Committee were assured by the overview of financial performance of the fund noting the change in rate of volunteer mileage payments.
- The Committee were partially assured on the update from the investment management company and were moving forward with a review of performance.

NG explained all bids were approved; some were returned requesting additional information on enhancement to patient benefit.

AW noted a specialist company was used for the recycling and disposal of old equipment and when purchasing new equipment, the carbon footprint was taken into consideration.

The Board **NOTED** the report and **APPROVED** as Corporate Trustee of the Charity the above-mentioned bids.

11/09/23

Integrated Performance Report (IPR)

• Elective Recovery

RB highlighted the following points:

- The report for August reflected the improved performance in Urgent and Emergency Care due to the ongoing improvement programme noting the plan for winter would come to Board in October.
- There had been an improvement in the cancer backlog for patients waiting over 62 days and in the numbers of those contracting clostridium difficile.
- Productivity was increasing which was a focus for the Trust.

During Board discussion the following were noted:

- Ambulance handover performance was good compared to regional partners noting new models were being tested to maintain this level of performance.
- There was poor performance around seeing a senior decision maker within 60 minutes however work was ongoing to have greater consistency with using clinical colleagues during that time. There should be an improvement on this in November.
- There had been a reduction in the performance for medically fit for discharge which was consistent across the country. There was a focus on the length of time waiting for discharge of the number who were medically fit for discharge and the transfer of care hub was helping with this.
- The Trust was being asked to share best practice around the turnover rate as benchmarking with others was good.
- Hospital at Home / Virtual wards were in place for admission avoidance and earlier discharge and the single point of access in the winter plan would help get the Trust achieve best in class which would include making better decisions and following up on patients.
- The Board discussed communication and engagement with the public around expectations for their care and where it may take place.

Elective Recovery

- RB updated the Board on the work the Trust was undertaking against the tracker included in the letter sent from NHS England on 4 August requiring the Trust to self-certify against certain measures to improve the management of the waiting list. The Trust had closed the gap in the plan from 20% - 10% some of this being industrial action related and some due to unplanned theatre closures related to estate challenges, and the rest was due to internal productivity challenges which were being addressed.
- A specialty by speciality plan was being put together to deliver the plan of having no patients waiting over 62 weeks by March 2024 and recovery of the activity plan, recognising the impact of industrial action and includes work on validation.
- It was important to undertake as much activity as possible for the benefit of patients and would put the Trust in a better position next year to return to the 18-week standard.
- The Trust would return a partial assurance as 2 criteria would not be met; the validation of patients in the 65-week cohort being booked into an outpatient appointment by the end of October due to capacity constraints.
- JE informed the Board there would be no cap to funding around elective care and the challenge would be to deliver within the national tariff noting there was no financial risk to the Trust's bottom line.
- AM noted there was a plan to increase the pre-op assessments to match the increase in elective surgery highlighting the importance of assessing the fitness of patients for surgery before they were put on a waiting list.
- Thanks were expressed to admin staff for managing the difficult conversations with patients when surgery was cancelled.
- RB noted patients were being tracked to minimise surgery being cancelled multiple times.

The Board **NOTED** the report.

12/09/23

Setting Trust Breakthrough Objectives for 24/25

DD referred to the submitted report and highlighted the following points:

- The areas of focus and effort would be continuing improving waiting times in the emergency department; expanding quality accreditations; improve productivity; improving children's development from reducing smoking in maternity; improving identification of hypertension and improving colleagues experience of inclusion by reducing bullying.

- Business plans were currently being put together.

The Board discussed the following:

- The importance of translating the objectives into reality for patients was paramount and there would be further work on meaningful outcomes.
- The need to cascade these down into the divisions to become meaningful for colleagues was stressed.
- As part of wider partnerships with the council, the importance of everyone knowing their responsibility to stay healthy including knowing your blood pressure levels to reduce hypertension.

The Board **NOTED** the objectives for 24/25.

13/09/23

Finance Report

JE updated the Board on the financial position of the Trust at month 5, noting the following:

- The Trust was on plan with a £10.7m deficit plan
- Efficiencies had been phased into budgets.
- Month 5 to date had been heavily impacted by industrial action
- Workforce numbers have increased 5-6%
- The payment of elective care has not been included and conversations were ongoing with BOB ICB on contracts.
- The Trust was behind on the capital plan however the business cases to be signed off would correct this.
- There were currently three large building projects which were being closely managed.
- There would be a review of the Q4 cash position.
- The finance report had received a lot of scrutiny at the Finance and Business Performance Committee meeting.

The Board **NOTED** the report.

14/09/23

Equality, Diversity & Inclusion Annual Report

BOK informed the Board the report had been considered by the Executive Management Committee and Strategic People Committee and provided updates on progress on race equality for recruitment processes and formal HR process and a reduction in disparity of experiences, recognising the areas still to address were around bullying and harassment and representation of BME colleagues in senior leadership positions.

The report set out two objectives for the year 2023/24; being to improve the BME representation of senior colleagues and to reduce bullying and harassment.

The Board discussed the report, and the following points were highlighted:

- Ensure all colleagues were given the opportunity to improve by accessing and attending learning courses.
- The need to be very clear and enabling colleagues to do the right through ensuring every policy reinforced the plan and it was followed and monitored.
- Previous years objectives such as reasonable adjustments would be carried on and embedded alongside working towards the new objectives.
- It was important to provide context around the numbers in the report.
- The need to understand the experiences of the large numbers of international colleagues who had joined the Trust over the last few years.
Action: Strategic People Committee to receive a report detailing the experiences of international colleagues ensuring they were well supported.
- The Trust had a multi-faceted approach to unacceptable harassment to colleagues from patients and included ensuring patients' arrival at hospital for appointments was a smooth stress free one by having sufficient parking, wheelchairs, correct signage and maps and facilities to purchase refreshments. A visitor experience manager had been employed to oversee this. In addition, there was a 'no excuse for abuse' campaign and work was ongoing with Healthwatch who were supporting the Trust in this.
- A colleague story of a staff member from overseas would come to Board in future.

The Board **APPROVED** the report for publication.

15/09/23

Trust Organisational Development Framework

BOK referred to the submitted report and noted the following points:

- The report provided assurance the Trust was following best practice in terms of culture and leadership, improving systems and processes and organisational design and structures.
- Work was underway to understand and receive feedback.
- Assurance was provided around the model being used noting the importance of leaders and managers.

The Board **NOTED** the report.

16/09/23 Flexible Working

BOK referred to the submitted report and highlighted the following:

- The proposed programme was a change in approach to flexible working and ensuring it was consistent and embedded across the organisation. Flexible working was an attractive element in recruitment and would help to increase productivity.
- Policies would need to be amended and communicated across the organisation.

The Board were supportive of the recommendations and noted the following:

- The changes would not occur overnight, and managers would need to be given the opportunity to work out the logistics of how this worked for the team and the patients.
- The focus would be on outputs and delivery rather than presenteeism.
- Managers would need to be developed to have these conversations.
- It was important to embrace new modern working techniques.

The Board were **APPROVED** the programme of flexible working.

17/09/23 Safe Staffing

KB referred to the submitted report and highlighted the following:

- Tools were in use to map acuity and dependency data for assurance and monitoring of safe staffing,
- The reduction in the vacancy rate was enabling compliance with safe staffing due to the large numbers of international recruits.
- A safety huddle takes place very morning for oversight.
- A community staffing tool was being embedded and would be presented to Board in due course.
- Qualified nurses were being used to support and mitigate the gaps in maternity staffing and there was ongoing robust oversight to ensure safe staffing.

The Board were **ASSURED** by the report.

18/09/23 Quarterly Maternity Quality and Safety Report

KB referred to the submitted report and highlighted the following:

- Safety was a huge focus for the Trust.
- There had been an improvement in smoking cessation.
- There had been a CQC inspection on 12 June which had resulted in a triage improvement programme being put in place for robust oversight. There had been positive feedback around team culture and theatre and work required around medicines management.
- Training compliance was improved for all colleagues in maternity services and an update would come to board.
- Thanks were expressed to Heidi Beddall, Director of Midwifery who was leaving the Trust after ten years recognising the enormous amount of work she had undertaken. An internal recruit would be replacing her on 1 November.

The Board were **ASSURED** by the report.

19/09/23 Organisational Risk Report

NM referred to the submitted report and highlighted the following:

- Hot weather resilience and the impact on colleagues would be added to future iterations of the report.
- The length of time risks remain on the register and the frequency of turnover would be included in future versions.

The Board **NOTED** the report.

20/09/23 Fit and Proper Persons Test

BOK informed the Board of the changes being made to the Fit and Proper Persons Test for members around training and development and strengthening these. Outputs would be recorded on ESR and full implementation was required by March with an annual return.

The Board **NOTED** the report.

21/09/23 Private Board Summary Report

The Board **NOTED** the report.

22/09/23 Guardian of Safe Working Hours Annual Report

The Board **NOTED** the report.

23/09/23 Organ and Tissue Donation Annual Report

The Board **NOTED** the report.

24/09/23 Infection Prevention Control Annual Report

The Board **NOTED** the report.

25/09/23 Paediatric CQC Inspection

The Board **NOTED** the report.

26/07/23 Risks identified through Board discussion

The following risks were identified during board discussion:

- Ongoing industrial action
- The Trust's responsibilities to new recruits

27/07/23 Any other business

There was no other business.

28/07/23 QUESTIONS FROM THE PUBLIC

No questions from the public had been received.

Date of the next Trust Board Meeting in Public: 25 October 2023 at 09.30

Public Board Action Matrix

Action ID	Date Action Opened	Agenda Item	Summary	Target Date	Exec Lead	Status	Update
1489	26/10/2022	Integrated Performance Report	Systematic review of critical infrastructure and shortage of skills to ensure no points of failure	28/06/2023 26/07/2023 27/09/2023 24/10/2023	Chief Operating Officer	Due (deferred)	Discussed at the Trust Board meeting in September 2023; mapping of clinical skills and critical infrastructure underway. Further update to be provided to the Board in October 2023
1596	29/03/2023	Patient Story	Process to follow up patients post-discharge	25/10/2023	Chief Nurse	Propose close	Follow up for stroke patients now being undertaken by the Community Stroke Team on discharge. At 6 months post discharge, follow up is undertaken by the Stroke Association
1805	27/09/2023	ED&I Annual Report	Strategic People Committee to receive a report detailing the experiences of international colleagues ensuring they were well supported.	13/11/2023	Chief People Officer	Propose close	Move to Strategic People Committee Action Matrix
1752	26/07/2023	External Reviews	Combine reporting with the annual Compliance with Legislation Report	31/01/2024	Chief Nurse	In Progress	Compliance with Legislation Report next due to Board in January 2024

Meeting: Trust Board Meeting in Public

Date: 25 October 2023

Agenda item	Chief Executive's Report
Board Lead	Neil Macdonald, Chief Executive
Author	Chloe Powell, CEO Business Manager
Appendices	Chief Executive's Report Appendix 1 – BHT Tripartite Letter Appendix 2 – CARE Value awards Appendix 3 – Executive Management Committee and Transformation Board
Purpose	Information
Previously considered	None

Executive summary

This report aims to provide an update on key developments over the last month in areas that will be of particular interest to the Board, covering both Trust activity as well as that done in partnership with local organisations in Buckinghamshire (Place), and as part of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS).

In September, we had our regular 'tripartite' meeting with colleagues from BOB Integrated Care Board and the NHS England South East Regional team; I attach a letter received following this meeting (Appendix 1).

Also appended are a list of the winners of our monthly CARE value awards (Appendix 2) and a summary of Executive Management Committee and Transformation Board for the last month to provide oversight of the significant discussions of the senior leadership team (Appendix 3).

The Board will receive a quarterly Place & System Report moving forwards following discussion last month.

Decision	The Board is requested to note this report.
-----------------	---

Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
--	---	---	--

Relevant objective

<input checked="" type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	Highlights activities in place to support high quality patient care
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Links to all strategic objectives of the BAF and highlights any risks of note to the Board
Financial	Provides an overview of the Trust financial position
Compliance	Updates on any changing or new legislation or regulation of relevance to the Board.
Partnership: consultation / communication	Highlights partnership activities at Place and System
Equality	Highlights activities regarding equalities where relevant, including equality standards and health inequalities
Quality Impact Assessment [QIA] completion required?	Not required for this report

Chief Executive's Report

National and system update

I would like to start my report by acknowledging the significant events taking place in the Middle East at the time of writing this report. With both Israeli and Palestinian colleagues in our BHT family, our thoughts are with those most personally affected.

In September we had our regular 'tripartite' meeting with colleagues from the BOB Integrated Care Board and NHS England South East regional team to discuss our progress against key performance measures in line with the NHS England Oversight Framework. Appended to this report is a summary letter which we received following this meeting (Appendix 1).

October is Black History Month and I am delighted to share that not one but two of our senior nursing leaders have been recognised in the 10 most influential Black, Asian and minority ethnic leaders in health and care by the Health Service Journal (HSJ) supported by the NHS Race and Health Observatory. We are extremely proud of Karen Bonner (Chief Nurse) and May Parsons (Associate Chief Nurse), and incredibly fortunate to have such clinical role models in our organisation. One of our Non-Executive Directors, Dr Adrian Hayter, is also recognised in the top 50 list.

Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. I would note the challenges we are experiencing with patients being seen by a senior decision-maker within 60 minutes of arrival, and the increasing size of our acute waiting list, both of which were discussed at Transformation Board. On a positive note, we are seeing a statistical improvement in ambulance handovers, and with the number of bed days lost in month for patients who were medically optimised for discharge but not discharged. Regarding key metrics for our workforce, we continue to see positive trends in terms of vacancies and turnover, and statutory and mandatory training.

Significant work has gone in to ensuring we are as prepared as possible for the increased demand we anticipate each year over the winter period. A separate report is provided later in the Board agenda, which highlights five areas of focus, things we have already put in place over the summer months, and a series of interventions planned for the coming weeks which we anticipate will make meaningful improvements when demand is at its highest. This plan, developed with partners, has been reviewed by both the Buckinghamshire Health & Wellbeing Board and Health and Adult Social Care Select Committee.

We have also started our 'Rapid Improvement Events' in recent weeks. These are periods of intense support from our Quality Improvement team with sponsorship from an Executive Director. This series is targeted on the inpatient wards at Stoke Mandeville Hospital with a focus on making the patient stay as efficient as possible in line with best practice inpatient care e.g. planning for discharge at admission.

Our Research & Innovation department continues to go from strength to strength, and this month saw the inaugural Buckinghamshire Innovation Roundtable, a new collaboration between University of Buckingham Medical School, the Buckingham Enterprise and Innovation Unit, Buckinghamshire Local Enterprise Partnership, and our Innovation team. The purpose is to identify key strengths that Buckinghamshire as a region has (e.g. precision engineering at Silverstone, creative industries at Pinewood, Space technology at Westcott and headquarters of international companies) to ensure we are using these to answer local healthcare needs, as well as develop new leading niche areas. Initial areas of interest include AI, leveraging 5G connectivity and extended realities. We look forward to seeing the outputs of this exciting collaboration.

I am delighted to share several commendations this month: firstly congratulations to our Clinical Trial Pharmacy Team who won the Outstanding Contribution to Clinical Support Services Award at this year's National Institute for Health Research (NIHR) Clinical Research Network Thames Valley and South Midlands (LCRN) staff awards. A further seven members of the research team were Highly Commended at the awards for their contributions.

Secondly, our Psychology Team at the National Spinal Injuries Centre were invited by the Shirley Ryan Lab in Chicago to join in their application for a \$4.2 million grant application from the USA National Institute on Disability, Independent Living and Rehabilitation Research. The grant, also involving collaborators in collaborators in the USA, Australia, Canada, The Netherlands, and Norway, was recently awarded to examine Rehabilitation Length of Stay Following Spinal Cord Injury. More information can be read [here](#).

And lastly, congratulations to Carers Bucks, who celebrated their 20th Birthday this month. This organisation provides invaluable support and advocacy for the wealth of people who perform a caring role for their friends or loved ones across the county and are an important partner for us in continuing to improve the experience of our patients.

This month there are numerous national campaigns which we have been recognising or celebrating across the Trust including World Mental Health Day, Baby Loss Awareness Week, and Black History Month. Allied Health Professionals Day will be a fantastic opportunity to recognise the numerous healthcare professions which may not immediately come to mind when we think of patient care, but which contribute significantly to excellent care and outcomes.

Healthy communities

I am delighted to confirm that our Health on the High Street unit is now open in Friar's Square in Aylesbury. Local residents are able to access healthcare services and advice centred around the needs of the community, including:

- Preventative healthcare advice and screening
- Children and young people's services
- Maternity advice and support services
- Vaccinations
- Older peoples' support

This pilot scheme is a joint initiative with Buckinghamshire Council and has been initiated in recognition of the fact that public services need to serve our communities better, especially in areas of deprivation where they need to be as easy as possible to access. A video describing more about the initiative can be watched [here](#).

Continuing the theme of our ambition to deliver more care in our communities, we held on Older People's Day at one of our sites in the south of the county, Chalfont & Gerrard's Cross Community Hospital. Across the 70 or so people who attended the day, the team held 34 fitness reviews and 49 blood pressure checks. My thanks to the variety of specialists who supported the day.

Earlier this month we were delighted to be joined by Countess Howe, the Lord Lieutenant for Buckinghamshire, to celebrate achieving the Defence Employer Recognition Scheme Gold Award by resigning the Armed Forces Covenant. The resigning underlines our commitment to supporting our local Armed Forces community across Buckinghamshire, both as patients and as our colleagues.

Great place to work

It was such a pleasure to celebrate our longest serving colleagues and volunteers this month. The NHS, more than any other industry, seems to instil a sense of loyalty and commitment in those who choose to work or volunteer in healthcare, and I am deeply humbled by the incredible stories I heard at these events. The patients they serve, either as patient-facing clinical staff or

through our numerous support services, owe a huge debt of gratitude, and they have my personal sincerest thanks which I am sure the Board will echo.

This month the National Staff Survey opened, and we are strongly encouraging all colleagues from across the Trust to share their views about working at the Trust. The data we receive from this anonymous national initiative are so important – we know that how our colleagues feel positively correlates with the quality of care we provide, and this is the most comprehensive set of feedback we have access to, to inform our priorities as an organisation.

October is Speaking Up month, and recent tragic events at the Countess of Chester Hospital are a stark reminder of the paramount importance of this service. This year the national theme focuses on Breaking Barriers. We are also working to emphasise the other critical elements of Speaking Up, namely Listening Up and Following Up.

Finally, huge congratulations to the team from our National Spinal Injuries Centre who won the 2023 Inter Spinal Unit Games. This year 11 spinal units from around the UK and Europe took part in the games, which provide opportunity for recently injured adults to discover life-transforming benefits from taking part in sport.

Appendices

Appendix 1 – BHT Tripartite Letter

Appendix 2 – CARE Value awards

Appendix 3 – Executive Management Committee and Transformation Board

Sandford Gate
Sandy Lane West
Oxford
OX4 6LB

6th October 2023

Neil Macdonald
Chief Executive Officer
Buckinghamshire Healthcare NHS Trust

Dear Neil,

BOB ICB Tripartite Oversight Meeting with Buckinghamshire Healthcare and NHSE

Thank you to you and your team for providing comprehensive updates on the Trust's position at the BOB/NHSE Tripartite Oversight Meeting on 14th September 2023, the second meeting of the 2023/2024 financial year.

The purpose of the meeting was for the Trust to provide updates on performance and assurance on key operational areas.

Summary highlights of the presentation topics included:

UEC Programme

There is evidence that the Trust has increased productivity and flow through the Emergency Department (ED) since the previous meeting, with the successful go live of the 24/7 Urgent Treatment Centre and SDEC extended hours at Stoke Mandeville Hospital in July 2023. In addition, all of the new consultants are now in post with the Department fully established at 12 consultants. However, industrial action continues to impact on the consistent productivity of the department.

Ambulance handover performance at the ED has shown great improvement with a culture change being introduced whereby the Emergency Department medics are taking ownership of issues and significant operational changes; for example the removal of the Emergency Practitioner in Charge role to ensure there is a consultant at ambulance and walk in arrival respectively between 8am and midnight seven days a week. These in turn deliver significant patient benefits. The Trust stated their bed occupancy rate was 99.7%. A modelling review has identified that 50 additional beds are required, which will be partially addressed through the introduction of a new ward, but the remaining capacity would require the implementation of a further ward in the coming year.

The significant reduction in the length of stay was noted. There are a number of initiatives to be delivered in the coming months that will increase capacity and/or manage demand and thereby reduce waiting times for patients. These include:

- Opening of the Transfer of Care hub (16th October 2023)
- Clinical Decision Unit opening on 2 October 2023 providing an additional 12 beds and 12 chair spaces.
- Implementing single point of access on 6th November 2023 and
- Olympic Lodge reopening on 23rd October 2023 (22 MOFD beds).

The Trust provided assurance that maintaining the 12 hours wait trajectory was sustainable by having senior workforce in place and the continuation of the clinical staff effectiveness review. The implementation timeline for the additional twenty-two beds through a capital build is challenging so to mitigate the risk, 10 additional beds will be opened on the top floor of the Olympic Lodge in January and February.

Despite these clear interventions and improvements in elements of the pathway, the Trust did not achieve the trajectory for UEC performance that was outlined at the last assurance meeting, although it has shown some improvements since that meeting and in August. Further interventions are planned over the coming months to improve performance. The ICB will continue to work closely with the Trust on the Buckinghamshire system UEC improvement programme.

Planned Care

Activity plans are off plan due to industrial action, theatre closures and a shortfall in productivity. The Trust are currently addressing the productivity and usage of theatres and introducing programmes which have increased list and booking capacity. The gap to activity plan has reduced from 20% to 10% from M1 to M5.

The Trust has a programme to develop recovery trajectories for activity and 65 weeks which will come through by the end of the first week of October. The Trust is facing particular issues within Dermatology from a high flow of referrals and the lack of implementation of tele-dermatology, an intermediate service, and a national must-do for cancer care. The Trust has developed an internal solution and has asked the ICB to understand the lack of delivery of this intermediate service.

Action: ICB to follow up on position regarding intermediate dermatology service

The Digital Mutual Aid System (DMAS) is being utilised and local Trusts were offering some mutual aid on a case-to-case basis to reduce the 65 week waits. The use of DMAS was partially dependent on the financial position and work is currently taking place with the ICB to build this into the recovery plans. The Trust acknowledged the letter received from Jim Mackey and that the OPFU target would not be delivered.

The Trust reported that there are opportunities to improve the position through validation, which is dependent on how quickly the process can be achieved. A projected 10-15% improvement is anticipated over the course of the rest of the financial year. Additional colleagues are starting in the Trust to increase booking and validation.

The Trust highlighted the introduction of a new pre-operative triage tool which utilises data to triage patient cohorts according to their comorbidities, allowing early and fast-tracked assessment improving capacity and throughput. Currently 20% of patients on the orthopaedic waiting list are being removed due to being unfit for surgery at admission date. High risk, less fit patients are being identified earlier in the pathway to ensure they are fit for surgery. It was reported that previous initiatives to encourage healthier lifestyles have had little impact.

Action: The ICB and Trust to consider the feasibility of a Primary Care pre-operative intermediate service which aims to ensure patients are fit for surgery at the time of planned admission.

Action: The Trust is asked to produce a recovery plan for elective waits incorporating the asks of the national outpatients' letter to present at the ICS Elective Care Board on 9 October.

Cancer

The Trust has successfully delivered its 62+ day long waiter trajectory having number of patients waiting > 62 days in the region July with 4.7%. The 62-day performance achieved 76% in July for which they were congratulated by region and ICB.

We look forward to seeing a sustained improvement in 62-day performance and would welcome, a "lessons learned" session, facilitated by the alliance, which articulates the improvement journey to compliance.

It was noted that oncology and chemotherapy capacity within Oxford requires further discussion with the Thames Valley Cancer Alliance. It has been recognised that the Alliance and BOB footprints do not mirror which can cause challenges in management of pathways and capacity in the round.

Action: ICB and NHSE to raise the issue regarding Oncology capacity with TVCA

Diagnostics

The Trust confirmed they are maintaining a DM01 performance of around 45% with a trajectory of 40% at the end of quarter 4, which is well below the national target. This position has been primarily driven because of a mismatch of demand and capacity, particularly in MRI and endoscopy. To mitigate, initiatives to improve demand management and productivity are being put in place such as:

- CDC funding for a new CT and MRI scanner at Amersham Hospital.
- Bid via the Elective Care Hub to increase the number of Endoscopy rooms from 4 to 6.5 rooms at Wycombe hospital (cold site).
- iREFER system usage to avoid inappropriate referrals.

The Trust confirmed that they have funded diagnostic activity relating to cancer and urgent care to deliver the 65 weeks wait and that further outsourcing could occur using the limited funding available. However, utilising outsource capacity is not a sustainable solution to increase the capacity. Priority investment areas for the Trust are MRI, CT and Endoscopy capacity, which would support the delivery of 65 week waits.

NHSE highlighted that the DM01 rate for the region was approximately 25-26% making the Trust an outlier in this area and enquired if any further impact could be made to reduce the 40% without additional funding. The Trust confirmed this would not be possible due to insufficient scanner capacity across the system. Utilising data, the Trust is reviewing the risk of clinical harm for long waiting patients, and this will be discussed with the ICB.

The Trust reported that they have met with Oxford University Hospitals to learn more about the productivity work they have undertaken. The ICB highlighted that the Digitalised Diagnostics Programme in the coming months should start to unlock the ability to perform better mutual aid and the Trust's teams would be able to utilise this.

The Trust informed that endoscopy resource is required at scale to address the capacity gap and a modular solution may be a possibility on the land at Wycombe Hospital. It was agreed that the situation could not wait 2 years and there is an urgent requirement to understand the endoscopy capacity gap across BOB in its entirety; the links to the Elective Care Hubs and the value of funding available.

Action: Trust to work with the ICB on further options to reduce diagnostics waits, review the risk of harm from these long waits and produce an updated position by the end of October.

Action: ICB to work with regional diagnostic programme to confirm whether the CDC programme offers a route to capital availability

Community Services

The Trust delivers 37 community children's and adults services. It was noted that the service specifications within the community contract are out of date and clarity is required to address the difference between what is commissioned and what is currently delivered. There is a view that some of areas of care could be delivered within Primary Care given the development of Primary Care Networks. Areas the Trust are focusing on are single point of access, flow between community and acute beds and patient discharge. The community cardiology programme will focus on improving access in the most deprived wards. More broadly the Trust set out its ambition to develop a revised clinical strategy focused on 'de-hospitalising' Buckinghamshire which had been received well by Place partners and will be part of a wider Place strategy.

The Trust improvements for the 'Hospital at Home' service were recognised by the ICB and NHSE.

The Trust is part of the multi partner response to the SEND challenges across Buckinghamshire. To further reduce waiting times, the Trust has plans to outsource 360 of the longest waiters and is also working on a model to address the gap in Speech and Language Therapists and Occupational Therapists.

The Trust also raised concerns regarding the school's immunisation re-procurement process and asked for NHSE and ICB support to review the process.

Action: ICB to consider process for reviewing the community contract and aligning it to activity.

Action: ICB/NHSE to revisit the childhood immunisation strategy and risk to the process if there is no NHS provider bidding across BOB.

Quality

The Trust has undertaken two CQC inspections since the last meeting; one of which was unannounced. The Paediatric inspection report has been received and includes 1 must do and 1 Should do action; both of which have been delivered. The maternity inspection report is currently with the CQC for factual accuracy checking.

The Trust mortality ratio remains low.

It was noted that 2 key posts within the maternity directorate have become vacant, one of which has been recruited to internally and the other being out for advert. The Trust and ICB work closely together to discuss improvements to the maternity pathway.

Finance and capital

The Trust reported that the M4 financial position was in line with plan. No impact of ERF or variable payments have been assumed. The Trust is looking at specific technical adjustments at the end of the financial year to include:

- Settlement of an outstanding PFI, with a Deed of Variation is being written - £2m
- Large scale valuation of estates (MEA or equivalent asset process) in conjunction with WSM and ICB colleagues - £2-2.5m
- Technical finance within the balance sheet - £2m

Regarding the divisional CIPs, an estimated gap of £5-6m remains on a recurrent basis which is reviewed and updated weekly. Data driven workshops within specialities are occurring with a view to identify further savings and change the culture to reduce cost and improve productivity.

Workforce controls remain in place, with temporary staff usage at 3.4% which is below the cap of 3.7%. The focus remains on targeting the change from agency to bank staff.

The Trust informed that energy inflation had been £1m less than planned and that a full review around clinical supplies would be worked through to see if further savings can be identified.

It is important to note the impact of industrial action is currently at a direct cost of at least £0.5m to date.

The Trust continues to look at innovative funding models to address capital availability constraints including an assessment of the flexibility within ICB suggested FRS 16.

The meeting concluded with the requirement to discuss the next steps for the Trust and the continued focus on addressing the delivery of diagnostics and elective activity to achieve planned levels. The ICB and NHSE will discuss the segmentation position and communicate with the Trust in due course.

Action: NHSE to confirm next steps and position regarding segmentation

I personally wanted to thank you and your Executive team for a positive and open meeting where you shared an overview of performance and identified areas of challenge.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matthew Tait', with a long horizontal flourish extending to the right.

Matthew Tait
Chief Delivery Officer

Cc: Nick Broughton, Chief Executive Officer (Interim), BOB ICB

Annex 1 Agreed action and support

	Agreed Action and Support	Lead/s
1	ICB to follow up on position regarding intermediate dermatology service.	Matthew Tait
2	The ICB and Trust to consider the feasibility of a Primary Care pre-operative intermediate service which aims to ensure patients are fit for surgery at the time of planned admission.	Matthew Tait/ Raghuv Basin/ Rachael de Cux
3	The Trust is asked to produce a recovery plan for elective waits incorporating the asks of the national outpatients' letter to present at the ICS Elective Care Board on 9 October.	Raghuv Basin
4	ICB and NHSE to raise the issue regarding Oncology capacity with TVCA.	Matthew Tait/ Rachael De Caux/ Chris Tibbs
5	Trust to work with the ICB on further options to reduce diagnostics waits, review the risk of harm from these long waits and produce an updated position by the end of October.	Raghuv Basin/ Matthew Tait
6	ICB to work with regional diagnostic programme to confirm whether the CDC programme offers a route to capital availability.	Raghuv Basin/ Justin Collins/ Jayne Rhodes
7	ICB to consider process for reviewing the community contract and aligning it to activity.	Matthew Tait/ Rachael Corser
8	ICB/NHSE to revisit the childhood immunisation strategy and risk to the process if there is no NHS provider bidding across BOB.	Rachael Corser/ Jackie Huddleston
9	NHSE to confirm next steps and position regarding segmentation.	Jackie Huddleston

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 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Faye Bedford	Colorectal Stoma Nurse Specialist	Faye has recently been required to support a very complex patient who has been diagnosed with a bowel cancer whilst pregnant. Very difficult conversations have had to take place and Faye has remained alongside the patient and her family to support what is an agonising process. To meet the needs of her patient Faye collaborated with a wide range of professionals, she sought out the right people to provide ongoing care and throughout stayed with her patient who was understandably distressed and highly vulnerable. This was a particularly difficult case, but it symbolises how Faye goes above and beyond for all her patients no matter how challenging the situation. Faye embodies our Trust values in what is a relatively new leadership role she is truly excelling. I believe this is because her emotional intelligence and her natural empathy equip her well to support both patients and staff and I very much hope she can be recognised and rewarded for her exemplary work.	Colleague
Aspire	Dr Maria Zammit-Mangion	Consultant Obstetrician and Gynaecologist	Dr Zammit was friendly and approachable from our very first interaction with her. As new parents going through pregnancy, we were nervous about the process. I had some complex prior medical history all of which was dealt with by different hospitals in Berkshire. Dr Zammit was thorough and comprehensive in her review of my medical history and reached out to all my precious doctors to bring everything together to plan for my delivery. She made me feel reassured and confident in the maternity care at Wycombe and Stoke Mandeville hospitals. She kept in regular communication with me throughout my pregnancy and was clear and evidence based in presenting my birth plan options to me being clear about risks and benefits. She gave me and my partner time to think and assess our options and answered all our questions. We feel so lucky to have been under her care, she's a fantastic asset to the team and the entire team at Wycombe and Stoke Mandeville. The maternity and labour ward have all been wonderful.	Patient
Respect	Huben Hubenov	Doctor, Sunrise Cancer Care Unit at Wycombe	I have worked for the Trust for 23 years; I have worsening mobility problems and rely on my mobility vehicle for independence which allows me to work. I was driving home yesterday going up the slope towards Hospital Accommodation in Wycombe when my mobility vehicle suddenly stopped. It had broken down. This wonderful, kind man stopped and helped me so much, I was in pain, I was stressed, getting panicky and close to tears as I needed to get back to feed my beautiful fur baby, it was just another event that added to an awful day for me. This incredible, kind-hearted soul stayed with me whilst I was arranging for my vehicle to be picked up. His patience was so welcoming. He was even looking on his phone to see if he could try and find a reset button on my vehicle. When you think about	Colleague

			<p>it, after a hard day's work Huben could have just ignored me and walked on, but he didn't, he stayed there with me for ages and so very kindly drove me home. There was another family that stopped to help which was incredible. I really need to emphasize the genuine kindness of this wonderful human; he made such a huge difference to me yesterday. While I appreciate that this form is based on work accomplishments, I do feel this is even more special as Huben took at least an hour out of his own time to ensure I was okay and the fact he helped me home. I can only imagine how wonderful Huben is to his patients and know that everyone would be treated with kindness and respect. This was also confirmed by the lovely lady who answered my call today. My heart literally soars with pride knowing we have this wonderful Doctor working in our Trust. I'm hoping that Huben's kindness is rewarded because he went out of his way to help a stranger in need. Huben, if you get to see this, I thank you from my entire heart and soul for your kindness to me. It's so lovely to know such kind humans exist in this often-cold world. I wish you the very best of health, happiness, and success always. Please don't ever forget how much of difference you made and continue to make.</p>	
Enable	Kirsty Taylor	Paediatrics deputy sister	<p>Kirsty is a very hard-working member of the team; she demonstrated such amazing managerial skills when working as nurse in charge. Kirsty can make you feel at ease when she is in charge. She will ask everyone if they are ok and if she can help in anyway. She works well in enabling others to do their best and especially student. I remember having Kirsty as my mentor when I first started as a student nurse and Kirsty still inspire me today.</p> <p>Kirsty is honestly the best supervisor I have had over the last 3 years of placement as a student. She values each person as an individual knows their strength and weaknesses and is always available to help other staff members, students, patients, and their families no matter how many other things she must do. She always thinks about her team and makes sure they take their breaks before taking her own. Always puts others patient, staff, and parents before herself. She is a great teacher, gives clear instructions is very organised and is very knowledgeable at teaching both staff and students as well as explaining medicines to a parent when discharging the patients. She knows about all the patients present on the ward and when ever asked a question she always knows and can direct appropriately. She completes all my student paperwork on time and straight away when asked and we have proper chats about anything I want to learn or what I need to get signed off etc. She always asks staff if they need any help. She is kind, caring, positive and a great motivator towards everyone and a real credit to this team on ward 3.</p>	Colleagues

Executive Management Committee and Transformation Board

Executive Management Committee 26 September to 10 October 2023

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

Integrated Performance Report – quality metrics
Care Quality Commission action plan update
Safe staffing report
Mortality review group update
Deteriorating patient group update
Clinical effectiveness quarterly report
Organisational educational culture
Research & Innovation annual report
Regional diagnostic networks
Point of care testing
Winter plan
Elective recovery plan

Governance

Trust Policy sub-group ratification report
Corporate Risk Register updates
Minutes from EMC sub-groups

Money

Productivity and efficiency update
Monthly finance report
Procurement update
Managed service contracts
MRI CT business case
Business planning

Digital and Estates

Premises Assurance Model (PAM) annual report
Wycombe Hospital high voltage electrical work
Smokefree Pledge
Electronic Patient Record finance update

People

Freedom to Speak Up action plan in response to NHS
England letter re Lucy Letby case
CARE awards

Transformation Board 18 October 2023

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 is chaired by our Chief Digital and Information Officer and meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement (QI). The following provides an overview of the key areas considered in the last meeting:

Quality Improvement projects on a page
Integrated Performance Report
Finance review
NHS Impact assessment
Organisational design
Project lifecycle
Transformation Portfolio updates

- Urgent and emergency care
- Planned care
- Healthy communities
- Digital
- Diagnostics

Report from Chair of Quality and Clinical Governance Committee (Q&CG)

Date of Committee 18 October 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 20 September 2023	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report (IPR)	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance	Assured – noting stability in key metrics	None	n/a	To note quality metrics for September 2023 and Committee discussions
Mental Health Report	Update on the arrangements for care of Trust patients with mental health needs including current challenges and mitigating actions	Assured – noting Quality Improvement (QI) project being undertaken and commissioned review of the Psychiatric Liaison Service, mental health training module and revised policy and guidance related to the Mental Health Act	None	Quarterly update scheduled for presentation to the Committee	n/a
Paediatrics Quality & Safety Report	Summary of key metrics within children and neonatal services	Assured – noting appetite for system wide conversations regarding mental health services for children and young people	Need to review the mutual aid process for neonatal cot capacity across the system	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Quality Priority Report	Overview of progress against the Quality Account Priorities for 2023/24	Assured	None	n/a	n/a
National Maternity Survey	Summary of findings from the annual maternity survey	Assured – noting the positive relationship with the Maternity Voices Partnership (MVP)	Deep dive into responses from individuals in global majority groups to inform effective action planning	n/a	n/a
CQC Improvement/ Action Plan	Update on progress against actions related to CQC inspections of the Trust	Assured – noting internal audit work to test evidence	Further work to improve signage including a digital map solution and more dementia friendly signage	n/a	n/a
Cancer Report	Overview of Trust performance related to Cancer Waiting Times (CWT) standards and focussed improvement plan for 2023/24 including learning from the clinical harm process and development of a Patient Engagement and Cancer Strategy	Assured – noting the change in CWT standards and requirements and specific work undertaken within dermatology services	Triangulation of clinical harm with patient experience and complaints/concerns raised within dermatology and plastics noting the volume and risk related to these services	n/a	n/a
Safe Staffing	Overview of Trust nursing and midwifery staffing for the month of June 2023	Assured	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
End of Life Strategy	Update on progress against the End of Life Strategy 2021-2024	Assured – noting work to standardise ‘just in case’ medication	Triangulation of information regarding the involvement of families and carers across all Trust services to determine the presence of any systemic or documentation issues Need for greater utilisation of the shared care record within palliative care	n/a	n/a
Clinical Effectiveness Quarterly Report	Update on activities reported to the Clinical Effectiveness Group including Clinical Audit and Clinical Guidelines	Assured – noting improvements in processes related to clinical guidelines, all of which were now in date Key national audits were highlighted along with the benefits of these for ease of benchmarking	Triangulation of recommendations from audits with actions arising from incidents reported in Datix	n/a	n/a
Committee Risks	Overview of strategic and operational risks for which the Committee has oversight	Assured	None	n/a	n/a
Patient Safety Board Minutes	Minutes of the meeting held on 31 August 2023	Noted	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Mortality Reduction Group Minutes	Minutes of the meeting held on 18 July 2023	Noted	None	n/a	n/a
Research and Innovation Annual Report	Annual report for 2022/23 highlighting key successes for the year	Noted	None	n/a	n/a
Any Other Business	Thanks provided to Heidi Beddall, Director of Midwifery, during her last Committee meeting at the Trust.				

Emerging Risks noted:

- Inability to consistently meet the mental health needs of patients within an appropriate timeframe, including within children and young people's services.
- Ongoing rise in cases of COVID-19 ahead of winter months.
- Neonatal cot capacity deficit across the system.
- Significant demand for cancer services, particularly within dermatology and plastics.

Meeting: Trust Board Meeting in Public

25 October 2023

Agenda item	Integrated Performance Report	
Board Lead	Raghuv Bhasin, Chief Operating Officer	
Type name of Author	Wendy Joyce, Director of Performance	
Attachments	Trust IPR September 2023	
Purpose	Information	
Previously considered	Transformation Board 18.10.2023 Q&CGC 18.10.2023 F&BPC 24.10.2023	

Executive Summary

Attached to this paper is the Trust's Integrated Performance Report for review ahead of submission to the Public Board.

This report was discussed at The Trust's Transformation Board on 18 October 2023. Key points made in discussion include:

- Questions as to the challenges around Dermatology relating to cancer with further detail requested including on potential harm.
- Discussion around how to increase utilisation of virtual wards and ensure that this is truly additive activity.
- Discussion around what more is needed to drive improvement in the senior decision maker within 60-minute metric in the Emergency Department.
- Noting continued strong progress on our people metrics across the Trust.

The Quality metrics were considered by the Quality & Clinical Governance Committee 18 October 2023 who welcomed the stability in key metrics. A verbal update will be provided to Trust Board following consideration of the full IPR by the Finance & Business Performance Committee on 24 October.

Decision	The Committee is requested to consider performance and risk impact.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters	
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers	
<input checked="" type="checkbox"/> Improve productivity			
Implications / Impact			
Patient Safety	Quality and Safety Metrics core part of the IPR		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 1; Failure to provide care that consistently meets or needs performance and quality standards. Principal Risk 4; Failure to provide consistent access to high quality care for CYP Principal Risk 5; Failure to support improvements in local population health and a reduction in health inequalities.		

	Principal Risk 6; Failure to deliver on our people priorities.
Financial	Financial reporting outlined in the outstanding care section of the report
Compliance Select an item. Select CQC standard from list.	Well Led - Operational planning is a statutory requirement of NHS Trusts.
Partnership: consultation / communication	The report is produced in conjunction with divisional and BI colleagues.
Equality	Reducing health inequalities is a core part of our strategy and a core part of the planning requirements for the NHS. Health inequalities metrics included in the health Communities part of the IPR.
Quality Impact Assessment [QIA] completion required?	Not required

Integrated Performance & Quality Report

September 2023

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Integrated Performance & Quality Report

Introduction & Contents

The Buckinghamshire Healthcare Trust Integrated Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust based on the latest performance information available and reporting on actions being taken to address any performance issues with progress to date.

The contents of the report are defined by the Trust's three strategic objectives and the Trust Improvement Programme.

Outstanding Care

Provide outstanding cost effective care

Operational Standards

- Urgent Emergency Care Recovery
- ED Performance
- Ambulance Handovers
- Emergency Admissions
- Length of stay
- Urgent 2 hour response

Elective Recovery

- Waiting List
- Activity
- Theatres
- Outpatients
- Community waiting list
- Cancer
- Diagnostics

Quality and Safety

- Incidents
- Infection Control
- Patient Safety
- Patient Experience

Healthy Communities

Taking a lead role in our community

- Community Contacts
- Cardiology referrals from deprived wards
- Maternity smoking & breastfeeding
- New Birth Visits Within 14 Days
- Child health reviews

A Great Place to Work

Ensuring our people are listened to, safe and supported

People

- Vacancies
- Turnover
- Occupational Health
- Sickness
- Training

Report changes this month

Metrics that have been added to or removed from the report since last month

Added

Removed

Changed

Integrated Performance & Quality Report

Executive Summary

September in the Trust saw significant disruption both from five days of Industrial Action and from the preparation for a further three days at the start of October. There was a significant increase in attendances at A&E which drove a decline in performance and waiting times moving the Trust off trajectory for improvement. The performance challenge was particularly related to the front door of the hospitals with challenges in waiting times in the Urgent Treatment Centre as well as the main Emergency Department. Handover delays continue to reduce which is positive but there is a renewed focus on the team working across the front-door utilising the new capacity that is in place. This will be further augmented by the Clinical Decision Unit which opens in October.

Turning to elective care the Trust continues to make inroads in reducing its gap to activity plan and has established a clear recovery trajectory to deliver zero 65 week waiters by March 2023 with a major increase of capacity (internal, insourced and outsourced) for new outpatient appointments in October and November. This focus on new outpatients will continue into Q4 as the Trust seeks to accelerate reductions in waiting times and the elimination of 52 week waiters into next year. It is worth noting that the Trust is making steady (if slow) progress in improving its RTT performance. Community waiting lists remain relatively static with 65 week reduction trajectories in development in line with acute specialties. The outsourcing in Community Paediatrics

Cancer performance was challenged in August principally due to challenges in the Dermatology service which is one third of our overall cancer PTL. There is a shortage (which is a national issue) of colleagues in Dermatology against a position of a significant increase in referrals and the lack of a system-wide teledermatology solution which has been escalated with region and the ICB. We have four new doctors joining in Dermatology between October and December which will address the majority of the capacity imbalance with an inhouse teledermatology solution by the end of the financial year. Performance will be at reduced levels through to November/December.

Looking at Diagnostics there has been some positive progress in Endoscopy which has been achieved through clinical validation of the waiting list. Additional funding has been secured for the procurement of a mobile MRI scanner which will see significant improvements in this modality. A revised trajectory is being developed to build in this additional capacity and will be presented in next month's IPR.

Workforce

We continue our focus on recruitment and retention of our colleagues. This is having a positive impact on our people metrics and supports us stabilising our substantive workforce.

Our priority alongside this is the reduced reliance on temporary staff, through a dedicated Trust wide programme of work. Improving the overall starting experience for colleagues joining BHT, through both recruitment and induction initiatives, is an aspect of our retention work and we are introducing more opportunities for connecting and listening events for all our colleagues during their first year.

The numbers of referral into the Wellbeing team remain high, but are a positive reflection of the holistic initiatives on offer. We are closely monitoring sickness as we head into winter to ensure we proactively support accordingly, including the Flu and Covid vaccination programme.

Activities for freedom to speak up month are in place to create a culture in which all colleagues feel safe to speak up and that they feel confident that their concerns would be addressed.

The national staff survey has launched in October and initiatives are in place to encourage uptake.

Healthy Communities

Start Well: In September '23, 2% of women were smoking at time of delivery, which is ahead of planned trajectory, as the full impact of plans is expected to be seen in early Q3.

Live Well: In September '23 there is an increase of referrals to cardiology from patients from the opportunity bucks wards of 2.8% YTD, which is inline with the trajectory of 2.5% increase in September, aiming to achieve 7.5% by March 2024.

Age Well: Achievement in Q2 is 94% of patients 65+ in Emergency Department (ED) had a clinical frailty score (CFS) recorded continuing to exceed the original target.

Quality and Safety

Complaints compliance rate of 85% for 25 days response time achieving the set target for four consecutive months since target restarted post COVID-19 pandemic.

PALS enquiries and contacts - 95% of emails, telephone calls and voicemails responded within 3 working days.

Trust rolling 12-month HSMR for June 2023 is 90.9 and classified as "lower than expected".

The trust continue to achieve set target on VTE risk assessment, TEP completion and EWS compliance

No MRSA bacteraemia case reported in September 2023 and no serious incidents declared as Never Event.

Antimicrobial usage is closely monitored and reviewed to prevent avoidable CDI due to inappropriate use of antibiotics.

The trust has accredited 63 areas, and 51 areas have received their awards with 12 awaiting results. To date, 22 Silver, 23 Bronze and 1 Gold received accreditation award.

Based on current trajectory, the set target for clinical accreditation programme (CAP) will be achieved by December 2023. Rota has been developed for weekly CAP assessment which includes senior clinical colleagues, non-clinical staff and members of the Executive team

Preterm birth data stabilised in September, remains within common cause variation but above target. All women had appropriate risk assessment at booking, however the ability to estimate timing of birth remains challenging owing to national unavailability of point of care testing. Focus for this quarter is raising awareness of the signs of preterm birth amongst higher risk groups and extension of the optimisation bundle to include further elements that will reduce morbidity amongst preterm infants.

Smoking at time of delivery has fallen to just 2%. This is a vast positive improvement from the previous months which is possibly due to improved services around smoking cessation.

Integrated Performance & Quality Report

Breakthrough objectives

Outstanding Care

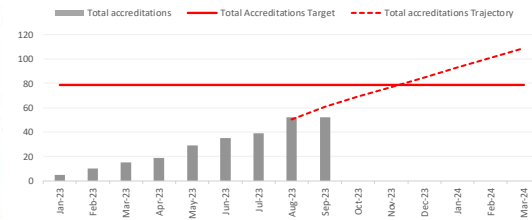
12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).



CAP trajectory - total accreditations

Cumulative figures



Overall NHSE measure of productivity

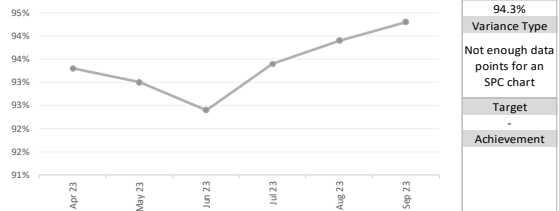
Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



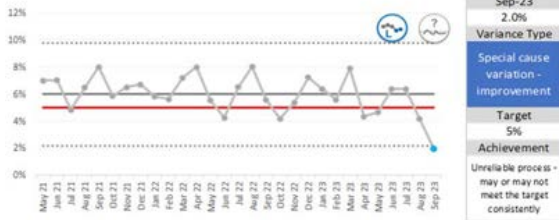
Healthy Communities

Frailty

Patients aged 65+ coming into ED having a documented frailty score, over all patients aged 65+ coming into ED.



Maternity smoking at time of delivery



Cardiology referrals from deprived wards

The number of patients being referred to cardiology services in month from the most deprived areas in Bucks.



Place to work

Leavers < 1 year service

Number of leavers with <1 year service with BHT. Rolling 12 months.



Peaks programmes

Number of managers participating in Peaks programmes.

- Peak 1 - virtual**
5 modules were scheduled and delivered to 78 managers
- Peak 1 - face-to-face Cohort 4**
31 managers graduated the programme.
- Peak 2 - virtual**
There was 1 module scheduled, attended by 12 managers.
- Peak 2 - face-to-face Cohort 4**
with 26 managers attending of which 25 graduated the programme.
- Peak 3 Cohort 1**
We have had 8 managers graduate the programme.

We are on track to achieve the required total of 300 managers by March 2024.

Integrated Performance & Quality Report

SPC Charts

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on two years' worth of data to show the post Covid period (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

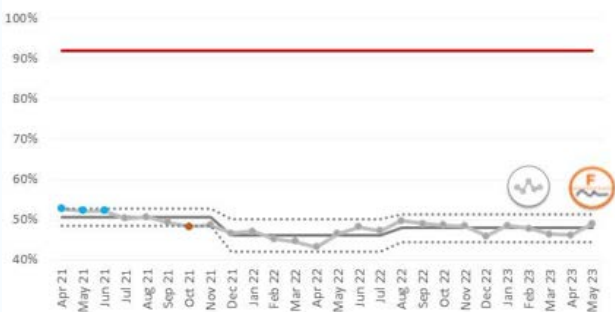
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

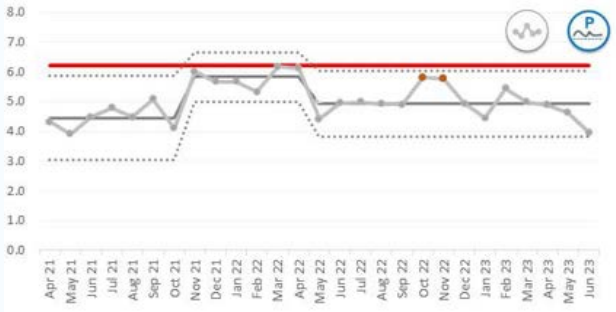
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

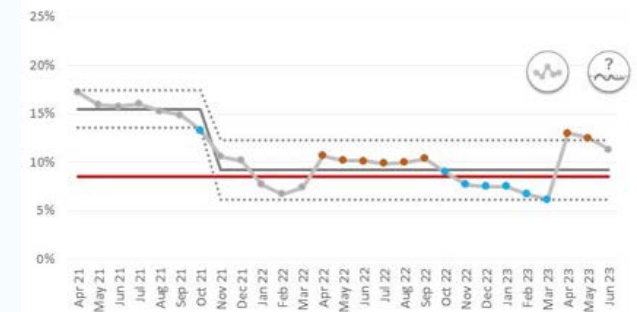
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently



Target line is above the upper limit for this indicator (lower is better) showing that it will be achieved consistently without a



Target line is between the control limits for this indicator (lower is better) showing that the process will hit or miss the















Integrated Performance & Quality Report

Key to Variation and Assurance icons

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Integrated Performance & Quality Report

Key to Matrix

		Assurance			
					
Variation/Performance		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. You are consistently achieving the target because the current range of performance is above the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. You are consistently achieving the target because the current range of performance is below the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. There is currently no target set for this metric.
		Good Celebrate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. 	Average Investigate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER your target lies outside the current process limits and the target will not be achieved without change. 	Average Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. HOWEVER you are consistently achieving the target because the current range of performance is below the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies below the current process limits so we know that the target will not be achieved without change. 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. HOWEVER you are consistently achieving the target because the current range of performance is above the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies above the current process limits so we know that the target will not be achieved without change. 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. There is currently no target set for this metric.
					
					Unsure Investigate and Understand <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. There is no target set for this metric.
					Unknown Watch and Learn <ul style="list-style-type: none"> There is insufficient data to create a SPC chart. At the moment we cannot determine either special or common cause. There is currently no target set for this metric.

Integrated Performance & Quality Report

Overall Performance Summary

Assurance				
		Statutory & Mandatory training	Ambulance handovers within 30 mins Data security awareness training	Health Visitor appointment - 14 days Children having 1 year & 2 year health reviews
	Pre term birth < 24 weeks	Maternity smoking at time of delivery Trust overall vacancy rate Nursing and midwifery vacancy rate Turnover rate Sickness	Ambulance handovers over 60mins Cancer waiting times - 62 day waits Cancer waiting times - 104 day waits Endoscopic patients waiting >6 weeks Complaints outstanding at 90 days	Medically optimised for discharge bed days lost Community hospitals avg LOS Sickness - mental health
	Falls per 1,000 bed days HSMR VTE assessment Term birth <10th centile Corporate induction	Reduce OP follow up New OP Cancer wait times - 31 day to first treatment Cancer performance - 62 day pathway Cancer screening Faster diagnosis standard (28 days) Incidents that are low/no harm Medication incidents as SIs SIs declared as never events MRSA bacteraemia Clostridioides difficile MSSA bacteraemia E Coli bacteraemia Pseudomonas aeruginosa bacteraemia Klebsiella spp bacteraemia Treatment escalation plan compliance Early warning score Complaints response rate Stillbirths - total cases Neonatal deaths Term admissions to neonatal unit Pre term birth Pre term birth >24 weeks Maternity smoking at time of booking Breastfeeding at birth Breastfeeding at discharge Average time to replace vacancies Occupational Health management referrals	ED 4 hour performance 12 hour waits in ED Ambulance handovers within 15 mins Acute open pathway performance Acute open pathway 65 week breaches Theatre utilisation Theatre cases per planned time Outpatient DNA rate Diagnostic compliance	Number of patients seen in SDEC Number of admissions - conversion from attendance Medically optimised for discharge patients Discharges by 5pm 14 day LOS Occupancy Urgent 2 hour response Urgent community response referrals Cancelled elective operations Elective activity Community waiting list size Community waiting list 52 week breaches Diagnostic activity levels Incidents reported Medication incidents Inpatient falls SIs confirmed Pressure ulcers - all categories Excellence reporting Complaints received PALS contacts Community contacts Cardiology referrals from deprived wards Breastfeeding at 6-8 weeks Leavers < 1 year service
			Acute open pathway 52 week breaches Non endoscopic DM01 breaches	Acute waiting list size Mean waiting time for first OP appointment Community waiting list 65 week breaches
			Senior decision maker seen within 60 mins	

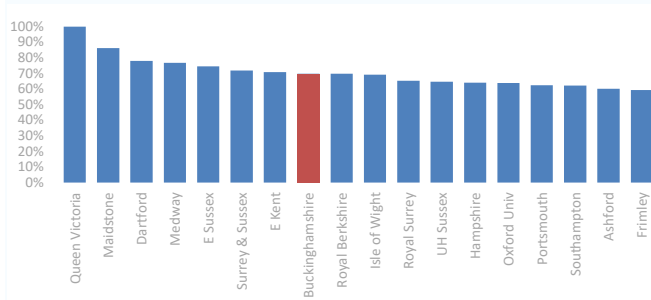
Assurance				
Variation				Referrals to OH and wellbeing - stress ED attendances Ambulance arrivals Patient initiated follow up
				Urgent community response referrals
				PALS response Frailty

Integrated Performance & Quality Report

Benchmarking Summary for South-East Region

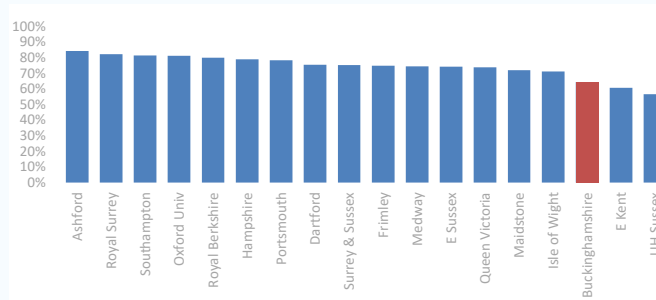
ED 4 hour performance

South East A&E 4 hour performance benchmarking - Sep-23



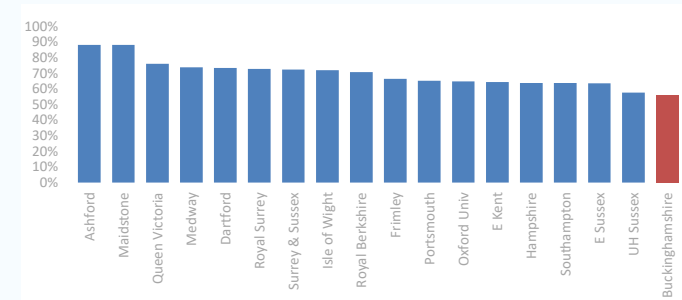
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - Aug-23



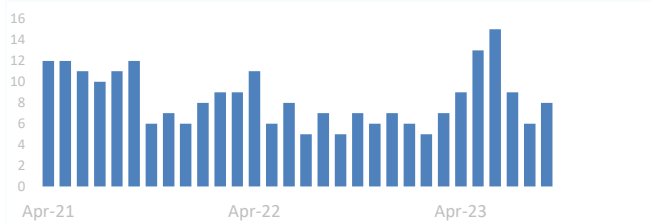
62 day wait cancer

South East region 62 day wait cancer benchmarking - Aug-23



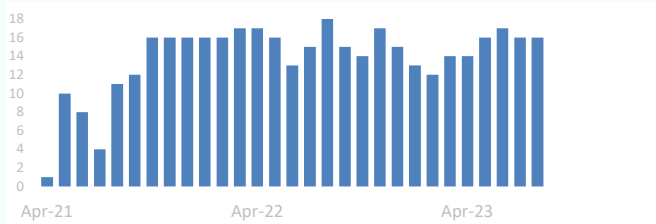
ED 4 hour performance ranking

South East A&E 4 hour performance benchmarking - historic rankings out of 16



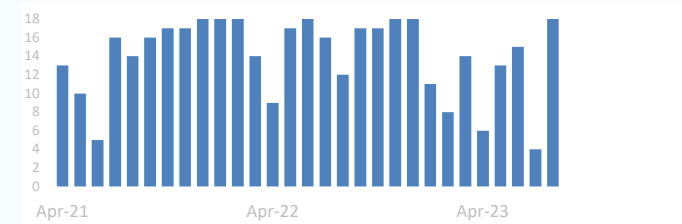
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - historic rankings out of 18



62 day wait cancer ranking

South East region 62 day wait cancer benchmarking - historic rankings out of 18



Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

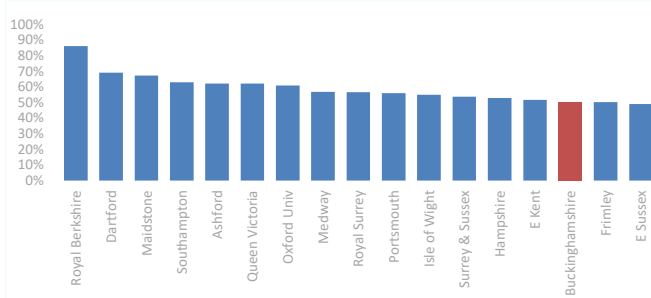
Source: NHS England - <https://www.england.nhs.uk/statistics/statistical-work-areas/>

Integrated Performance & Quality Report

Benchmarking Summary for South-East Region

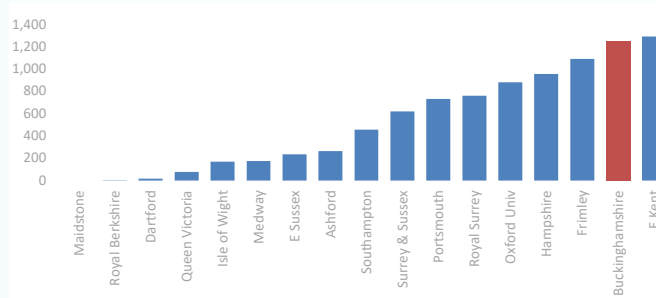
RTT performance

South East RTT performance benchmarking - Aug-23



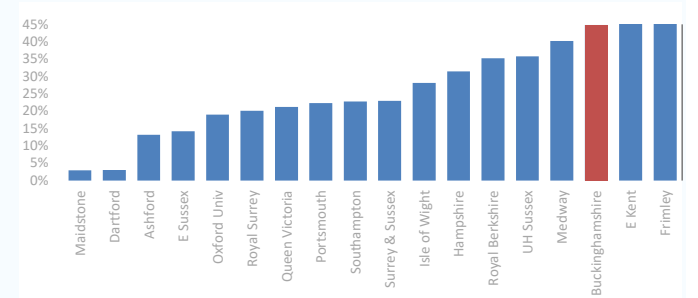
65 week waits

South East over 65 week waits benchmarking - Aug-23



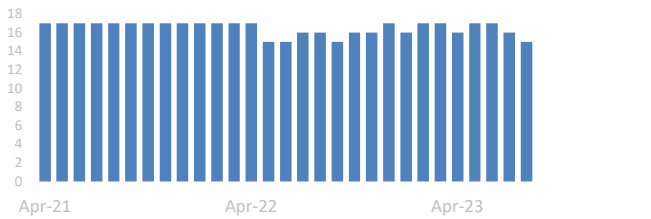
Diagnostic performance

South East diagnostic performance benchmarking - Aug-23



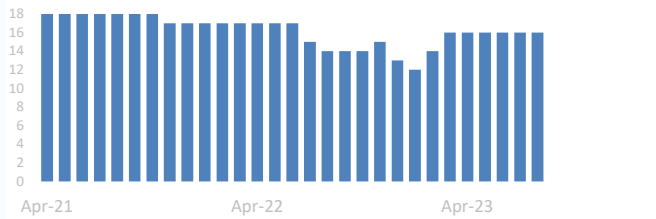
RTT performance ranking

South East RTT performance benchmarking - historic rankings currently out of 18



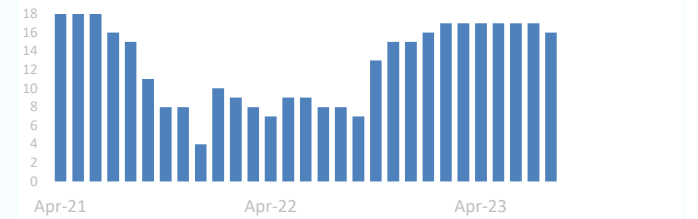
65 week waits ranking

South East over 65 week waits benchmarking - historic rankings currently out of 18



Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



Source: NHS England - <https://www.england.nhs.uk/statistics/statistical-work-areas/>

Outstanding Care

Operational Standards - Urgent Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
ED 4 hour performance	Sep 23	69.8%	95.0%			72.3%	66.1%	78.5%
ED 4 hour type 1 performance	Sep 23	57.1%	-			60.3%	52.4%	68.1%
12 hour waits in ED	Sep 23	5.9%	2.0%			6.8%	4.0%	9.5%
ED attendances	Sep 23	14095	12421			12724	10290	15159
Senior decision-maker seen within 60 minutes	Sep 23	22.9%	100.0%			29.2%	17.3%	41.1%
Number of patients seen in SDEC	Sep 23	1687	-			1577	1280	1874
Number of admissions - conversions from attendance	Sep 23	11.7%	-			11.8%	9.1%	14.4%
Ambulance handovers within 15 mins	Sep 23	36.8%	65.0%			35.2%	18.4%	52.0%
Ambulance handovers within 30 mins	Sep 23	87.9%	95.0%			83.4%	74.2%	92.5%
Ambulance handovers over 60 mins	Sep 23	49	0			87	14	161
Ambulance arrivals	Sep 23	2071	-			2049	1819	2279
Urgent 2 hour response - community	Jul 23	80.3%	-			85.5%	75.3%	95.7%
Urgent community response referrals	Sep 23	381	-			369	294	445
Medically optimised for discharge patients	Sep 23	86	-			99	73	126
Medically optimised for discharge bed days lost	Sep 23	2582	-			3125	2399	3851
14 day LOS - acute	Sep 23	119	-			144	109	180
Occupancy	Sep 23	90.2%	-			92.7%	80.8%	104.6%
Discharges by 5pm	Sep 23	51.4%	-			49.4%	44.7%	54.1%
Average LOS - community hospitals	Sep 23	14.8	-			20.5	14.0	27.0

What the charts show us

ED 4 hour performance: This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limits and so cannot be achieved unless something changes in the process.

12 hour waits in ED: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

ED attendances: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last seven data points falling above the central line.

Senior decision maker seen within 60 minutes: This metric is experiencing special cause variation of a concerning nature with the last eleven data points falling below the central line. The target lies above the current control limits and so cannot be achieved unless something changes in the process.

Ambulance handovers within 15 minutes: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Ambulance handovers within 30 minutes: This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Ambulance handovers over 60 minutes: This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line. However the target lies below the current control limits and so cannot be achieved unless this improvement continues.

Ambulance arrivals: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last seven data points falling above the central line.

Medically optimised for discharge bed days lost: This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit.

Average LOS - community hospitals: This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit.

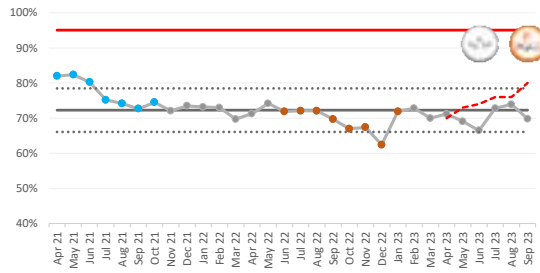
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Urgent Emergency Care

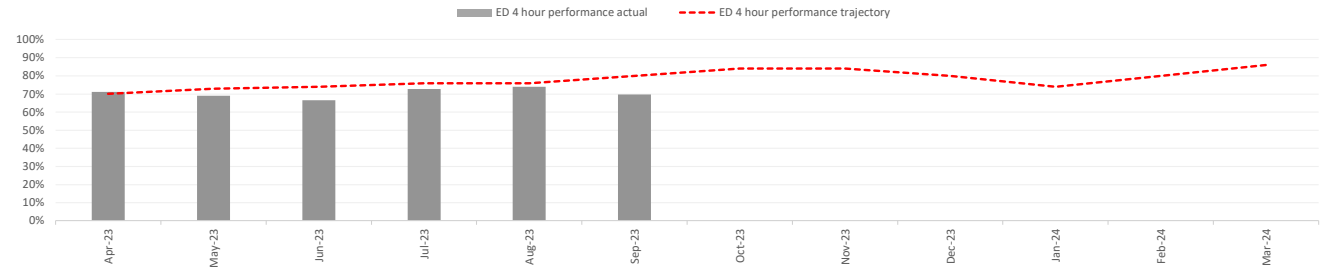
ED 4 hour performance

The percentage of patients spending 4 hours or less in ED from arrival to departure over all types of in month departures from ED.



Sep-23
69.8%
Variance Type
Common cause variation
Target
95%
Achievement
Incapable process - likely to consistently fail to meet the target

ED 4 hour performance trajectory



Summary:

This metric is experiencing common cause variation i.e. no significant change.

Performance is below trajectory in September following challenges with high attendance numbers and changes implemented taking time to bed into the Emergency Department in particular.

Actions to achieve trajectory:

1st September 2023: UTC Pathway 24/7 including 111 direct bookings and cultural change initiatives. Expectation: 5% less ED attendances.

8th October 2023: Clinical Decision Unit Live. Expectation: 19 additional beds available to ED to support flow.

16th October 2023: Transfer of Care hub opens with the council to manage all discharges.

30th October 2023: Olympic Lodge opens with 22 additional beds.

6th November 2023: Single Point of Access to provide clinical triage across all pathways starts.

1st December 2023: Anticipated impact of winter pressures including higher volume of respiratory presentations.

1st January 2024: Anticipated impact of winter pressures including higher volume of T&O presentations.

1st February 2024: New 21 bedded ward opens. Expectation: Additional Acute Medical capacity to support flow.

21st February 2024: Anticipated reduction in winter pressures.

8th March 2024: Anticipated further reduction in pressures and improvement in flow.

Assurance:

Plans continue to progress in line with those outlined in action to achieve trajectory.

We continue to embed the improvements / processes specified in the five pillars of work proposed for the front door and informed through the UEC Programme Board for assurance.

There is a specific focus on the culture and productivity in the Emergency Department working with the new consultant body and bringing in other specialty colleagues.

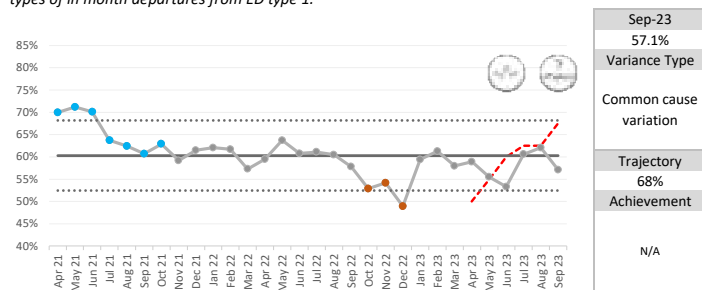
We aim to return to trajectory in November.

Outstanding Care

Operational Standards - Urgent Emergency Care

ED 4 hour type 1 performance

The percentage of patients spending 4 hours or less in ED type 1 from arrival to departure over all types of in month departures from ED type 1.

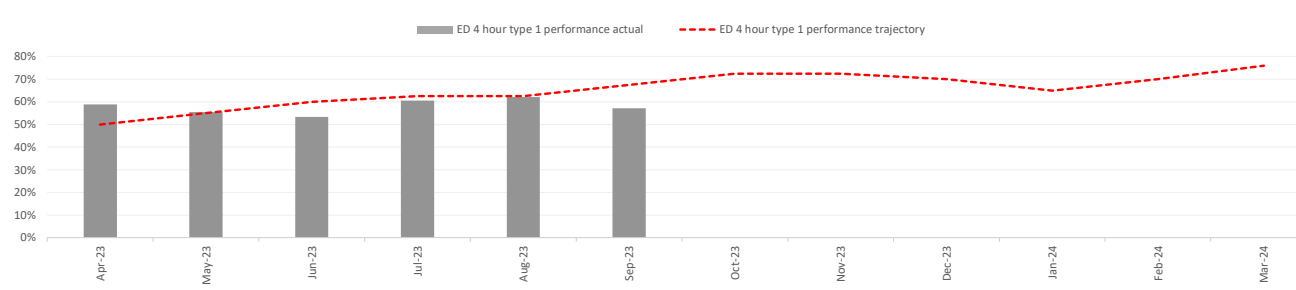


Summary:

This metric is experiencing common cause variation i.e. no significant change.

The majority of the trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

ED 4 hour type 1 performance trajectory



Actions to achieve trajectory:

- 1st September 2023:** UTC Pathway 24/7 including 111 direct bookings and cultural change initiatives. Expectation: 5% less ED attendances.
- 17th September 2023:** New Consultant rota in place following recruitment. Expectation: Additional 1 patient seen per consultant per hour.
- 8th October 2023:** Clinical Decision Unit Live. Expectation: 19 additional beds available to ED to support flow.
- 1st December 2023:** Anticipated impact of winter pressures including higher volume of respiratory presentations.
- 1st January 2024:** Anticipated impact of winter pressures including higher volume of T&O presentations.
- 1st February 2024:** New 21-bedded ward opens. Expectation: Additional Acute Medical capacity to support flow.
- 21st February 2024:** Anticipated reduction in winter pressures.
- 8th March 2024:** Anticipated further reduction in pressures and improvement in flow.

Assurance:

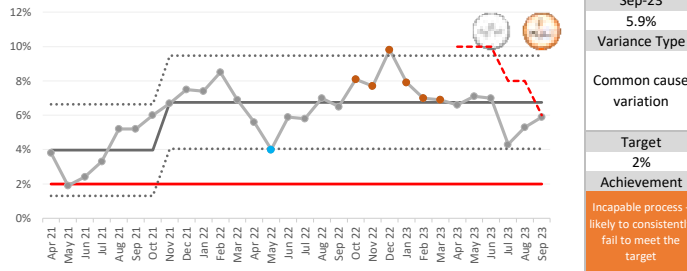
Plans continue to progress in line with those outlined in action to achieve trajectory. We continue to embed the improvements / processes specified in the five pillars of work proposed for the front door and informed through the UEC Programme Board for assurance. There is a specific focus on the culture and productivity in the Emergency Department working with the new consultant body and bringing in other specialty colleagues. We aim to return to trajectory in November.

Outstanding Care

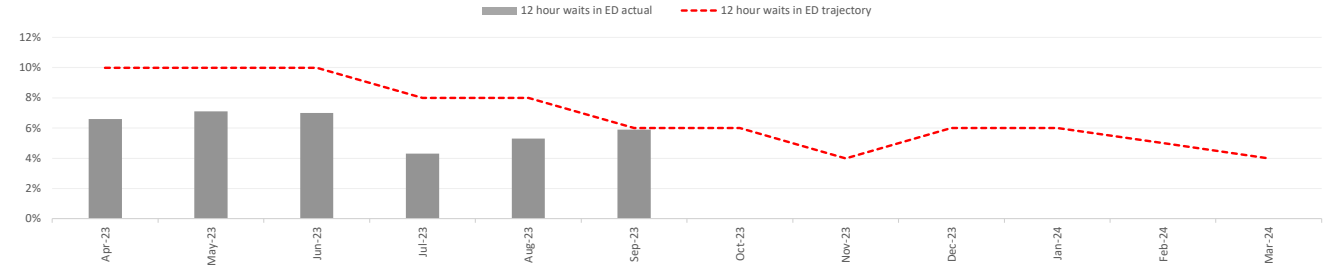
Operational Standards - Urgent Emergency Care

12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).



12 hour waits in ED trajectory



Summary:

This metric is experiencing common cause variation i.e. no significant change.

The target lies below the current control limits and so cannot be achieved unless something changes in the process.

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

Actions to achieve trajectory:

1st September 2023: Cultural change initiatives. Expectation: 10% target with reduction in 12-hr waits.

8th October 2023: Clinical Decision Unit Live. Expectation: 19 additional beds available to ED to support flow.

1st November 2023: New Consultant rota in place following recruitment. Expectation: Additional 1 patient seen per consultant per hour to reduce long waits.

1st December 2023: Increase in Virtual Ward capacity to support respiratory and the Hot Clinics Expectation: Will support flow and reduce waits.

1st February 2024: New 21-bedded ward opens. Expectation: Additional Acute Medical capacity to support flow and reduce waits.

1st March 2024: Maintain management of pressures and improvement in flow.

Assurance:

Our ambition is for this to continue to improve further and consistently be within a 4% threshold, this is supported with our improvement works;

- improved flows to our assessment areas / SDEC
- the opening of a 24/7 UTC pathway,
- introduction of the acute medical team attending the ED huddles 3 hourly, introduced specialty in-reach into the Emergency Department,
- co-located the frailty service to ED,
- expanding the number of Acute Medical Beds and increased communication regarding our virtual ward pathways

This is in addition to those interventions outlined to achieve trajectory.

Outstanding Care

Operational Standards - Urgent Emergency Care

Seen by a Senior decision maker within 60 mins

This metric is challenged. The fully staffed ED consultant rota is in place from mid-September which creates the conditions for improvement in this area. Improvement in this area is a key focus for the ED leadership team ahead of Christmas.

Same Day Emergency Department (SDEC)

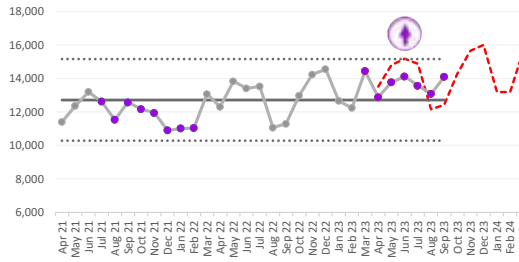
The Same Day Emergency Department is a collaborative care delivery approach between Acute and Emergency teams.

Since June 2023 when we increased the opening hours of the Same Day Emergency Care Department as the workforce model was optimised, we have seen a consistent increase in activity going through this service.

Plans in progress to evolve the services provided with hot clinics, virtual ward pathways and a hot lab.

ED attendances

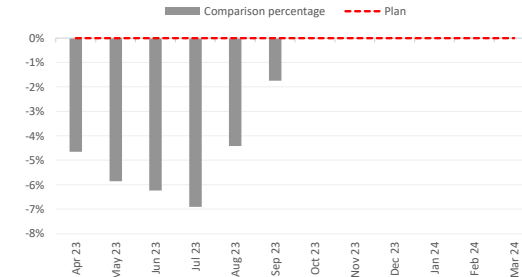
The number of patients attending ED (all types) during the month.



Sep-23
14,095
Variance Type
Special cause variation - neither concerning nor improvement
Plan
12,421
Achievement
N/A

ED attendances against plan

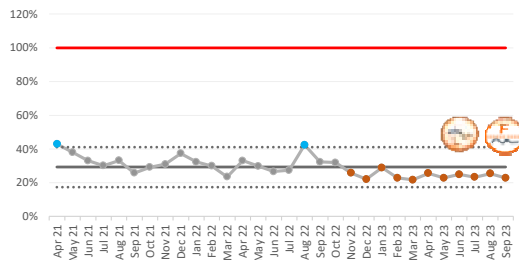
The year to date number of ED attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23
-1.7%
Variance Type
N/A
Plan
0%
Achievement
N/A

Senior decision-maker seen within 60 minutes

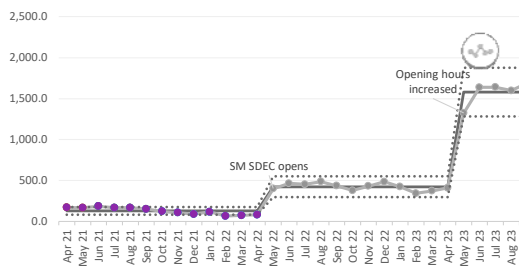
The percentage of Stoke Mandeville ED attendances who were seen by a senior decision-maker within 60 minutes of arrival.



Sep-23
22.9%
Variance Type
Special cause variation - concerning
Target
100%
Achievement
Incapable process - likely to consistently fail to meet the target

Number of patients seen in SDEC

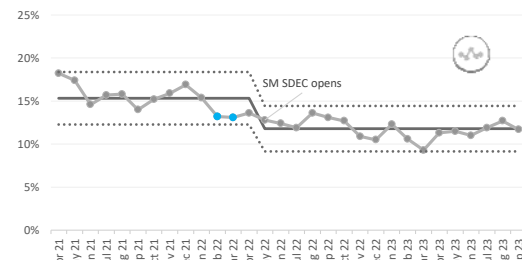
Total number of ward stay episodes on SM SDEC or SM Frailty SDEC in month.



Sep-23
1,687
Variance Type
Common cause variation
Target
-
Achievement
N/A

Number of admissions - conversions from attendance

Number of patients admitted to a G&A bed (directly or indirectly) from Stoke Mandeville ED over total number of type 1 ED attendances during the month.



Sep-23
11.7%
Variance Type
Common cause variation
Target
-
Achievement
N/A

Outstanding Care

Operational Standards - Urgent Emergency Care

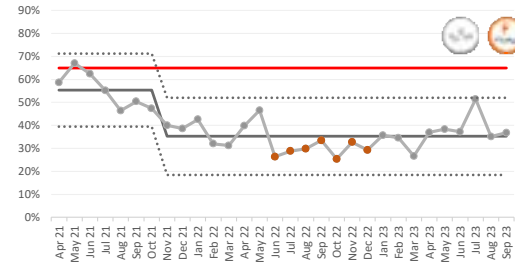
Ambulance handovers

In this reporting period ambulance conveyances to Stoke Mandeville Hospital handovers >30 mins and > 60mins have seen a significant improvement.

We continue to review and modify our processes and pathways. Recent rota changes due to recruitment allows the consistent allocation of a senior decision makers to this pathway to support flow.

Ambulance handovers within 15 mins

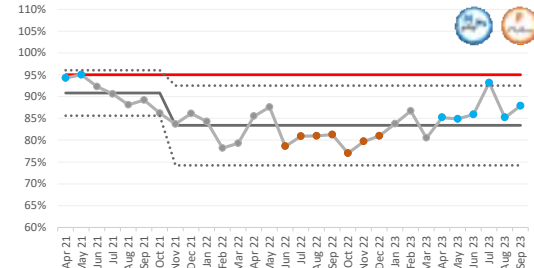
The percentage of ambulance handovers during the month taking 15 minutes or less, over all handovers in the month.



Sep-23	36.8%
Variance Type	Common cause variation
Target	65%
Achievement	Incapable process - likely to consistently fail to meet the target

Ambulance handovers within 30 mins

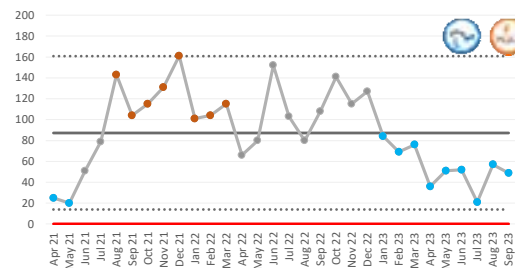
The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.



Sep-23	87.9%
Variance Type	Special cause variation - improvement
Target	95%
Achievement	Incapable process - likely to consistently fail to meet the target

Ambulance handovers over 60 mins

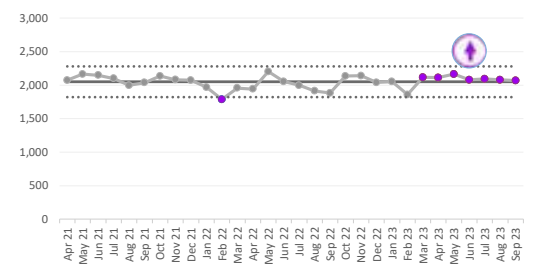
The number of ambulance handovers in the month taking longer than 60 minutes.



Sep-23	49
Variance Type	Special cause variation - improvement
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Ambulance arrivals

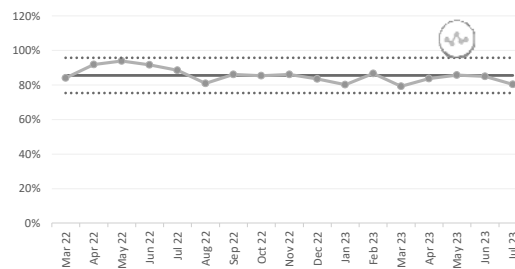
The number of ambulance arrivals at Stoke Mandeville ED in the month.



Sep-23	2,071
Variance Type	Special cause variation - neither concerning nor improvement
Target	-
Achievement	N/A

Urgent 2 hour response - community

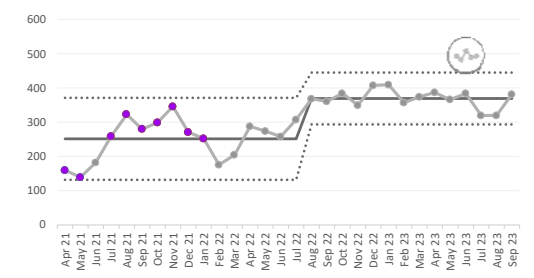
Percentage of urgent referrals (2 hour) from community services or 111 that are seen within 2 hours.



Jul-23	80.3%
Variance Type	Common cause variation
Target	-
Achievement	N/A

Urgent community response referrals

Number of urgent referrals (2 hour) from community services or 111 received.



Sep-23	381
Variance Type	Special cause variation - neither concerning nor improvement
Target	-
Achievement	N/A

Outstanding Care

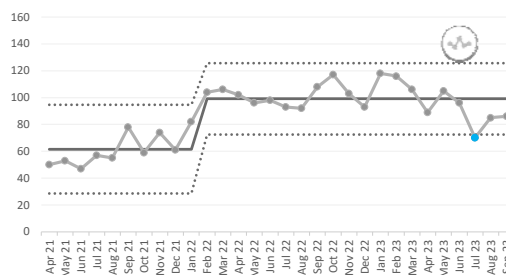
Operational Standards - Urgent Emergency Care

Our medically optimised for discharge figures continue to be at lower levels than the same time last year with continued focus on reduction of long staying patients and overall numbers through the integration programme with the council.

The introduction of the Transfer of Care Hub in mid-October will provide a further step up in trying to reduce the overall number of MOFD patients and the days lost as we enter into the most challenged period over winter.

Medically optimised for discharge patients

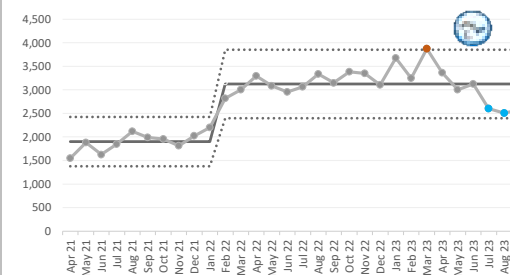
The number of patients in hospital who are medically optimised for discharge. Snapshot taken at month end.



Sep-23	86
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Medically optimised for discharge bed days lost

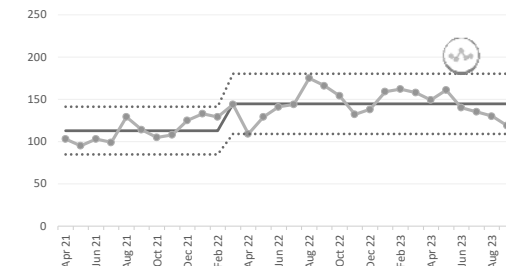
The number of bed days lost during the month for patients who were medically optimised for discharge but not discharged.



Sep-23	2582
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

14 day LOS - acute

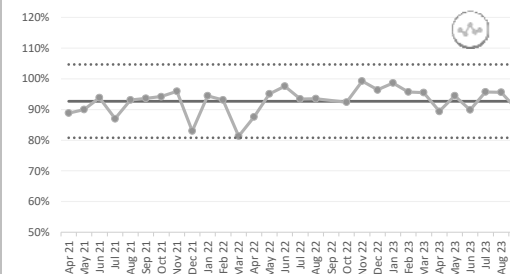
Count of patients in an acute bed (Stoke and Wycombe only) at the end of the month who have a total length of stay of more than 14 days. Based wards included in the daily Sitrep.



Sep-23	119
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Occupancy

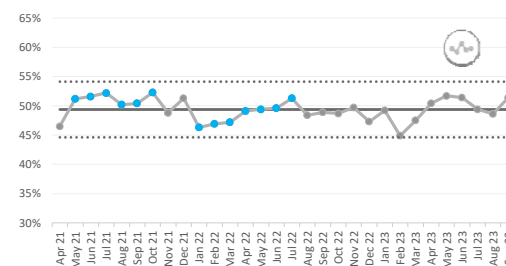
Number of patients occupying a G&A bed divided by number of available G&A beds (including escalation beds). Taken from Daily SITREP snapshots over the month.



Sep-23	90.2%
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Discharges by 5pm

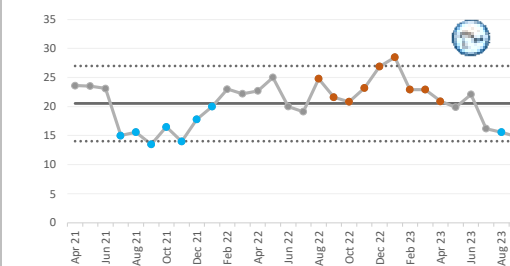
Proportion of inpatients discharged between 5am - 5pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.



Sep-23	51.4%
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Average LOS - community hospitals

Mean length of stay in days in a community bed for patients discharged from a community hospital (Buckingham hospital, Chartridge ward and Waterside ward) during the month.



Sep-23	14.8
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

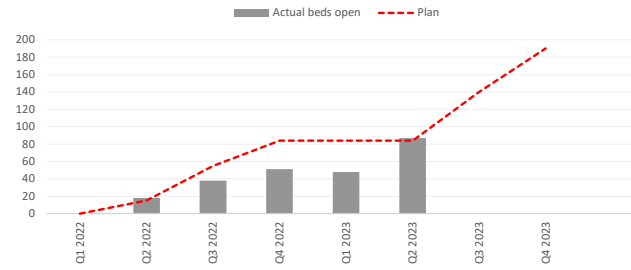
Outstanding Care

Operational Standards - Urgent Emergency Care

The Hospital@Home programme has returned to trajectory and is on track to see further increases in capacity in the coming months.

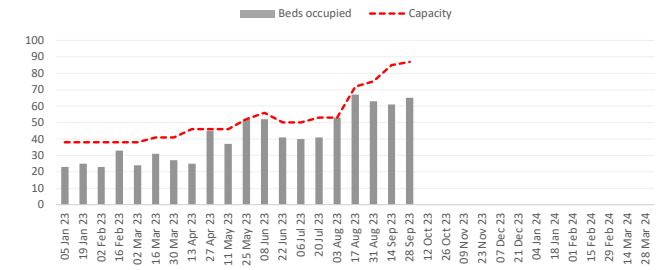
Hospital at home open beds

Bucks Hospital at Home current open beds against plan.



Hospital at home utilisation

Bucks Hospital at Home current patients using the service against number of open beds.



Outstanding Care

Operational Standards - Elective Recovery

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Acute waiting list size	Aug 23	47250	-			38683	36440	40927
Acute open pathway performance	Aug 23	50.2%	92.0%			48.4%	45.5%	51.3%
Acute open pathway 52 week breaches	Aug 23	4525	0			3643	2966	4319
Acute open pathway 65 week breaches	Aug 23	1248	650			1104	840	1367
Theatre utilisation	Sep 23	90.9%	95.0%			88.5%	84.7%	92.2%
Theatre cases per 4 hours planned time	Sep 23	2.5	3.0			2.6	2.4	2.8
Cancelled elective operations	Sep 23	24	-			29	-4	63
Elective activity	Sep 23	4171	4229			3857	3067	4646
Outpatient DNA rate	Sep 23	7.6%	5.0%			7.0%	6.1%	7.9%
Mean waiting time for first outpatient appointment	Sep 23	83.3	-			57.7	45.3	70.1
Reduce OP follow up	Sep 23	25016	24964			25555	19301	31808
New OP	Sep 23	17874	19042			18640	14189	23091
Advice & Guidance	Sep 23	1365	-			1786	1078	2494
Patient initiated follow up (PIFU)	Jul 23	894	-			591	385	796
Community waiting list size	Sep 23	15181	-			15593	14843	16344
Community waiting list 52 week breaches	Sep 23	4911	-			4802	4575	5030
Community waiting list 65 week breaches	Sep 23	4120	-			3933	3761	4105

What the charts show us

Acute waiting list size: This metric is experiencing special cause variation of a concerning nature with the last six data points falling above the upper control limit.

Acute open pathway performance: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 52 week breaches: This metric is experiencing special cause variation of a concerning nature with the latest three data points falling above the upper control limit. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 65 week breaches: This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Theatre utilisation: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Theatre cases per 4 hours planned time: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Outpatient DNA rate: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Mean waiting time for first outpatient appointment: This metric is experiencing special cause variation of a concerning nature with the last two data points falling above the upper control limit.

Patient initiated follow up (PIFU): This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two data points falling above the upper control limit.

Community waiting list 65 week breaches: This metric is experiencing special cause variation of a concerning nature with the eight data points falling above the central line.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Elective Recovery

Acute waiting list size

We continue to see a rise in the number of patients on the acute waiting list for elective care. This is slowing down as patients are moved from the referral system to the waiting list quicker, and we expect to see this start to reduce with the increased activity planned in October and November.

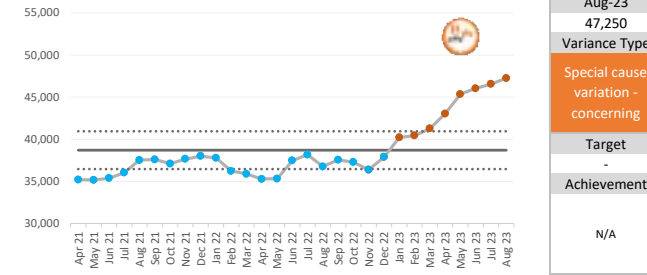
Acute 52 week breaches

The number of patients waiting 52 weeks on the waiting list has risen slightly. We continue to offer more long waiting patients appointments in 23/24 with a focus on eliminating 52 week breaches in the following year. This will be closely monitored to ensure capacity is used effectively to reduce waiting times.

In October all long waiting patients without an appointment will be contacted to verify they still require an appointment which will ensure our waiting list is a true picture of demand on services.

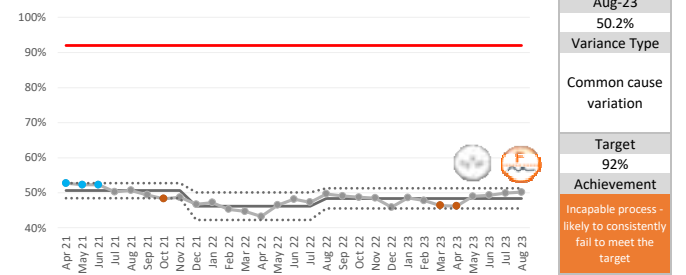
Acute waiting list size

The number of acute incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.



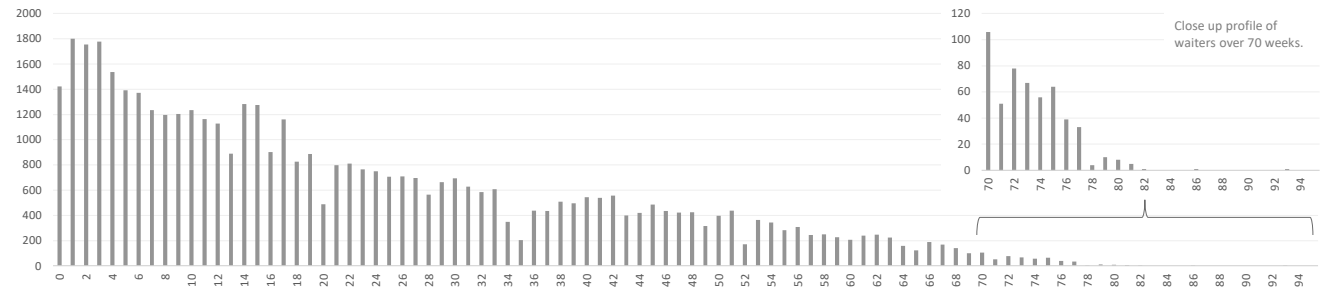
Acute open pathway performance

Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.



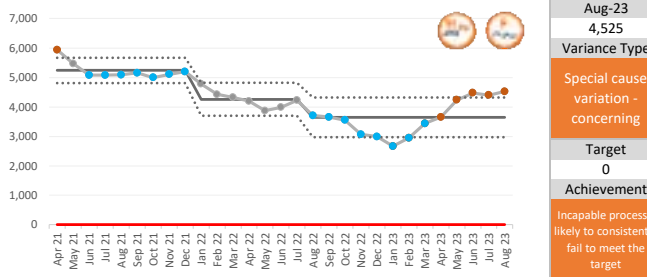
Acute open pathways by weeks wait

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the month (Aug-23) by weeks waited from clock start date.



Acute open pathway 52 week breaches

Number of patients waiting over 52 weeks on an incomplete RTT pathway at the end of the month.

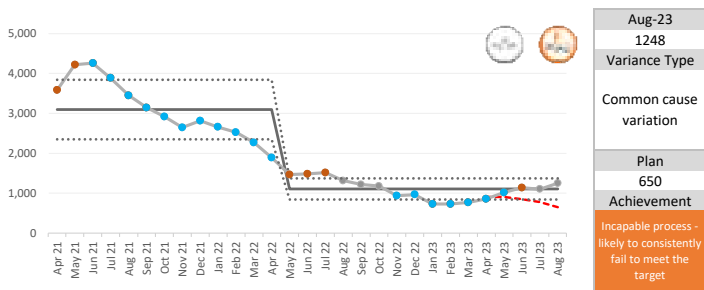


Outstanding Care

Operational Standards - Elective Recovery

Acute open pathway 65 week breaches

Number of patients waiting over 65 weeks on an incomplete RTT pathway at the end of the month.



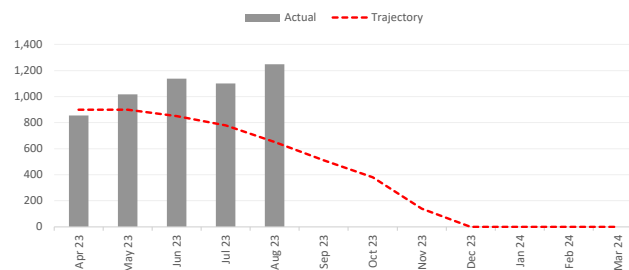
Summary:

This metric is experiencing common cause variation i.e. no significant change.

The trajectory lies below the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 65 week breaches trajectory

Number of patients waiting over 65 weeks on an incomplete RTT pathway at the end of the month.



Actions to achieve trajectory:

DMAS: Requesting Digital mutual aid, including from out of area IS providers

Independent sector: In sourcing and outsourcing, using existing contracts

WLIs: Providing activity through waiting list initiatives, including existing plans

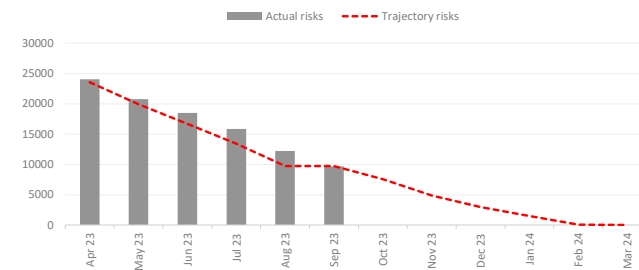
Validation: Validating 90% of the PTL, removing approx. 2120 non-admitted and 290 admitted pathways

Cadence improvements: 3 x weekly long wait oversight meeting reviewing the booking profile including new dedicated outpatients focus group

New Pre-op Triage tool: 1st in BOB to adopt Graphnet, allowing faster assessment and great throughput overall.

Acute open pathway 65 week risks trajectory

The total number of patients on an incomplete RTT pathway who will breach 65 weeks waiting time by March 24.



Assurance:

2 DMAS contracts (Dermatology and Vascular) have been signed and patients identified to have their appointments expedited. Another 2 are under discussion in Gynaecology and Urology.

In sourcing provided by the independent sector providers has been extended and appointments booked for patients due to breach 65 weeks with huge volumes of new outpatient activity taking place in October.

A programme of validation is underway with contacts commenced 9th October

Weekly oversight is provided by both the Director of Performance and Planning and the COO with overall oversight from the Planned Care Board.

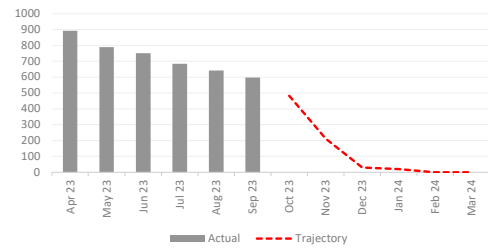
Outstanding Care

Operational Standards - Elective Recovery

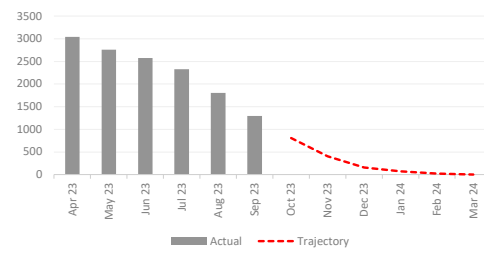
Acute open pathway 65 week risk trajectories by specialty

The total number of patients on an incomplete RTT pathway who will breach 65 weeks waiting time by March 24.

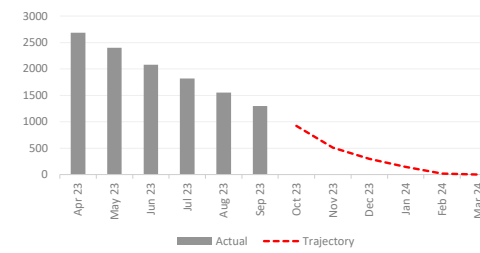
Dermatology



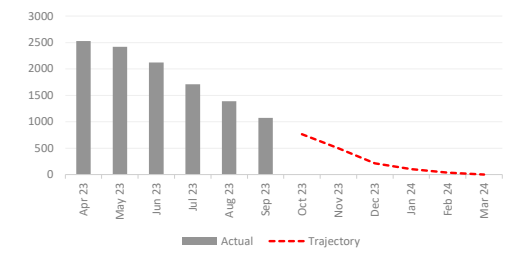
ENT



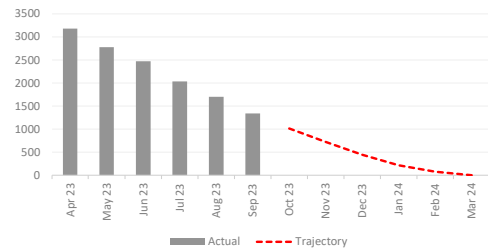
Gynaecology



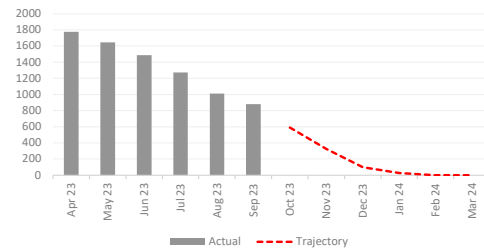
Ophthalmology



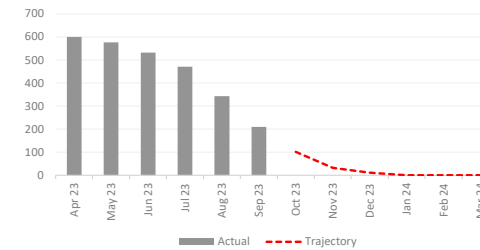
Trauma & Orthopaedics



Urology



Vascular Surgery



Outstanding Care

Operational Standards - Elective Recovery

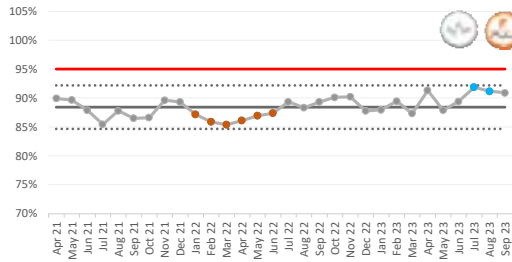
Elective activity against plan

Elective activity continues to increase with the gap to plan reducing month on month and theatre utilisation remains high. We aim to increase the number of theatre cases per list and reduce late cancellations to optimise capacity further.

In October we expect the Skin Unit to open at Amersham and this further activity will flow through this department increasing the number of patient treatments we provide.

Theatre utilisation

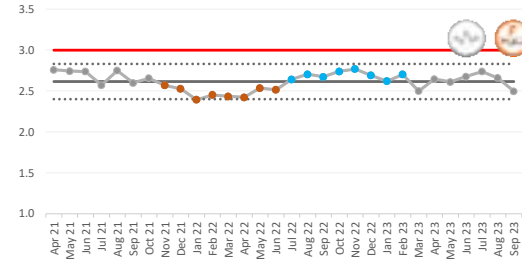
Total run time of theatre lists as a percentage of total planned time.



Sep-23	90.9%
Variance Type	Common cause variation
Target	95%
Achievement	90.9%
Incapable process - likely to consistently fail to meet the target	

Theatre cases per 4 hours planned time

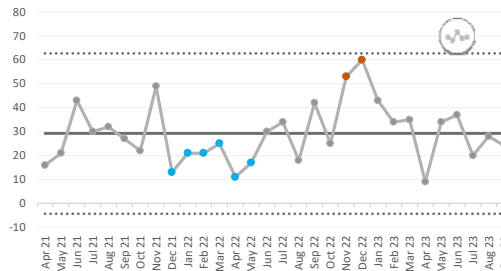
Number of theatre cases per four hours of planned theatre time during the month.



Sep-23	2.5
Variance Type	Common cause variation
Target	3.0
Achievement	2.5
Incapable process - likely to consistently fail to meet the target	

Cancelled elective operations

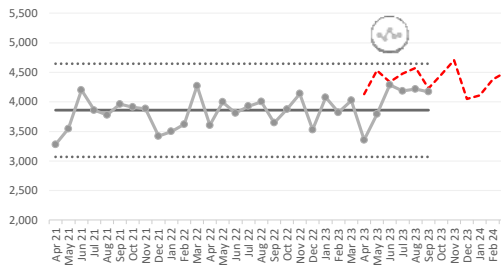
Number patients cancelled due to elective, non-clinical, hospital initiated cancellations on the day of procedure.



Sep-23	24
Variance Type	Common cause variation
Target	-
Achievement	24
N/A	

Elective activity

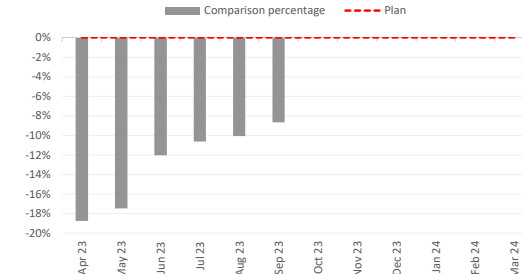
The number of elective inpatient and day case admissions during the month.



Sep-23	4,171
Variance Type	Common cause variation
Plan	4,229
Achievement	4,171
N/A	

Elective activity against plan

The year to date number of elective inpatient and day case admissions over year to date plan for the same period. For financial year 2023/24.



Sep-23	-8.7%
Variance Type	N/A
Plan	0%
Achievement	-8.7%
N/A	

Outstanding Care

Operational Standards - Elective Recovery

Mean waiting time for 1st outpatient appointment

Currently more long waiting patients are being offered appointments to reduce waiting times, this is reflecting negatively in this metric as more patients attending after a long waiting period extends the mean time for an appointment. This will reduce alongside waiting times.

Reduce OP follow up

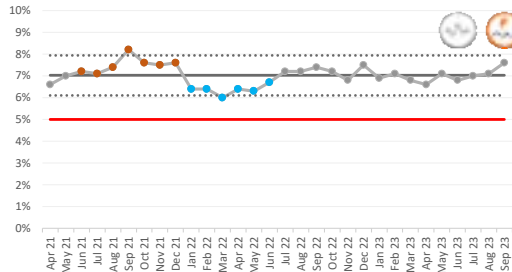
The number of patients attending for follow up continues to be higher than plan. Individual specialities are working on plans to reduce follow ups without compromising clinical care, such as using patient initiated follow up methods.

New outpatient against plan

New outpatient activity is increasing month on month against plan and will see a significant increase in October through increases in inourced and WLI activity.

Outpatient DNA rate

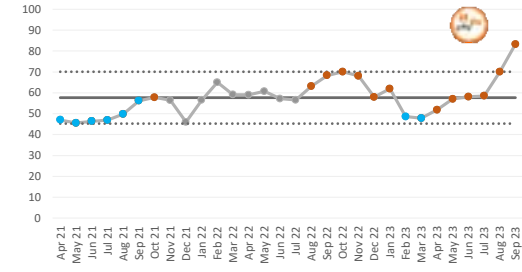
Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.



Sep-23	7.6%
Variance Type	Common cause variation
Target	5%
Achievement	Incapable process - likely to consistently fail to meet the target

Mean waiting time for first outpatient appointment

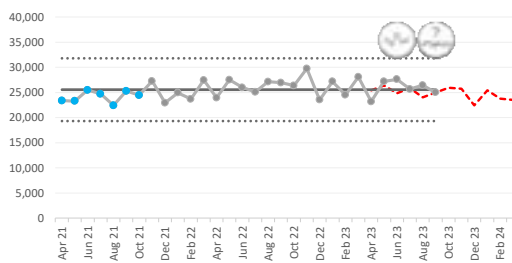
Mean waiting time in days between referral date and first outpatient appointment date for appointment dates in month. Includes attendances and did not attends.



Sep-23	83.3
Variance Type	Special cause variation - concerning
Target	-
Achievement	N/A

Reduce OP follow up

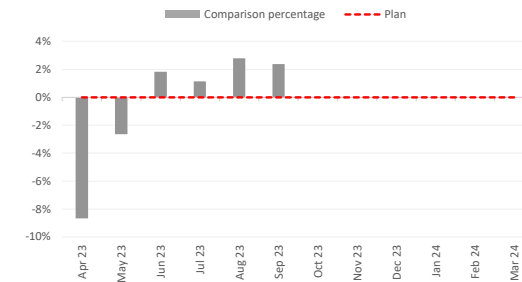
Total number of follow up attendances during the month.



Sep-23	25016
Variance Type	Special cause variation - concerning
Target	24,964
Achievement	N/A

Follow up OP activity against plan

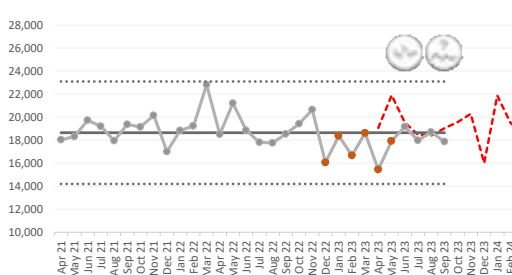
The year to date number of follow up outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23	2.4%
Variance Type	N/A
Plan	0%
Achievement	N/A

New OP

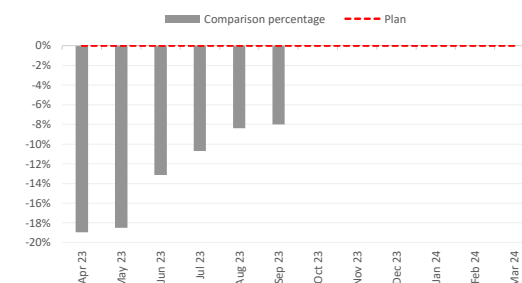
Total number of new attendances during the month.



Sep-23	17,874
Variance Type	Common cause variation
Plan	19,042
Achievement	N/A

New OP activity against plan

The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23	-8.0%
Variance Type	N/A
Plan	0%
Achievement	N/A

Outstanding Care

Operational Standards - Elective Recovery

Advice & Guidance

There is a decline in the number of Advice & Guidance requests, specifically since June 23. This is in line with one specialty closing this service, which is Dermatology.

The number of requests to Dermatology was having a detrimental effect on other areas of the service, such as cancer and long waiting patients with clinical time being diverted to respond to Advice & Guidance requests. A difficult decision was made to turn off this service to concentrate on urgent backlog. This decision will be reviewed in coming months.

Community waiting list 65 week breaches

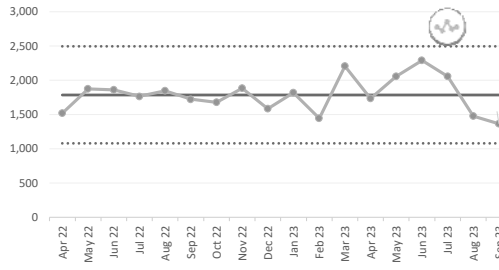
The special cause concern is mainly within both Podiatry, CYP and Health visiting services. The variation of waits is attributed to the universal referral caseload within Health Visiting service. Some of these referrals may not need an appointment but need to stay on the list until the child is 5 years. The service is working with cooperate Apps & ePR upgrade teams to find a way of recording these referrals without starting the clock. They have no actual waiters over 65 weeks.

Podiatry and CYP have recently successfully recruited new staff who primary objective is to focus on long waiters 65 weeks plus and managing the 52 weeks and over.

Overall, we expect the changes to start embedding next month, with tangible improvements in the next 3 months. Trajectories for the three community specialties that have patients over 65 weeks will be presented in next month's IPR.

Advice & Guidance

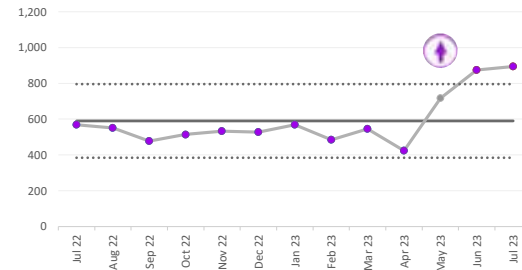
Total number of requests for advice and guidance received in month.



Sep-23	1,365
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Patient initiated follow up (PIFU)

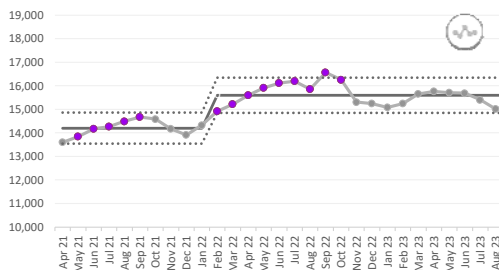
The number of episodes moved to a PIFU pathway as an outcome of their attendance in month.



Jul-23	894
Variance Type	Special cause variation - neither concerning or improvement
Target	-
Achievement	-
N/A	

Community waiting list size

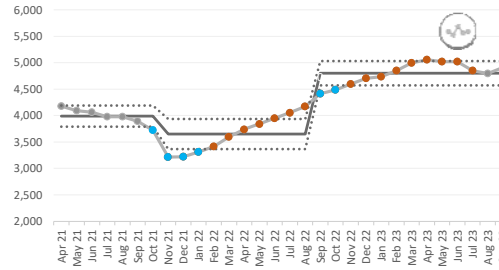
Number of patients waiting over 65 weeks on the community waiting list at the end of the month.



Sep-23	15,181
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Community waiting list 52 week breaches

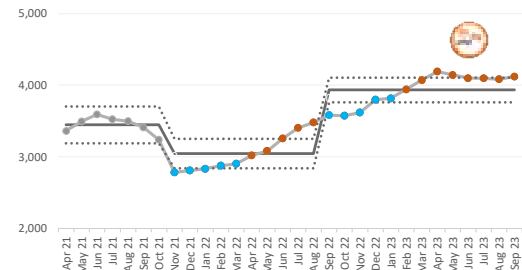
Number of patients waiting over 52 weeks on the community waiting list at the end of the month.



Sep-23	4,911
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Community waiting list 65 week breaches

Number of patients waiting over 65 weeks on the community waiting list at the end of the month.



Sep-23	4,120
Variance Type	Special cause variation - concerning
Target	-
Achievement	-
N/A	

Outstanding Care

Operational Standards - Cancer

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Cancer Performance 62 day pathway	Aug 23	56.4%	85.0%			62.2%	39.0%	85.4%
Cancer Wait Times 62 day waiters	Jun 23	136	-			321	175	467
Cancer Wait Times - 31 day to first treatment	Aug 23	81.7%	96.0%			82.9%	69.6%	96.2%
Cancer Wait Times - 104 days	Aug 23	41	0			68	39	98
Cancer screening	Aug 23	80.0%	90.0%			73.0%	39.1%	107.0%
Faster diagnostic standard (28 days)	Aug 23	62.3%	75.0%			69.3%	57.2%	81.3%

Faster diagnosis standard by tumour site

Breast	Aug 23	96.8%	75.0%			94.6%	84.0%	105.1%
Skin	Aug 23	52.1%	75.0%			82.0%	58.0%	106.0%
Head & Neck	Aug 23	53.3%	75.0%			60.0%	29.4%	90.5%
Lung	Aug 23	73.8%	75.1%			75.8%	48.6%	103.0%
Urology	Aug 23	54.1%	75.0%			49.6%	18.8%	80.4%
Gynaecology	Aug 23	43.1%	75.0%			56.9%	23.0%	90.8%
Upper GI	Aug 23	58.5%	75.0%			48.6%	16.1%	81.1%
Lower GI	Aug 23	50.5%	75.0%			39.3%	12.7%	66.0%
Brain	Aug 23	40.0%	75.0%			41.4%	-70.1%	152.9%
Haematological	Aug 23	46.7%	75.0%			45.6%	-18.3%	109.5%
Paediatric	Aug 23	66.7%	75.0%			88.1%	63.3%	113.0%
Prostate	Aug 23	41.7%	75.0%			13.1%	-15.6%	41.8%
Testicular	Jul 23	0.0%	75.0%			81.5%	18.3%	144.7%

What the charts show us

Cancer waiting times - 62 day waiters: This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line, and the last four points below the lower control limit. However the data for the last three months was not available at the time of report production.

Cancer waiting times - 104 days: This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line, and the last five points on or below the lower control limit. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Faster diagnosis by tumour site:

Breast: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and so can be expected to be achieved unless something changes in the process.

Skin: This metric is experiencing special cause variation of a concerning nature with the last data point falling below the lower control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Lower GI: This metric is experiencing special cause variation of an improving nature with the last seven data points falling above the central line. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Prostate: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Testicular: This metric is experiencing special cause variation of declining nature with the last data points falling below the lower control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target. Numbers of cases are low for this tumour site.

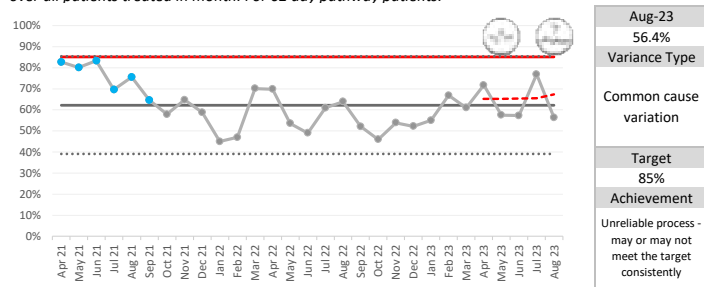
All other metrics are showing common cause variation i.e. no significant change or do not show the latest data.

Outstanding Care

Operational Standards - Cancer

Cancer performance 62 day pathway

The percentage of patients treated in month within 62 days of being referred for suspected cancer over all patients treated in month. For 62 day pathway patients.



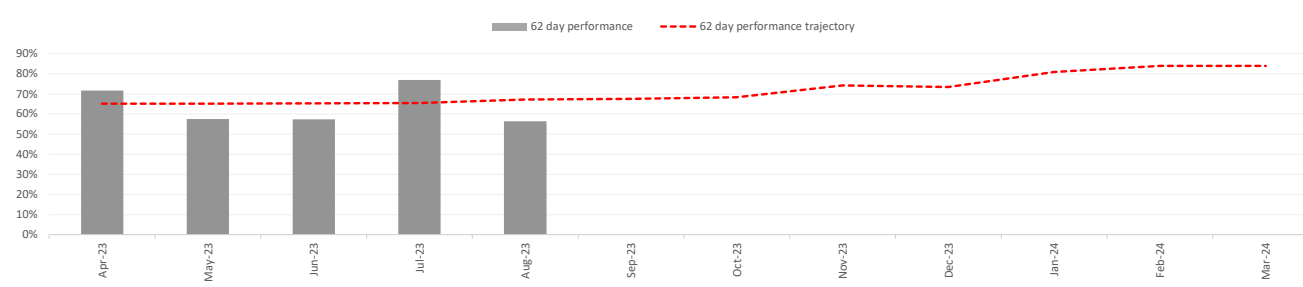
Summary:

This metric is experiencing common cause variation i.e. no significant change.

The target lies above the current control limits and so cannot be achieved unless something changes in the process. Unreliable process - may or may not meet the target consistently

The trajectory lies within the current control limits and so the metric will consistently hit or miss the this.

Cancer performance 62 day trajectory



Actions to achieve trajectory:

Issue: Delays in TCIs procedures.

Action: Recruit a number of doctors across specialties such as Dermatology, Head & Neck, Urology.
Recruit two physician associates in Gynaecology to free consultants' time.

Issue: Chemotherapy delays

Action: Nurse recruitment. Expect an improvement in chemo waiting time.

Issue: Oncology appointment delays

Action: Explore partnership working with OUH.
Work with TVCA/NHSE on international recruitment due to national locum shortage.

Assurance:

A number of Drs are being recruited across specialties such as dermatology, Head & Neck, Urology. 2 physician associates in Gynae to free consultants' time.

Nurses' recruitment has been successful, there will be an improvement in chemo waiting time

1 Locum started in Sept. There is a national shortage.

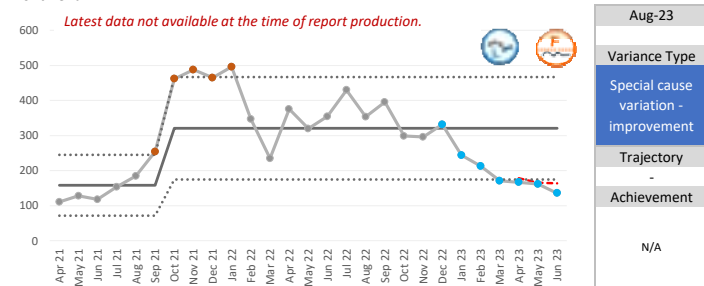
Partnership working with OUH explored. Will be working with TVCA/NHSE on international recruitment.

Outstanding Care

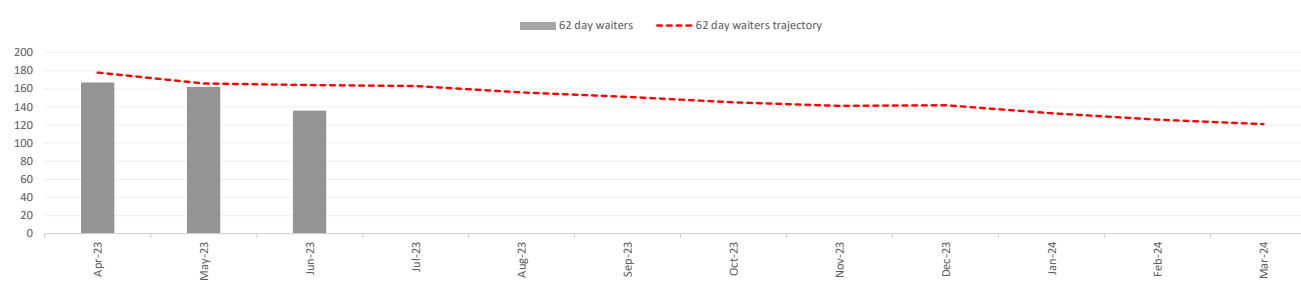
Operational Standards - Cancer

Cancer Wait Times 62 day waiters

The number of cancer open pathways waiting > 62 days after an urgent suspected cancer referral at month end.



Cancer 62 day waiters trajectory



Summary:

This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line, and the last four points below the lower control limit.

However the trajectory lies below the current control limits and so cannot be achieved unless something changes in the process.

Actions to achieve trajectory:

Issue: Delays in TCIs procedures.

Action: Recruit a number of doctors across specialties such as Dermatology, Head & Neck, Urology.
Recruit two physician associates in Gynaecology to free consultants' time.

Issue: Chemotherapy delays

Action: Nurse recruitment. Expect an improvement in chemo waiting time.

Issue: Oncology appointment delays

Action: Explore partnership working with OUH.
Work with TVCA/NHSE on international recruitment due to national locum shortage.

Assurance:

A number of Drs are being recruited across specialties such as dermatology, Head & Neck, Urology. 2 physician associates in Gynae to free consultants' time.

Nurses' recruitment has been successful, there will be an improvement in chemo waiting time

1 Locum started in Sept. There is a national shortage.

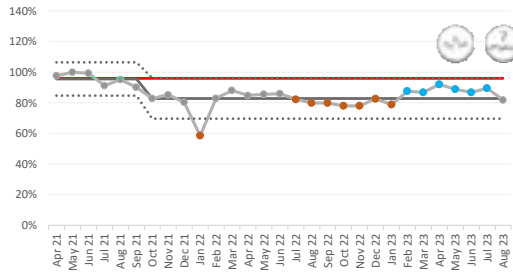
Partnership working with OUH explored. Will be working with TVCA/NHSE on international recruitment.

Outstanding Care

Operational Standards - Cancer

Cancer Wait Times - 31 day to first treatment

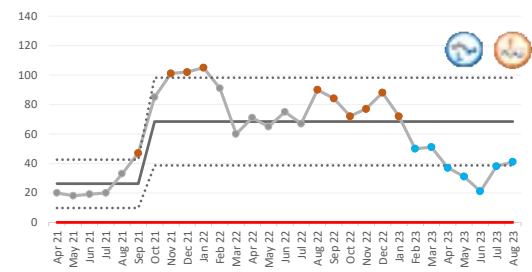
Percentage of patients treated who began first definitive treatment within 31 days of receiving their cancer diagnosis. Over all patients who began first definitive treatment in month.



Aug-23	81.7%
Variance Type	Common cause variation
Target	96%
Achievement	Unreliable process - may or may not meet the target consistently

Cancer Wait Times - 104 days

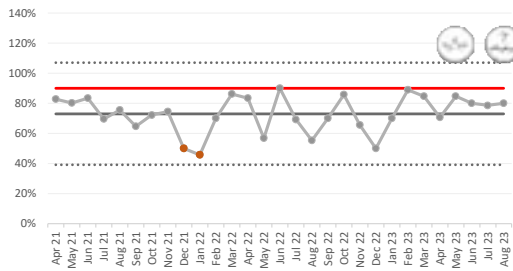
The number of cancer patients waiting 104 days or more from referral to first treatment at month end. Taken from weekly report closest to month end.



Aug-23	41
Variance Type	Special cause variation - improvement
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Cancer screening

Percentage of the NHS Cancer Screening Programmes' urgent referrals for suspected cancer starting first treatment <62 days.



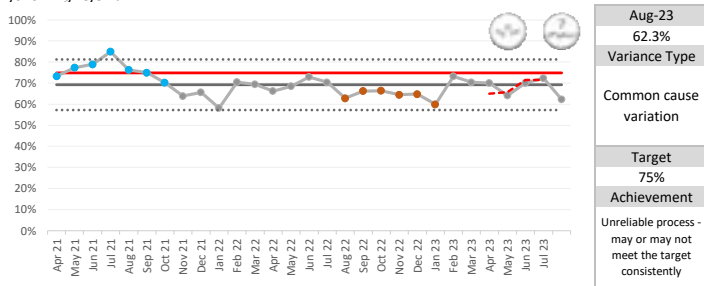
Aug-23	80.0%
Variance Type	Common cause variation
Target	90%
Achievement	Unreliable process - may or may not meet the target consistently

Outstanding Care

Operational Standards - Cancer

Faster diagnostic standard (28 days)

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral.



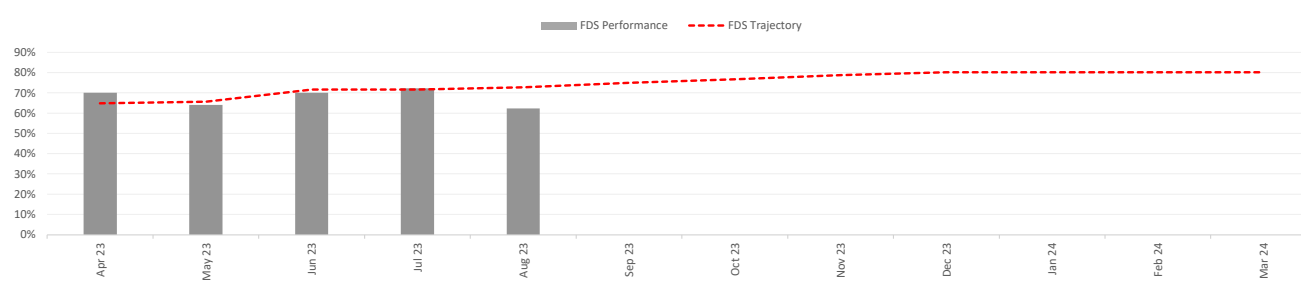
Summary:

This metric is experiencing common cause variation i.e. no significant change.

The target lies within the current control limits and so the metric will consistently hit or miss the target.

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

Faster diagnosis standard (28 days) trajectory



Actions to achieve trajectory:

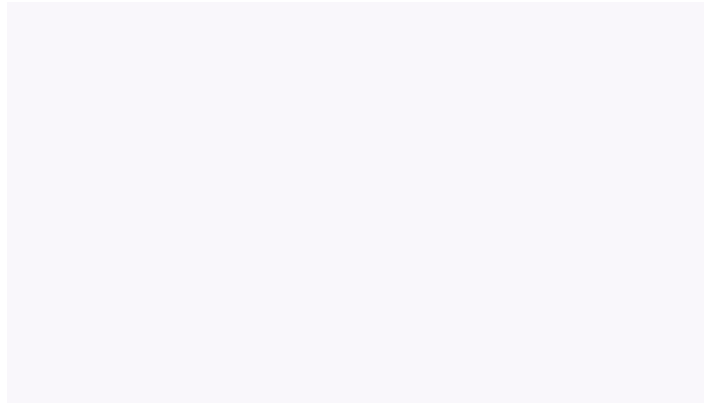
- Issue:** MRI / CT delays
Action: Get approval for MRI/CT for CDC business case, then proceed to procurement, plan to be in place by April 2024.
- Issue:** Delay in dermatology FDS.
Action: Get approval for business case for teledermatology and photography at Amersham CDC.
- Issue:** Endoscopy.
Action: Discuss capacity with BOB.
- Issue:** Capacity reduced by inappropriate/incomplete referrals (no QFIT, bloods etc); Endoscopy capacity.
Action: Redesign of referral form in conjunction with GP rep & ICS.
- Issue:** High polling time for dermatology affecting plastics pathway.
Action: Extend Remedy Health's contract until end of Dec 2023.
Recruit Dermatology specialty doctors.
Review 2ww referral form to guide GPs to refer to Plastics following a proforma.
- Issue:** Hysteroscopies capacity.
Action: Pathway review.
- Issue:** PET PSMA delays at OUH. Delays due to national issue with PSMA tracer.
Action: Revise criteria to refer to PSMA.

Assurance:

- MRI/CT for CDC business case approved, will proceed to procurement, plan to be in place by April 2024
- Business case for teledermatology and photography at Amersham CDC approved.
- BOB wide discussion on capacity
FIT testing
- Redesign of referral form in conjunction with GP rep & ICS
- Remedy Health's contract extended until end of Dec 2023
4 Specialty Drs recruited in Dermatology, starting in Oct, Nov, Dec.
Stability in service anticipated at Q4
2ww referral form reviewed to guide GPs to refer to plastics following a proforma
- Pathway review
- Criteria to refer to PSMA revised
- Delays due to national issue with PSMA tracer. OUH has submitted a business case to expand the service.

Outstanding Care

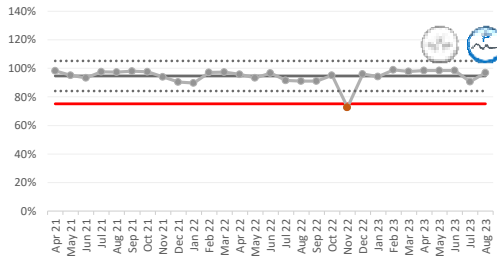
Operational Standards - Cancer



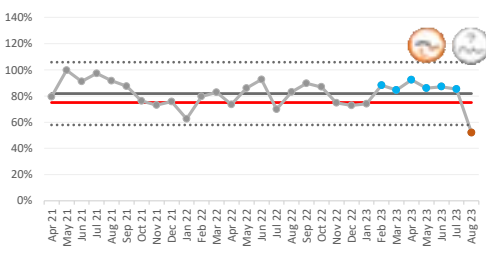
Faster diagnosis standard by tumour site

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral. Split by tumour site.

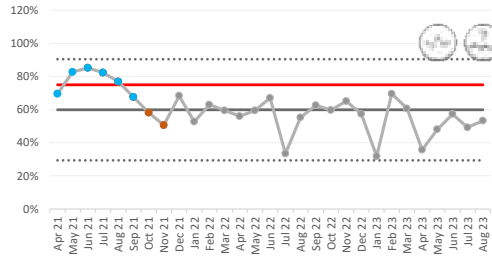
Breast



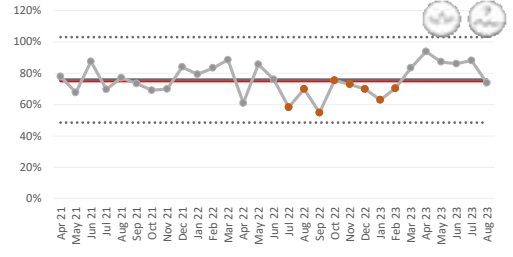
Skin



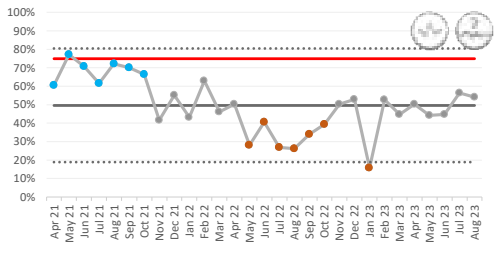
Head & Neck



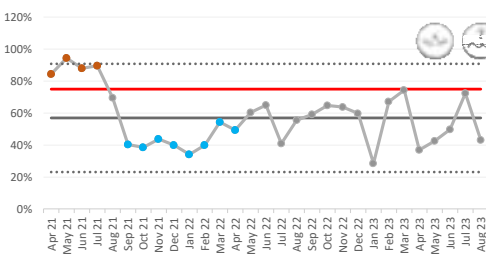
Lung



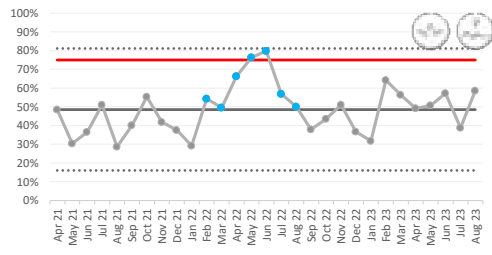
Urology



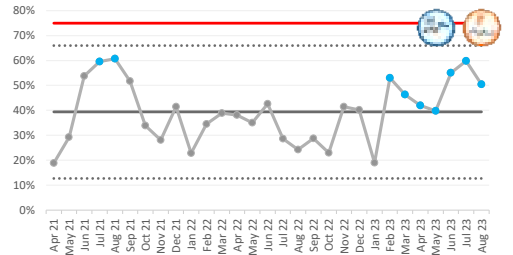
Gynaecology



Upper GI



Lower GI

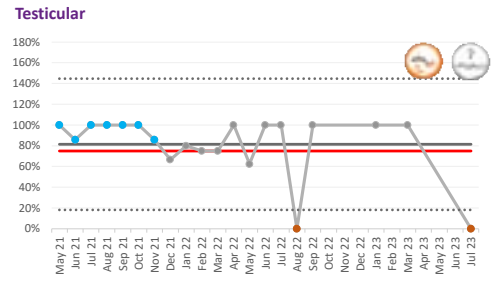
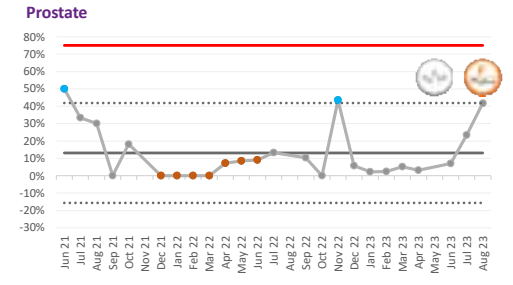
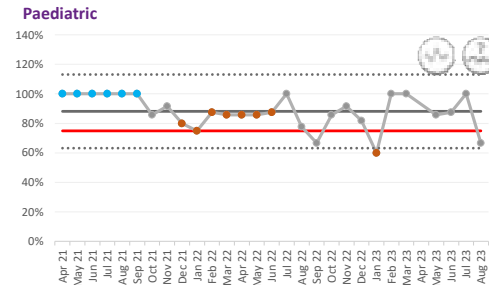
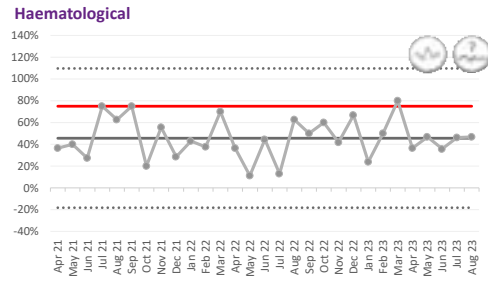
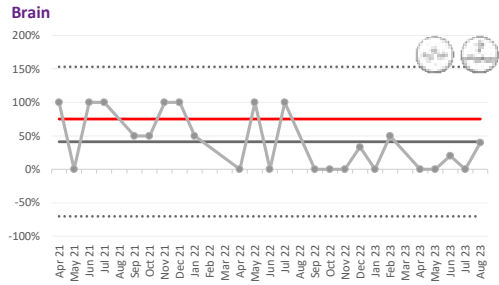


Outstanding Care

Operational Standards - Cancer

Faster diagnosis standard by tumour site

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral. Split by tumour site.



Outstanding Care

Operational Standards - Diagnostics

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Diagnostic compliance	Sep 23	42.9%	5.0%			43.8%	34.2%	53.5%
Diagnostic activity levels	Sep 23	11764	-			11837	9130	14544
Endoscopic patients waiting > 6 weeks	Sep 23	583	0			1051	607	1495
Non-endoscopic DM01 breaches	Sep 23	3893	0			3263	2394	4132

By modality

Magnetic resonance imaging	Sep 23	2737	-			2057	1545	2568
Computed tomography	Sep 23	274	-			218	133	302
Non-obstetric ultrasound	Sep 23	491	-			510	8	1012
DEXA scan	Sep 23	47	-			11	-21	43
Audiology - audiology assessments	Sep 23	10	-			38	-43	118
Cardiology - echocardiography	Sep 23	151	-			204	-13	421
Respiratory physiology - sleep studies	Sep 23	0	-			0	0	0
Urodynamics - pressures & flows	Sep 23	11	-			11	-5	28
Colonoscopy	Sep 23	233	-			366	248	485
Flexi sigmoidoscopy	Sep 23	111	-			175	102	249
Cystoscopy	Sep 23	172	-			149	85	212
Gastroscopy	Sep 23	239	-			386	189	582

What the charts show us

Diagnostic compliance: From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point. This metric is now experiencing common cause variation i.e. no significant change. The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Endoscopic patients waiting >6 weeks: This metric is experiencing special cause variation of an improving nature with the latest data point falling below the lower control limit. However, the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Non-endoscopic DM01 breaches: This metric is experiencing special cause variation of a concerning nature with the last eight data points falling above the central line and close to or above the upper control limit. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

For patients waiting > 6 weeks for a diagnostic test:

Magnetic resonance imaging and Computed tomography are showing special cause variation of a concerning nature with the last six data points for each falling above the central line.

DEXA scan: is showing special cause variation of a concerning nature with the latest data point falling above the upper control limit.

Cardiology - echocardiography: is showing special cause variation of an improving nature with the last seven data points falling below the central line.

Colonoscopy: is showing special cause variation of an improving nature with the last data point falling below the lower control limit.

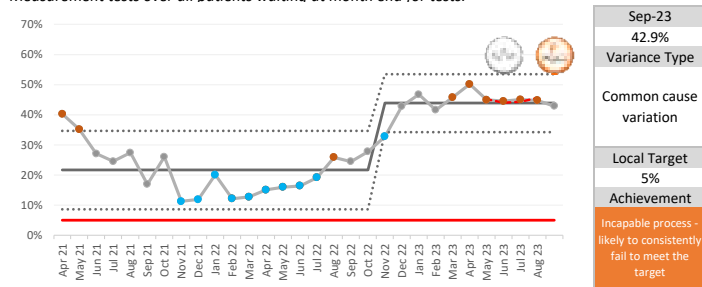
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

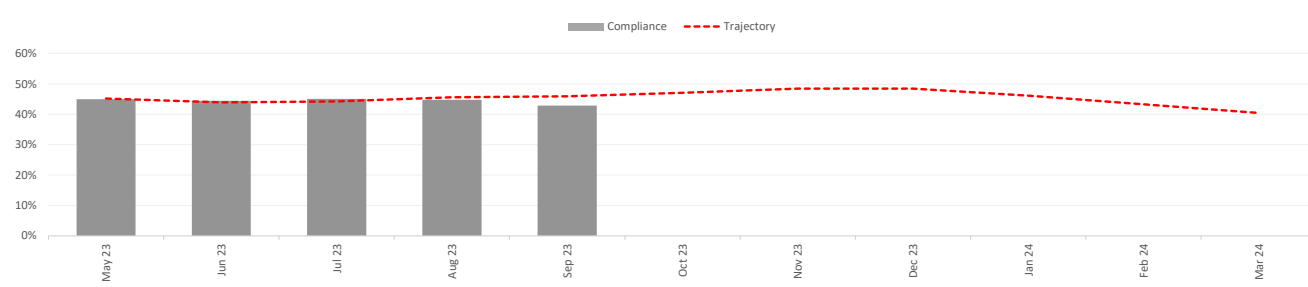
Operational Standards - Diagnostics

Diagnostic compliance

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests over all patients waiting at month end for tests.



Diagnostic compliance trajectory



Summary:

From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point.

Even with this step change, this metric is experiencing further special cause variation of a concerning nature with the last six data points falling above the central line.

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Actions to achieve trajectory:

Non Obstetric ultrasound: Continue to outsource using ICB contract until December

MRI: Implement mobile MRI scanner November

CT: Continue to outsource to external provider
Implement PET CT scanner in January 2024

Assurance:

Actions are ongoing, with outsourcing contracts extended.

Outstanding Care

Operational Standards - Diagnostics

Non-endoscopic DMO1 breaches

Focus on reducing DNAs and cancellation through new administrative & clinical booking process.

Split scheduling team into outbound and inbound to try and offer fuller confirmation of appointments.

Unit has implemented automated bowel prep requests to limit cancellations on the day.

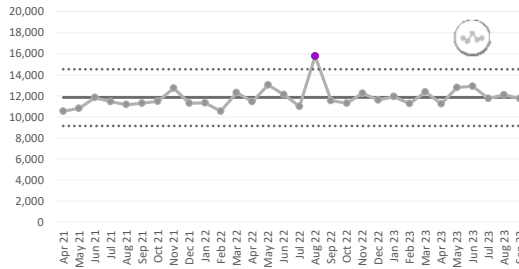
The number and proportion of patients waiting for non obstetric ultrasound and CT has reduced which has enabled delivery of the performance trajectories.

MRI numbers remain static as expected due to capacity .

Funding has been awarded for a mobile MRI scanner which will become operational in November to reduce the MRI backlog.

Diagnostic activity levels

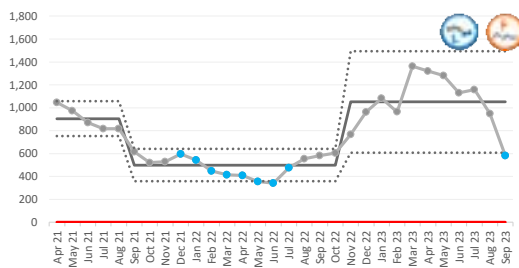
The number of diagnostic tests or procedures carried out in the period. Based on DMO1 definitions.



Sep-23	11,764
Variance Type	Common cause variation
Target	-
Achievement	N/A

Endoscopic patients waiting > 6 weeks

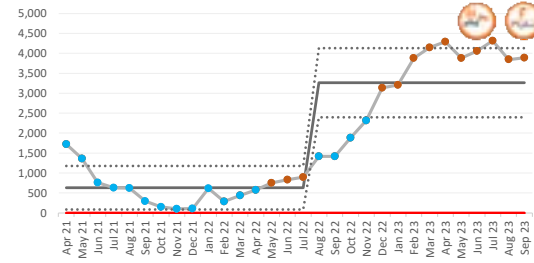
The number of patients waiting more than 6 weeks at month end for an Endoscopic procedure.



Sep-23	583
Variance Type	Special cause variation - improvement
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Non-endoscopic DMO1 breaches

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests.



Sep-23	3,893
Variance Type	Special cause variation - concerning
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Outstanding Care

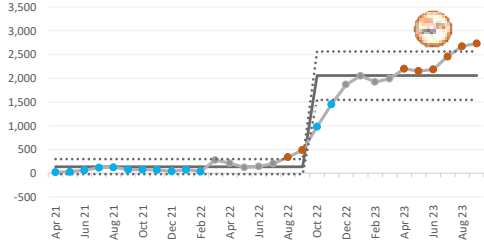
Operational Standards - Diagnostics

Diagnostic waiters > 6 weeks by modality

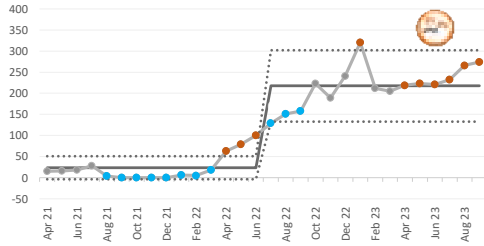
The number of patients waiting more than 6 weeks at month end by modality (test).

Imaging

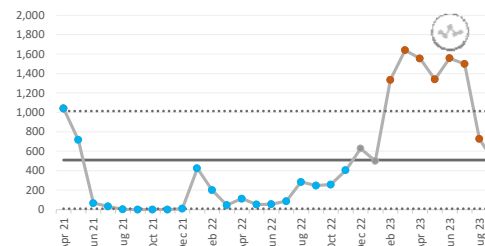
Magnetic resonance imaging



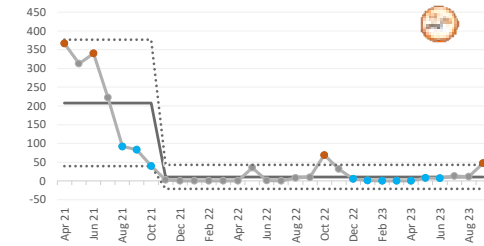
Computed tomography



Non-obstetric ultrasound

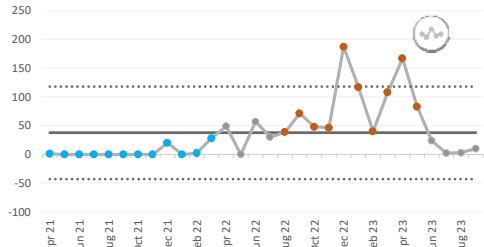


DEXA scan

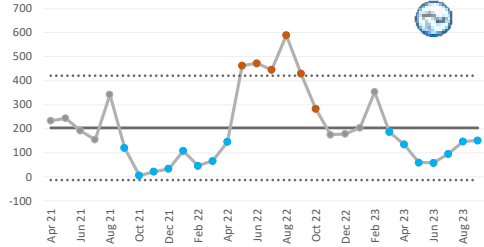


Physiological measurement

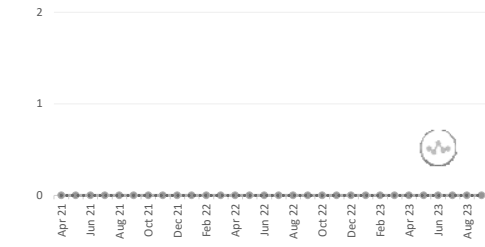
Audiology - audiology assessments



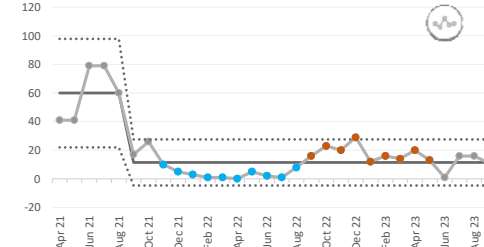
Cardiology - echocardiography



Respiratory physiology - sleep studies

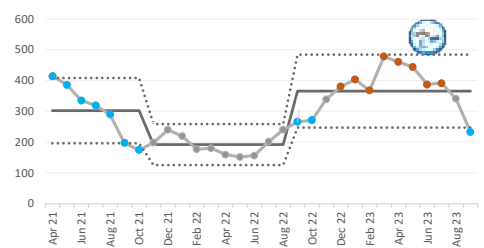


Urodynamics - pressures & flows

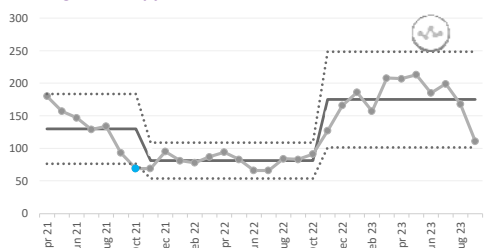


Endoscopy

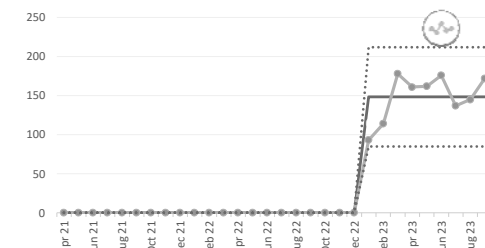
Colonoscopy



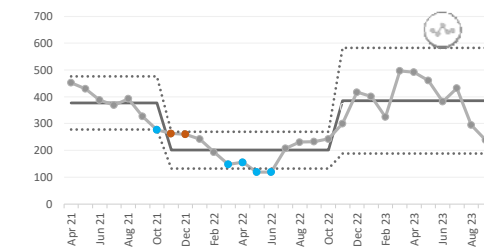
Flexi sigmoidoscopy



Cystoscopy



Gastroscopy



Outstanding Care

Operational Standards - Quality & Safety

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Incidents reported	Sep 23	1234	-			1202	954	1450
Incidents that are low/no harm	Sep 23	98.1%	98.0%			98.3%	96.7%	99.9%
Medication incidents	Sep 23	88	-			100	49	151
Medication incidents as Sis	Sep 23	0	0			0	-1	1
Inpatient falls	Sep 23	117	-			108	79	138
Falls per 1,000 bed days	Sep 23	5.7	6.2			5.0	3.7	6.2
Sis confirmed	Sep 23	3	-			6	-1	13
Sis declared as never events	Sep 23	0	0			0	-1	1
Pressure ulcers - category 2	Aug 23	55	-			36	14	57
Pressure ulcers - category 3	Aug 23	2	-			2	-3	7
Pressure ulcers - category 4	Aug 23	1	-			0	-1	1
Pressure ulcers - unstageable	Aug 23	7	-			4	-2	10
MRSA bacteraemia	Sep 23	0	0			0	-1	2
Clostridioides difficile	Sep 23	8	4			4	-3	10
MSSA bacteraemia	Sep 23	1	0			2	-2	7
E Coli bacteraemia	Sep 23	6	5			6	-1	13
Pseudomonas aeruginosa bacteraemia	Sep 23	1	1			1	-1	3
Klebsiella spp bacteraemia	Sep 23	2	3			3	-2	8
HSMR	Jun 23	90.9	100.0			92.1	85.8	98.4
VTE assessment	Aug 23	97.0%	95.0%			96.6%	95.2%	98.0%
Treatment escalation plan compliance	Sep 23	91.0%	90.0%			87.7%	77.4%	98.1%
Early warning score	Sep 23	98.9%	99.0%			99.1%	98.8%	99.4%
Excellence reporting	Sep 23	84	-			109	11	206
Clinical Accreditation Programme	Sep 23	52						

What the charts show us

Falls per 1,000 bed days: This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

HSMR: This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

VTE assessment: This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and will be consistently achieved unless something changes in the process.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Quality & Safety

The trust is working in the implementation of two national programmes the Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events (LFPSE) in line with NHS England Patient Safety Strategy 2022.

LFPSE will replace the two national systems to which the trust currently uploads and report incidents, these are:

- The National Reporting and Learning System (NRLS) – for reporting all patient incidents
- The Strategic Executive Information System (StEIS) – for reporting all Serious Incidents

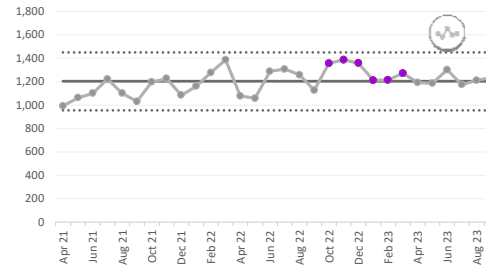
The patient safety team and IT colleagues are working with RLDatix (incident reporting system provider) in BHT transitions to LFPSE by end of October 2023.

Falls awareness campaign on post falls management delivered in September 2023, in response to the National Audit of Inpatient Falls organisation recommendations and socialisation of the updated trust Falls Policy.

There were nine medication related incidents reported in ED resulting to low harm or no harm. These include delays in administering analgesia and failure to prescribe usual medication including insulin. Pharmacy team is working with ED to remind clinical staff to prescribe critical medicines in a timely manner and review documentation to facilitate this.

Incidents reported

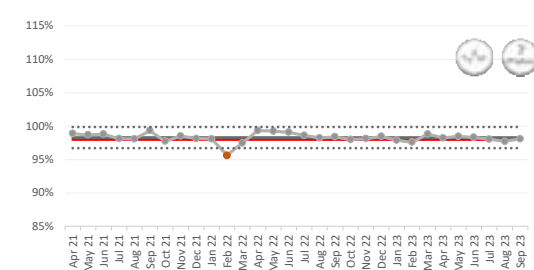
Total number of incidents reported on DATIX during the month.



Sep-23	1,234
Variance Type	Common cause variation
Target	-
Achievement	N/A

Incidents that are low/no harm

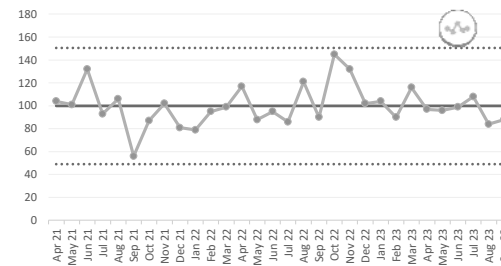
Percentage of incidents classed as low or no harm in the month - over all incidents reported.



Sep-23	98.1%
Variance Type	Common cause variation
Target	98%
Achievement	Unreliable process - may or may not meet the target consistently

Medication incidents

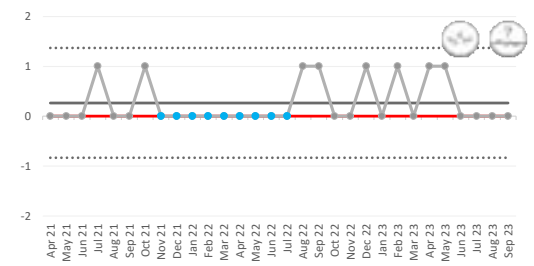
Total number of medication incidents reported on DATIX during the month.



Sep-23	88
Variance Type	Common cause variation
Target	-
Achievement	N/A

Medication incidents as SIs

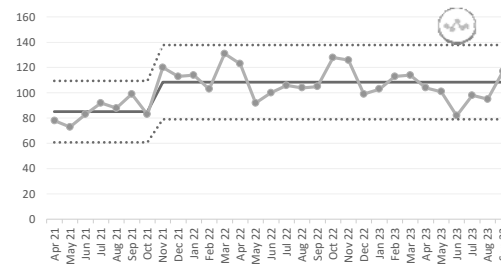
Total number of medication incidents reported on DATIX that have been declared as Serious Incidents during the month.



Sep-23	0
Variance Type	Common cause variation
Target	0
Achievement	Unreliable process - may or may not meet the target consistently

Inpatient falls

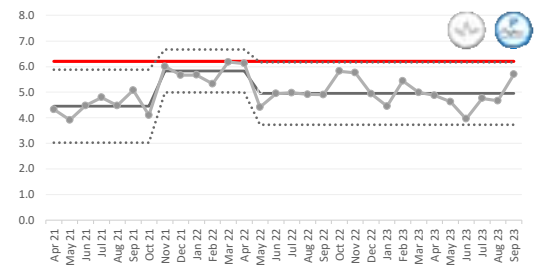
Total number of inpatient falls reported on DATIX.



Sep-23	117
Variance Type	Common cause variation
Target	-
Achievement	N/A

Falls per 1,000 bed days

Rate of Inpatient Falls Incidents reported per 1,000 inpatient bed days.



Sep-23	5.7
Variance Type	Common cause variation
Target	6.2
Achievement	Capable process - likely to always meet the target

Outstanding Care

Operational Standards - Quality & Safety

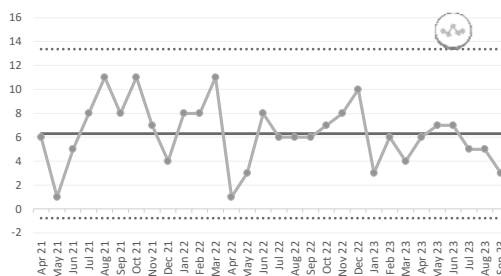
The trust conducted a Safety Summit on 11th Oct 2023 attended by clinical and non-clinical staff, BOB ICB representatives and external partners to agree the patient safety priorities for investigation as part of the PSIRF implementation. It is envisaged that the trust patient safety incident response plan (PSIRP) will be approved by the trust board and BOB ICB by the end of March 2024.

The SI Executive and Divisional Management Panel continues to meet weekly attended by divisions and education team representatives which enables attendees to share learning trust wide and enhance learning opportunities

Harm Free Care group continues to meet monthly attended by divisions to discuss inpatient falls and pressure ulcer incidents' themes and monitor delivery of trust wide and divisional quality improvement plan.

SIs confirmed

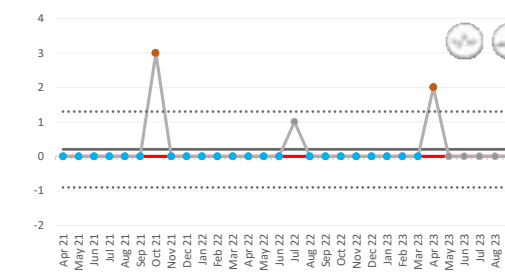
The total number of Serious Incidents confirmed during the month.



Sep-23	3
Variance Type	Common cause variation
Target	-
Achievement	N/A

SIs declared as never events

The total number of Serious Incidents declared as Never Events during the month.

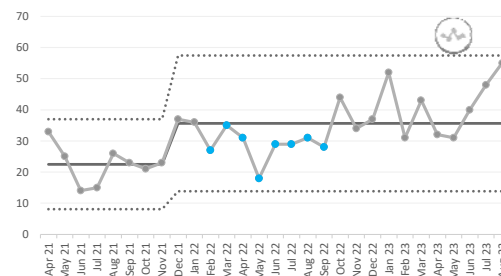


Sep-23	0
Variance Type	Common cause variation
Target	0
Achievement	N/A

Unreliable process - may or may not meet the target consistently

Pressure ulcers - category 2

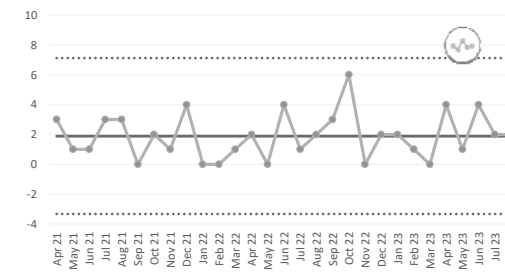
Number of acquired category 2 pressure ulcers.



Aug-23	55
Variance Type	Common cause variation
Target	-
Achievement	N/A

Pressure ulcers - category 3

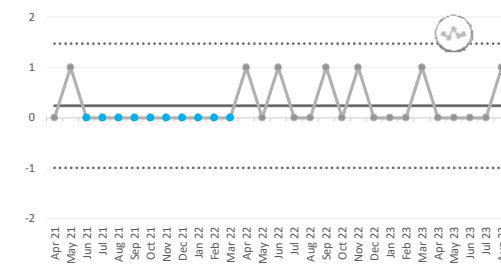
Number of acquired category 3 pressure ulcers.



Aug-23	2
Variance Type	Common cause variation
Target	-
Achievement	N/A

Pressure ulcers - category 4

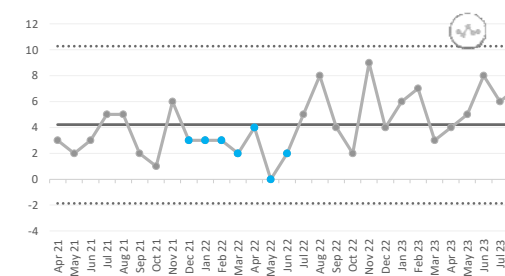
Number of acquired category 4 pressure ulcers.



Aug-23	1
Variance Type	Common cause variation
Target	-
Achievement	N/A

Pressure ulcers - unstageable

Number of acquired unstageable pressure ulcers.



Aug-23	7
Variance Type	Common cause variation
Target	-
Achievement	N/A

Outstanding Care

Operational Standards - Quality & Safety

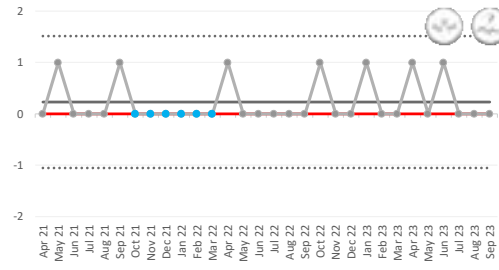
Eight *Clostridium difficile* infection (CDI) HOHA cases were reported in September 2023. Root cause analyses are being carried out for all cases to identify any lapses in care. To date, BHT has reported 20 cases against the trajectory of 49 this year, equating to 41% of the trajectory. Antimicrobial usage is closely monitored and reviewed to prevent avoidable CDI due to inappropriate use of antibiotics. The IPCT conducts weekly MDT rounds to review patients with CDI and vulnerable patients while inpatient in the hospital.

In September 2023, there were nine reported cases of Gram-negative bloodstream infection (GNBSI), with 6 of those cases being *E. coli*, which makes up to 38 cases year to date towards a trajectory of 65. There were 2 cases of *Klebsiella*, bringing the year-to-date total to 13, below the threshold of 32.

A root cause analysis (RCA) is conducted for all GNBSI cases to identify any lapses in care. Recent RCA review highlighted indwelling urinary catheters as contributory factor to the GNBSI.

MRSA bacteraemia

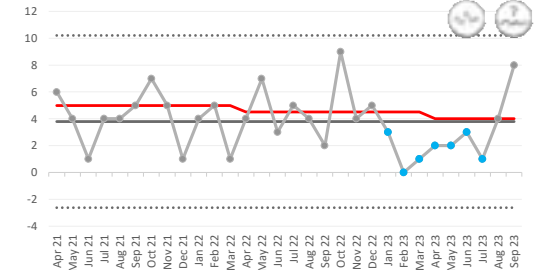
Number of MRSA cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	0
Variance Type	Common cause variation
Target	0
Achievement	Unreliable process - may or may not meet the target consistently

Clostridioides difficile

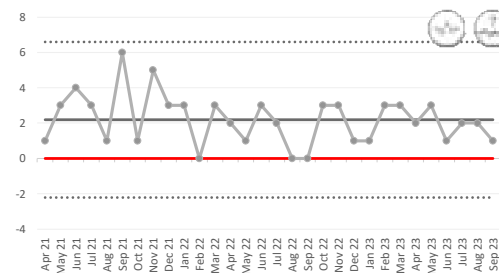
Number of C-diff cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	8
Variance Type	Common cause variation
Target	4
Achievement	Unreliable process - may or may not meet the target consistently

MSSA bacteraemia

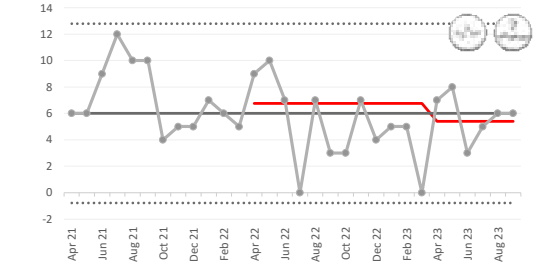
Number of MSSA cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	1
Variance Type	Common cause variation
Target	0
Achievement	Unreliable process - may or may not meet the target consistently

E Coli bacteraemia

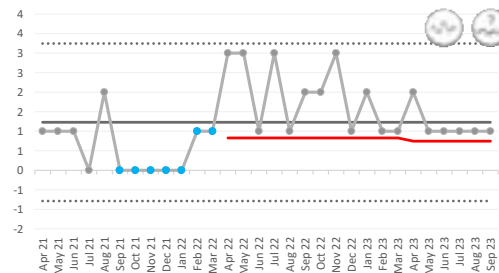
Number of E-Coli cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	6
Variance Type	Common cause variation
Target	5.4
Achievement	Unreliable process - may or may not meet the target consistently

Pseudomonas aeruginosa bacteraemia

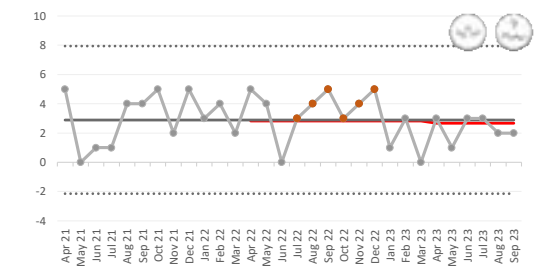
Number of Pseudomonas aeruginosa cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	1
Variance Type	Common cause variation
Target	0.75
Achievement	Unreliable process - may or may not meet the target consistently

Klebsiella spp bacteraemia

Number of Klebsiella spp cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.



Sep-23	2
Variance Type	Common cause variation
Target	2.67
Achievement	Unreliable process - may or may not meet the target consistently

Outstanding Care

Operational Standards - Quality & Safety

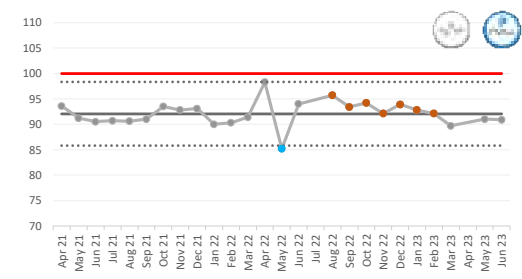
Trust Quality and Safety dashboard developed by clinical staff, QI team and power BI to incorporate quality and patient safety metrics from different system such as Datix (incident reporting system) Tendable App (quality audits), workforce intelligence data and patient feedback (FFT).

BHT Vitals dashboard (electronic observation) now linked to BHT quality and safety dashboard to centralise data and allow ease of access and review of indicators by divisions and ward /unit level.

Electronic maternity early warning score (eMEWS) and paediatric EWS (ePEWS) rolled out in September 2023 and compliance will be monitored by the Deteriorating Patient Group.

HSMR

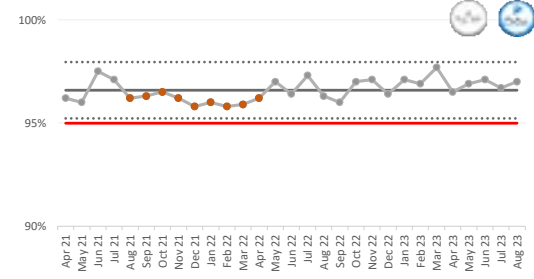
Hospital Standardised Mortality Ratio (rolling 12 months).



Jun-23	90.9
Variance Type	Common cause variation
Target	100
Achievement	Capable process - likely to always meet the target

VTE assessment

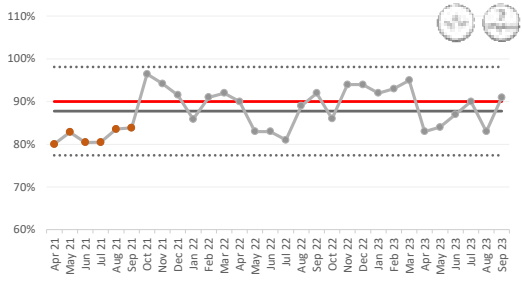
The percentage of patients aged 16 and over, admitted within the month, assessed for risk of VTE on admission.



Aug-23	97.0%
Variance Type	Common cause variation
Target	95%
Achievement	Capable process - likely to always meet the target

Treatment escalation plan compliance

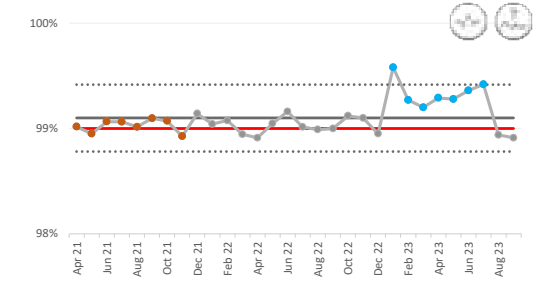
Treatment Escalation Plan completion rate based on documentation audit conducted via Tendable app.



Sep-23	91.0%
Variance Type	Common cause variation
Target	90%
Achievement	Unreliable process - may or may not meet the target consistently

Early warning score

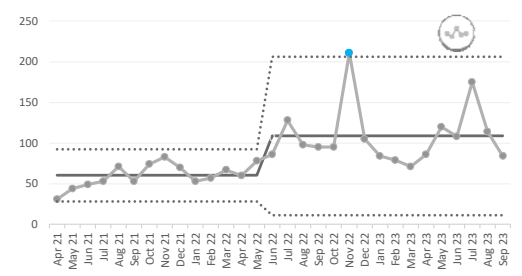
Percentage compliance with early warning score (EWS) completion.



Sep-23	98.9%
Variance Type	Common cause variation
Target	99%
Achievement	Unreliable process - may or may not meet the target consistently

Excellence reporting

Total number of positive examples of great practice and care observed and reported via electronic Excellence form in month.



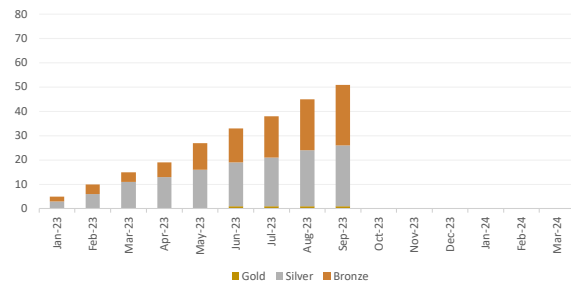
Sep-23	84
Variance Type	Common cause variation
Target	-
Achievement	N/A

Outstanding Care

Operational Standards - Quality & Safety

Clinical Accreditation Programme

The cumulative total number of accreditation assessments completed in month.



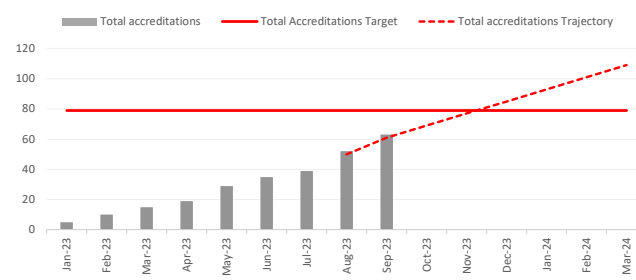
Sep-23
63
Variance Type
Not enough data points for an SPC chart
Target
-
Achievement
N/A

Summary:

The trust has a total of 99 areas to complete with a target of 80% (79 areas) and 40% (32 areas) of areas achieving silver award by March 2024.

CAP trajectory - total accreditations

Cumulative figures

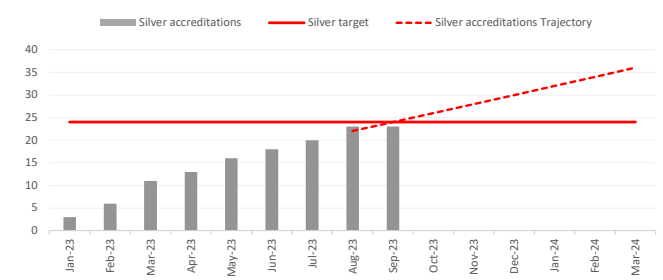


Actions to achieve trajectory:

Awaiting action plan.

Rota developed for weekly CAP assessment which includes matrons, senior clinical colleagues, non-clinical staff and members of the Executive team.

CAP trajectory - silver accreditations



Assurance:

63 areas accredited as of September 2023 with 25 Bronze, 25 Silver and 1 Gold award achieved to date. Twelve areas are awaiting accreditation outcomes post assessment.

Based on current trajectory, set target for accreditation will be achieved by December 2023.

Outstanding Care

Operational Standards - Patient Experience

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Complaints received	Sep 23	35	-			43	19	67
Complaints response rate	Aug 23	85.0%	85.0%			74.8%	43.9%	105.7%
Complaints outstanding at 90 days	Sep 23	0	0			3	1	5
PALS contacts	Sep 23	404	-			392	243	540
PALS responses	Sep 23	95.0%	85.0%	Not enough data points for an SPC chart				

What the charts show us

Complaints outstanding at 90 days: This metric is experiencing special cause variation of an improving nature with a downward trend of the last eleven data points. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

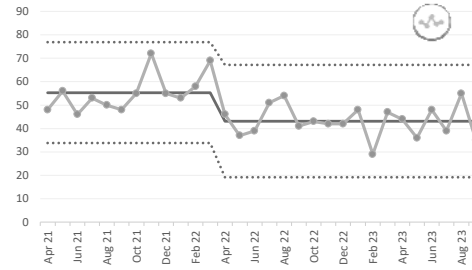
Operational Standards - Patient Experience

Continued focus by divisions to sustain improvement in 25 days response time target for complaints.

Successful recruitment of substantive complaints officer 0.6 WTE to cover reduction of substantive post working hours to 2 days per week.

Complaints received

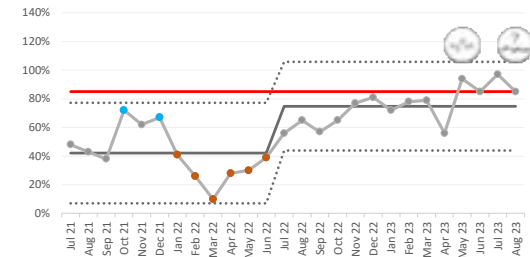
Number of complaints received during the month.



Sep-23	35
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Complaints response rate

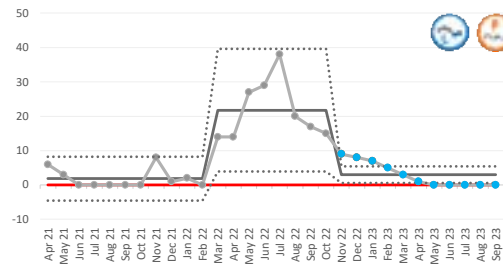
Percentage of complaints responded to within 25 days of receipt. Reporting suspended until July 21 due to Covid.



Aug-23	85.0%
Variance Type	Common cause variation
Target	85%
Achievement	85%
Unreliable process - may or may not meet the target consistently	

Complaints outstanding at 90 days

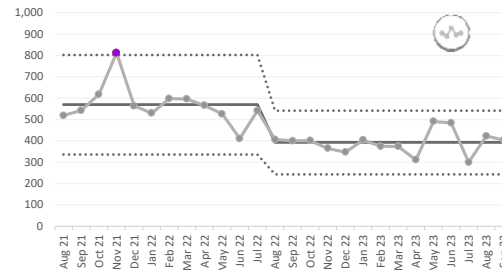
Number of complaints still open after 90 days.



Sep-23	0
Variance Type	Special cause variation - improvement
Target	0
Achievement	0
Incapable process - likely to consistently fail to meet the target	

PALS contacts

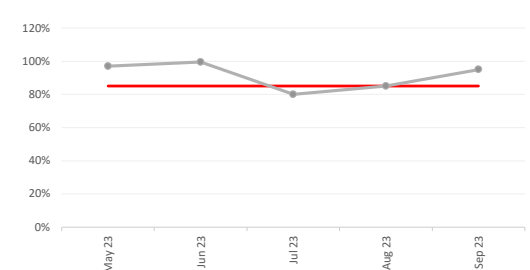
Total number of contacts and queries received by PALS during the reporting month.



Sep-23	404
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

PALS responses

The proportion of PALS emails answered within 3 working days of receipt.



Sep-23	95.0%
Variance Type	Not enough data points for an SPC chart
Target	85%
Achievement	85%
N/A	

Outstanding Care

Operational Standards - Maternity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Stillbirths - total cases	Sep 23	0	0			1	-2	5
Neonatal deaths	Sep 23	0	0			0	-1	2
Term birth <10th centile	Sep 23	3.0%	7.0%			3.4%	0.8%	6.0%
Term admissions to neonatal unit	Sep 23	5.8%	5.0%			4.2%	1.4%	7.0%
Preterm birth	Sep 23	6.6%	6.0%			5.7%	1.4%	10.0%
Preterm birth < 24 weeks	Sep 23	0.0%	6.0%			0.1%	-0.3%	0.4%
Preterm birth > 24 weeks	Sep 23	6.6%	6.0%			5.6%	1.5%	9.8%

Pre term birth optimisation

Place of birth achieved	Sep 23	100%	80%			97%	89%	106%
Magnesium sulphate achieved	Sep 23	100%	80%			92%	60%	125%
Antibiotics achieved	Sep 23	100%	80%			68%	10%	127%
Steroids achieved	Sep 23	64%	80%			54%	-68%	175%
Optimal cord management achieved	Sep 23	91%	80%			60%	-29%	149%
Thermoregulation achieved	Sep 23	100%	80%			86%	24%	148%
Expressed breastmilk achieved	Sep 23	73%	80%			76%	13%	139%

What the charts show us

Term birth < 10th centile: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and will be consistently achieved unless something changes in the process.

Pre term birth < 24 weeks: This metric is experiencing special cause variation of an improving nature with the last eleven data points falling below the central line. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

Pre term birth optimisation - place of birth achieved: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and will be consistently achieved unless something changes in the process.

Pre term birth optimisation - antibiotics achieved: This metric is experiencing special cause variation of an improving nature with the last nine data points falling above the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

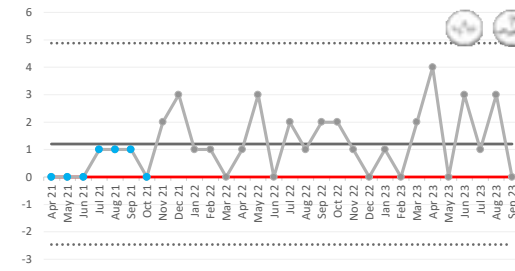
Operational Standards - Maternity

Term admissions to the neonatal unit

Term admissions to the neonatal unit increased to 6% in September. There appears to be a theme emerging around admissions at early term (37 weeks) following elective caesarean section. This is likely due to the change in practice around steroid administration, however further review of the cases is required. This will be completed over the coming weeks.

Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later in month.

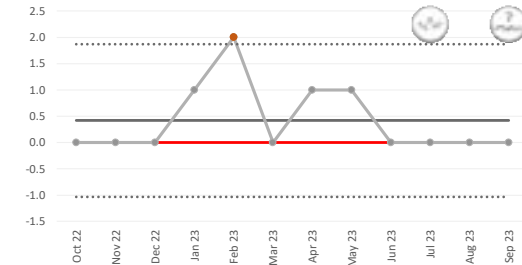


Sep-23	0
Variance Type	Common cause variation
Target	1
Achievement	0
Unreliable process - may or may not meet the target consistently	

Neonatal deaths

Actual number of neonatal deaths in month.

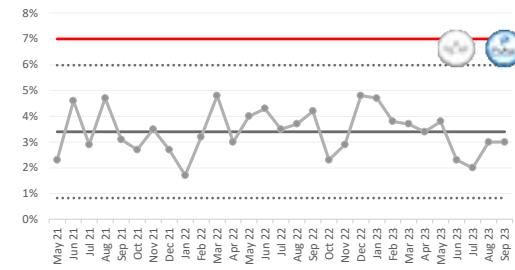
Reporting commenced October 2022.



Sep-23	0
Variance Type	Common cause variation
Target	0
Achievement	0
Unreliable process - may or may not meet the target consistently	

Term birth <10th centile

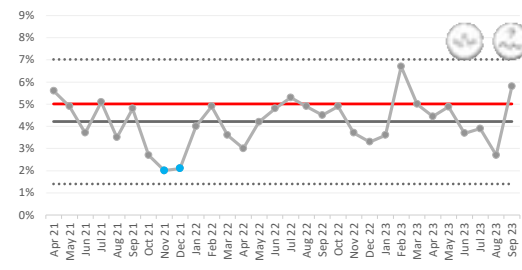
The number of babies born after 37 week gestation with a weight below the 10th centile over all births in month.



Sep-23	3.0%
Variance Type	Common cause variation
Target	7.0%
Achievement	3.0%
Capable process - likely to always meet the target	

Term admissions to neonatal unit

The number of babies born after 37 week gestation who were admitted to the neonatal unit over all births in month.



Sep-23	5.8%
Variance Type	Common cause variation
Target	5.0%
Achievement	5.8%
Unreliable process - may or may not meet the target consistently	

Outstanding Care

Operational Standards - Maternity

Preterm birth <24 weeks

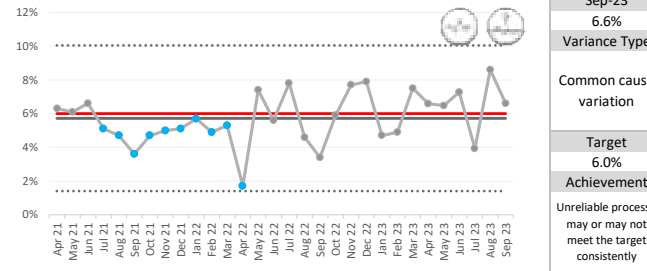
Preterm birth less than 24 weeks has remained at 0% since November 2022

Preterm birth >24 weeks

Preterm birth data stabilised in September, remains within common cause variation but above target. More detailed case reviews of preterm births started in September. All women had appropriate risk assessment at booking, however the ability to estimate timing of birth remains challenging owing to national unavailability of point of care testing. Focus for this quarter is raising awareness of the signs of preterm birth amongst higher risk groups and extension of the optimisation bundle to include further elements that will reduce morbidity amongst preterm infants.

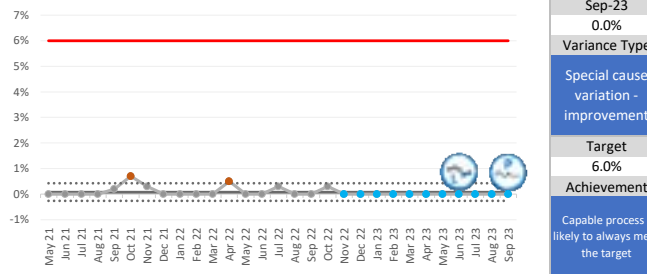
Preterm birth

The number of babies born before 37 weeks gestation over all births in the month.



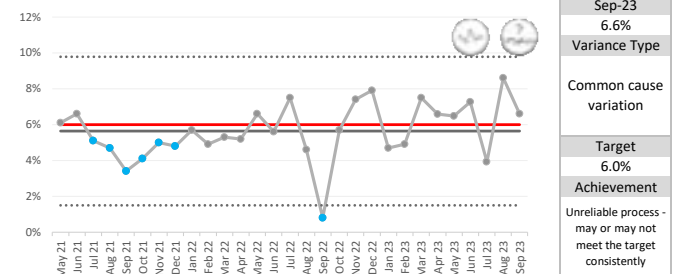
Preterm birth < 24 weeks

The number of babies born before 24 weeks gestation over all births in the month.



Preterm birth > 24 weeks

The number of babies born between 24 and 37 weeks gestation over all births in the month.



Outstanding Care

Operational Standards - Maternity

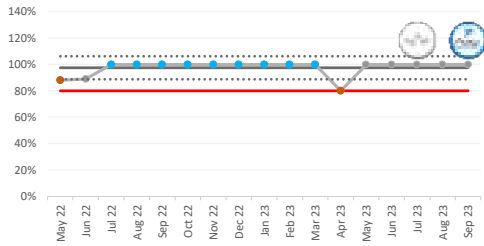
Pre term birth optimisation

Percentage of pre term birth optimisation elements achieved.

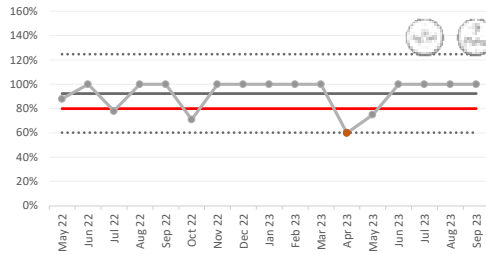
Preterm birth optimisation

The optimisation bundle is presented one month in arrears. Performance remains unstable for steroid administration and optimal cord management. Steroid administration is unlikely to see vast improvement given the continued unavailability of the point of care test to predict likelihood of birth within 7 days amongst women that present in threatened preterm labour and the iatrogenic harm associated with administering steroids unnecessarily. A deeper examination of the reasons for not achieving delayed cord clamping will commence this month in order to better understand the reasons for variable performance.

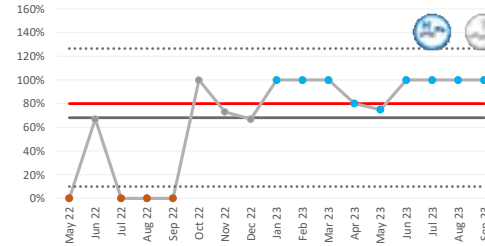
Place of birth achieved



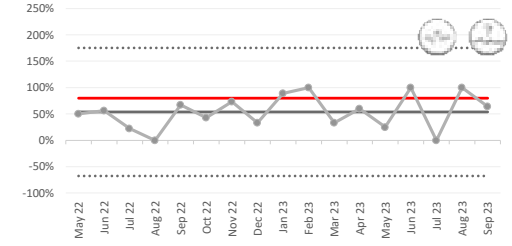
Magnesium sulphate achieved



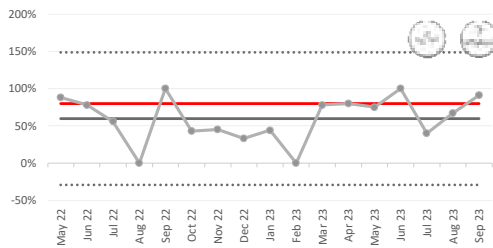
Antibiotics achieved



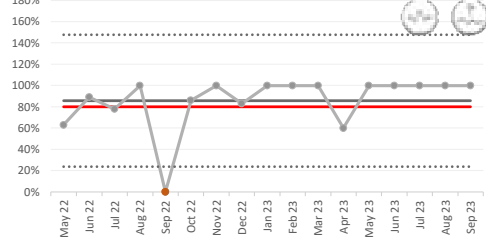
Steroids achieved



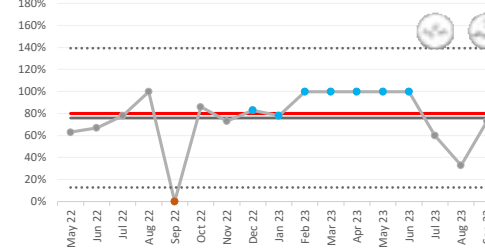
Optimal cord management achieved



Thermoregulation achieved



Expressed breastmilk achieved



Healthy Communities

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Community Contacts	Sep 23	49816	-			49637	42064	57210
Frailty	Sep 23	94.3%	-	Not enough data points for an SPC chart				
Maternity smoking at time of booking	Sep 23	6.5%	5.0%			6.4%	1.7%	11.1%
Maternity smoking at time of delivery	Sep 23	2.0%	5.0%			6.0%	2.2%	9.8%
Breastfeeding at birth	Sep 23	74.2%	80.0%			72.7%	61.9%	83.4%
Breastfeeding at discharge	Sep 23	84.6%	80.0%			82.1%	68.5%	95.6%
Health visitor appointments - 14 days	Aug 23	79.8%	-			73.0%	61.7%	84.3%
Breastfeeding at 6-8weeks	Sep 23	37.8%	-			38.5%	31.3%	45.7%
Children having 1 year health review	Sep 23	65.8%	-			56.1%	45.0%	67.3%
Children having 2 year health review	Sep 23	78.0%	-			64.5%	53.9%	75.1%
Cardiology referrals from deprived wards	Sep 23	420	-			506	307	704

What the charts show us

Maternity smoking at time of delivery: This metric is experiencing special cause variation of an improving nature with the last data point falling below the lower control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Health Visitor appointments - 14 days: This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line.

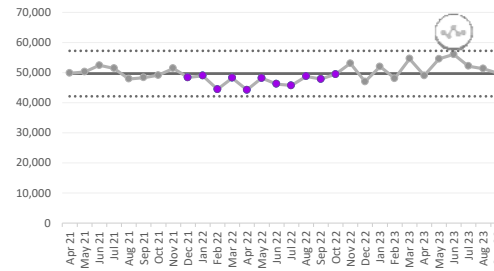
Children having 1 year health review: This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line.

Children having 2 year health review: This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line.

All other metrics are showing common cause variation i.e. no significant change.

Community Contacts

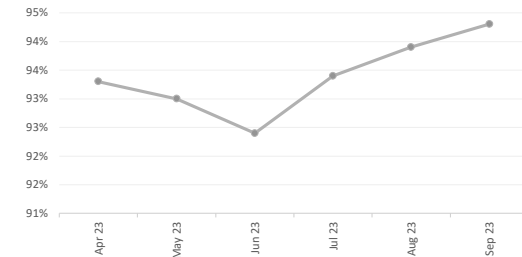
Total number of attended community contacts in the month.



Sep-23
49,816
Variance Type
Common cause variation
Target
-
Achievement
N/A

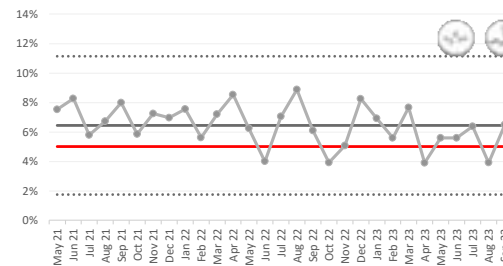
Frailty

Patients aged 65+ coming into ED having a documented frailty score, over all patients aged 65+ coming into ED.



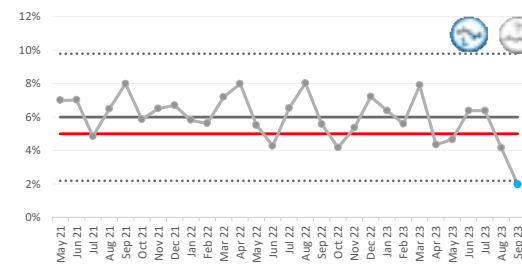
Sep-23
94.3%
Variance Type
Not enough data points for an SPC chart
Target
-
Achievement

Maternity smoking at time of booking



Sep-23
6.5%
Variance Type
Common cause variation
Target
5%
Achievement
Unreliable process - may or may not meet the target consistently

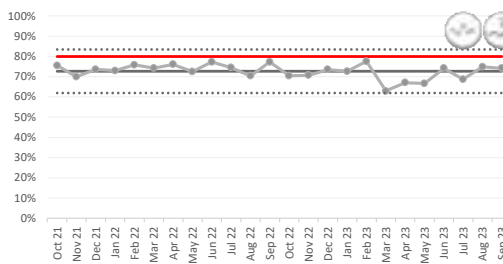
Maternity smoking at time of delivery



Sep-23
2.0%
Variance Type
Special cause variation - improvement
Target
5%
Achievement
Unreliable process - may or may not meet the target consistently

Breastfeeding at birth

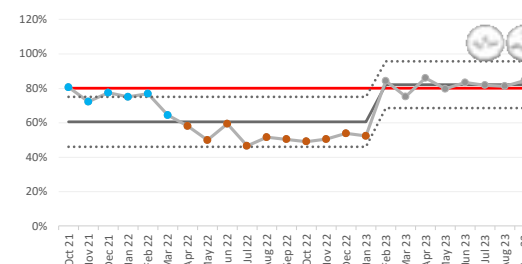
The percentage of babies receiving maternal breastmilk for first feed over all babies born in month



Sep-23
74.2%
Variance Type
Common cause variation
Target
80%
Achievement
Unreliable process - may or may not meet the target consistently

Breastfeeding at discharge

The percentage of babies having breastmilk at the point of discharge over all babies discharged in month.



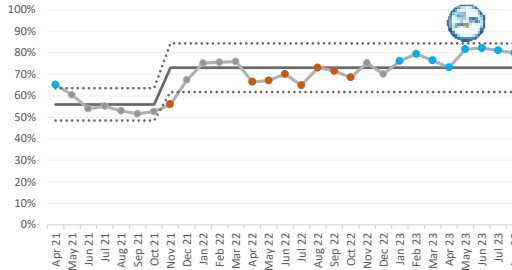
Sep-23
84.6%
Variance Type
Common cause variation
Target
80%
Achievement
Unreliable process - may or may not meet the target consistently

Children having 1 and 2 year health review

We are undertaking a service improvement project to review the whole process including admin to reduce the as not brought (DNA) rate and increase the uptake.

Health visitor appointments - 14 days

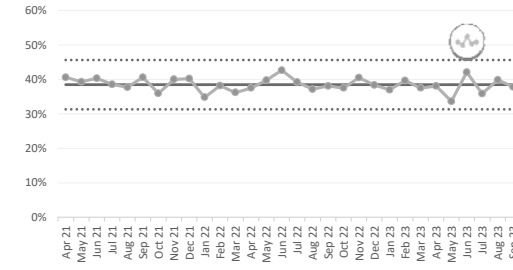
The percentage of new baby reviews carried out within 14 days of birth - over all births in the month (based on DOB in month).



Aug-23	79.8%
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

Breastfeeding at 6-8weeks

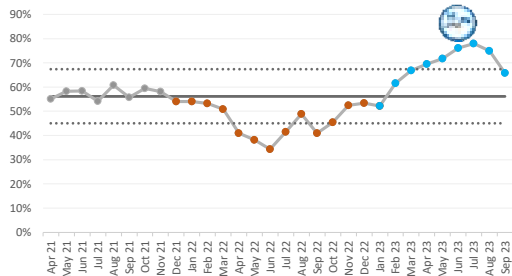
The percentages of full term babies (>37 weeks) fully breastfed at 6-8 weeks over all full term babies having a 6-8 weeks check up in month. Based on babies who are 8 weeks old in month.



Aug-23	39.9%
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Children having 1 year health review

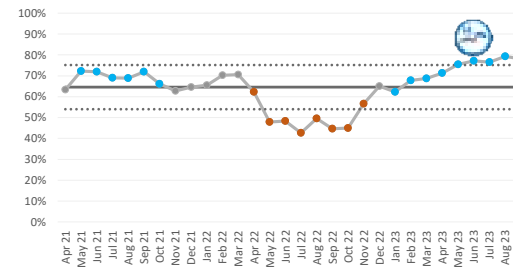
Number of children having a health review between the ages of 9 months and 1 year over all children turning 1 year old in month.



Sep-23	65.8%
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

Children having 2 year health review

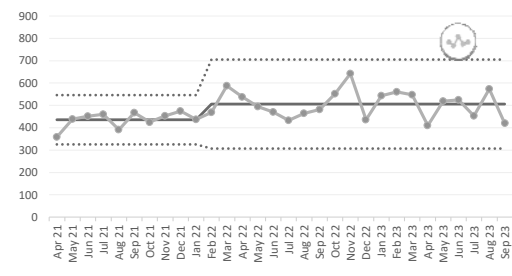
Number of children having a health review between the ages of 23 months and 2.5 years over all children turning 2.5 years old in month.



Sep-23	78.0%
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

Cardiology referrals from deprived wards

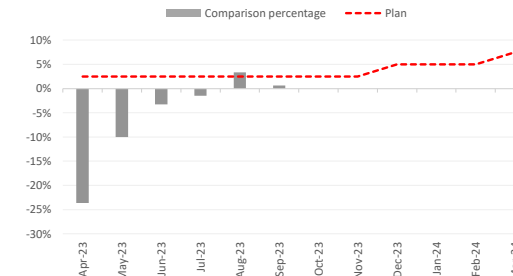
The number of patients being referred to cardiology services in month from the most deprived areas in Bucks.



Sep-23	420
Variance Type	Not enough data points for an SPC chart
Target	-
Achievement	-
N/A	

Cardiology referrals from deprived wards against plan

The year to date number of patients being referred to cardiology services from the most deprived areas in 2023 over the same period in 2022.



Sep-23	0.7%
Variance Type	N/A
Target	2.5%
Achievement	-
N/A	

A Great Place to Work

Ensuring our people are listened to, safe and supported

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust overall vacancy rate	Sep 23	8.7%	10.0%			8.4%	5.4%	11.4%
Nursing and midwifery vacancy rate	Sep 23	9.9%	8.5%			9.4%	6.6%	12.2%
Turnover rate	Sep 23	11.1%	12.5%			12.3%	11.7%	12.9%
Average time to replace vacancies	Sep 23	48.4	56.0			48.3	36.6	60.0
Leavers < 1 year service	Sep 23	16.4%	-			16.7%	15.9%	17.5%
Sickness	Aug 23	3.7%	3.5%			4.4%	3.0%	5.7%
Sickness - mental health	Aug 23	0.66%	-			0.73%	0.54%	0.92%
Occupational health management referrals	Aug 23	94%	95%			94%	84%	103%
Referrals into OH and Wellbeing - stress	Aug 23	106	-			116	89	144
Data security awareness training	Sep 23	90.0%	95.0%			88.0%	85.2%	90.8%
Statutory and Mandatory training	Sep 23	92.7%	90.0%			88.5%	86.7%	90.3%
Corporate induction	Jun 23	99.0%	95.0%			99.0%	96.5%	101.4%
Peaks programmes			-					

What the charts show us

Trust overall vacancy rate: This metric is experiencing special cause variation of an improving nature with a downward run of the last six data points. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Nursing and midwifery vacancy rate: This metric is experiencing special cause variation of an improving nature with a downward run of the last six data points. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Turnover rate: This metric is experiencing special cause variation of an improving nature with the last four data points falling below the lower control limit and a downward run of the last six data points. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Sickness: This metric is experiencing special cause variation of an improving nature with a run of eight data points falling below the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Sickness - mental health: This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line.

Referrals into OH and Wellbeing - Stress: This metric was experiencing special cause variation of an increasing nature where up is neither improvement nor concern, with the last twelve data points falling above the central line. A step change has been added to the chart at this point of observed change.

Data security awareness training: This metric is experiencing special cause variation of an improving nature with the last eight data points sitting above the central line. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Statutory and Mandatory trainings: This metric is experiencing special cause variation of an improving nature with the last five data points falling above the upper control limit. However the target lies only just inside the current control limits and so is unlikely to be achieved unless this improvement continues.

Corporate induction: This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and will be consistently achieved unless something changes in the process.

All other metrics are showing common cause variation i.e. no significant change.

A Great Place to Work

Ensuring our people are listened to, safe and supported

Nursing and midwifery vacancy rate

The further reduction in the vacancy rates reflects continued international recruitment of Nurses (51 in September and 34 in October) & Midwives (3 in September)

Local HCA recruitment event resulted in 20 candidates offered a position in September.

The recruitment team have improved their manager training, with an emphasis on best practice for advertising, shortlisting, interviewing and the importance of induction to aid retention and support good performance.

Turnover

During September, 73 colleagues left BHT (17 were Nursing and Midwifery, 14 Support Staff, 14 Healthcare Assistants and 10 Admin and Estates).

We continue to implement improvements as part of the work to embed the People Promise programme, including the promotion of working flexibly and managing work life balance (which was historically the top reason for leaving but now is superseded by: Retirement (15 – with 1 returning)
Relocation (14)
Further education/training (13)

October will see the launch of the new flexible retirement guidance, following changes to NHS pensions rules, to encourage and promote options to retire and return.
August and September are usual to see a spike in people leaving for educational reasons.

Average time to replace

The recruitment team are continuing to amend their processes to increase contact with our candidates to expediate their pre-employment checks. Overall, this results in an enhanced onboarding experience for our new starters. It also ensures we remain focused on improving our time to hire.

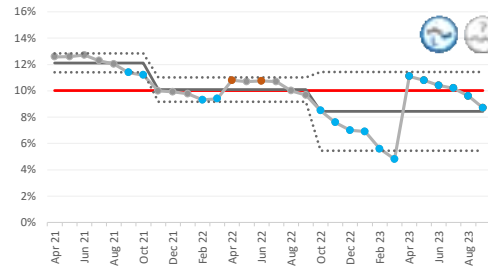
No of leavers with <1 year service with BHT

In September, 20 colleagues left with under a year's service. The top 3 reasons colleagues cited for leaving were; to undertake further education/training (10), work life balance/child dependency reasons (3) and relocation (2).

We have a cross cutting programme of work in place this year to support our people priority to improve first year experience. This includes recruitment, onboarding, wellbeing, IT support and talent management.

Trust overall vacancy rate

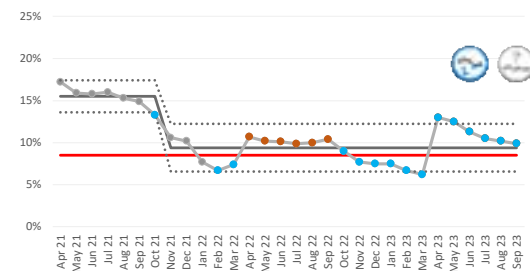
% number of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.



Sep-23	8.7%
Variance Type	Special cause variation - improvement
Target	10%
Achievement	Unreliable process - may or may not meet the target consistently

Nursing and midwifery vacancy rate

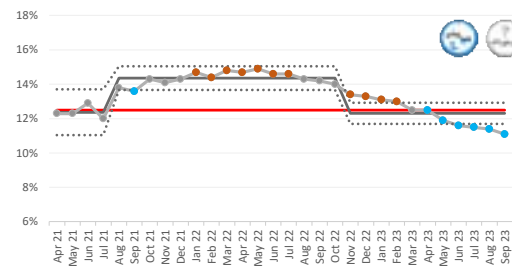
% number of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.



Sep-23	9.9%
Variance Type	Special cause variation - improvement
Target	9%
Achievement	Unreliable process - may or may not meet the target consistently

Turnover rate

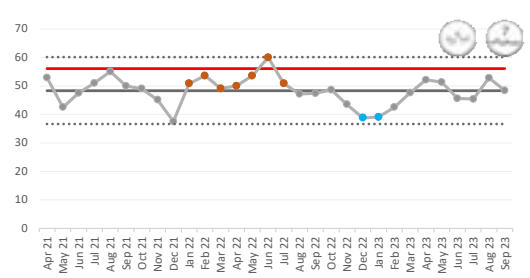
% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust. Rolling 12 months.



Sep-23	11.1%
Variance Type	Special cause variation - improvement
Target	13%
Achievement	Unreliable process - may or may not meet the target consistently

Average time to replace vacancies

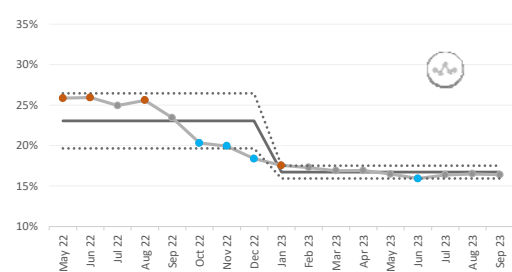
Total average elapsed days to replace vacancies with staff starting in those roles.



Sep-23	48.4
Variance Type	Common cause variation
Target	56
Achievement	Unreliable process - may or may not meet the target consistently

Leavers < 1 year service

Number of leavers with <1 year service with BHT. Rolling 12 months.



Sep-23	16.4%
Variance Type	Common cause variation
Target	-
Achievement	N/A

A Great Place to Work

Ensuring our people are listened to, safe and supported

OH Management Referrals and All other Sickness

Occupational Health continues to focus on pro-active support to reduce sickness and absence.

The OH physiotherapists have education videos and Webinars planned monthly from October to support a reduction in MSK symptoms.

Winter Vaccine campaign is underway, over 800 staff have been vaccinated. There was an initial delay due to supply of the vaccine and issues with the national booking system.

Mental Health and Stress Sickness and Referrals to Wellbeing

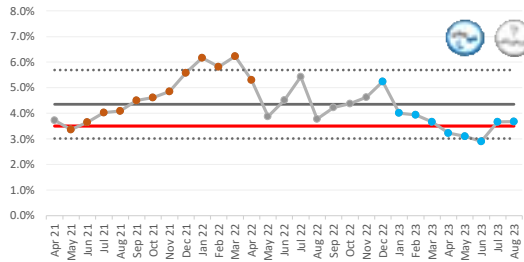
Stress referrals are stable – however in the last 2 years we have not seen the usual seasonal dip in referrals for August and September.

Referral levels typically increase in October and this will be mitigated by our new Psychological Wellbeing Group Therapist now being in post.

S10 sickness absence is following a similar trajectory to last year, but at a slightly lower level.

Sickness

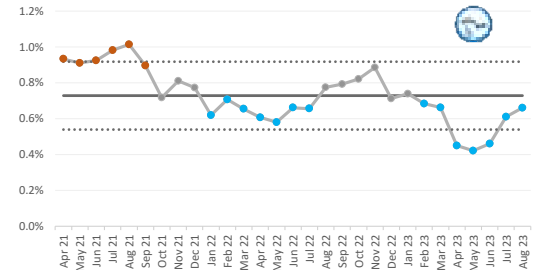
Percentage of total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.



Aug-23	3.7%
Variance Type	Special cause variation - improvement
Target	3.5%
Achievement	
Unreliable process - may or may not meet the target consistently	

Sickness - mental health

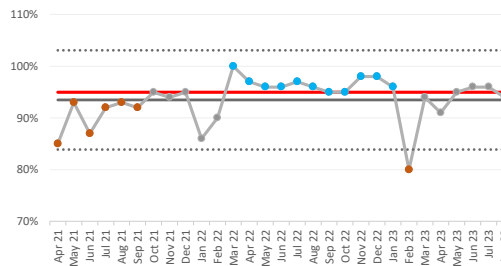
Percentage of total working hours lost because of sickness absences due to mental health illnesses compared to the total working hours.



Aug-23	0.66%
Variance Type	Special cause variation - improvement
Target	-
Achievement	
N/A	

Occupational health management referrals

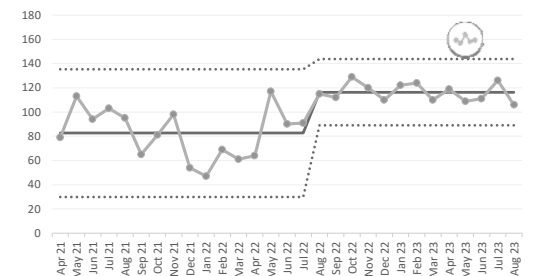
Occupational Health Management Referrals – first appointment offered within 10 working days of receipt.



Aug-23	94%
Variance Type	Common cause variation
Target	95%
Achievement	
Unreliable process - may or may not meet the target consistently	

Referrals into OH and Wellbeing - stress

The number of referrals into Occupational Health and Wellbeing for stress per month.



Aug-23	106
Variance Type	Common cause variation
Target	-
Achievement	
N/A	

A Great Place to Work

Ensuring our people are listened to, safe and supported

Data Security awareness training

The 2023-24 version of the DSP Toolkit focuses on evidence of a robust trust wide training needs analysis in place for data security awareness training, incorporating the current e-learning, but also bespoke training for certain staff cohorts e.g. IAOs, SIRO, DPO etc.

Statutory and mandatory training

Trust wide 4 subjects are below against the 90% target – Fire Safety, Safeguarding Adults, Safeguarding Children and Summoning Emergency Help these are being targeted to increase compliance.

Corporate induction

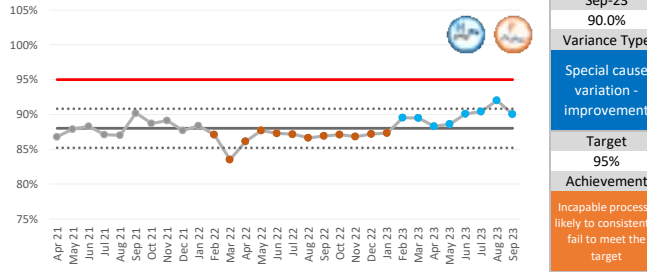
As well as monthly induction we now also run BHT Connection events. The third was held on the 13th September with 90 new starters attending. Positive feedback was received about this event from both stall holders and attendees.

No of managers participating in Peaks programme

We are on track to achieve the required total of 300 managers by March 2024.

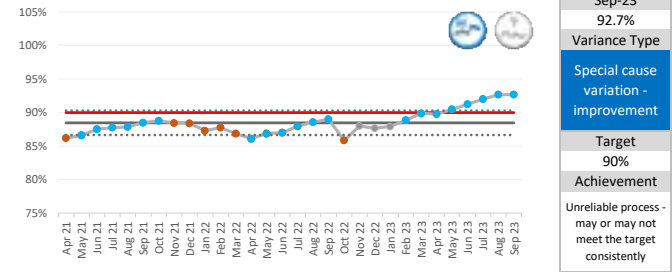
Data security awareness training

The percentage of eligible staff members being up to date with data security awareness training. Snapshot at month end.



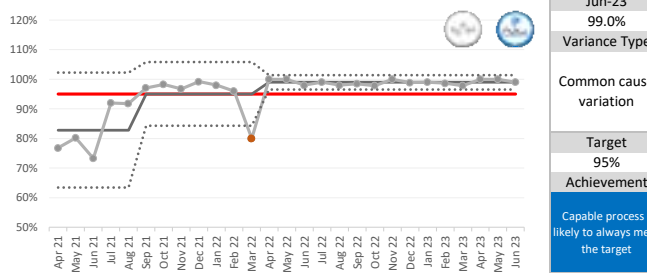
Statutory and Mandatory training

The percentage of eligible staff members being up to date with statutory & mandatory training. Snapshot at month end.



Corporate induction

Percentage of staff attending corporate induction within 3 months of joining the trust. Reported on joining month.



Peaks programmes

Number of managers participating in Peaks programmes.

- Peak 1 – virtual**
5 modules were scheduled and delivered to 78 managers
- Peak 1 – face-to-face Cohort 4**
31 managers graduated the programme.
- Peak 2 – virtual**
There was 1 module scheduled, attended by 12 managers.
- Peak 2 – face-to-face Cohort 4**
with 26 managers attending of which 25 graduated the programme.
- Peak 3 Cohort 1**
We have had 8 managers graduate the programme.

We are on track to achieve the required total of 300 managers by March 2024.

Outstanding Care

Operational Standards - Productivity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Overall NHSE measure of productivity	Jun 23	-17.3%	5.0%			-13.9%	-15.7%	-12.1%
Theatre utilisation	Sep 23	90.9%	95.0%			88.5%	84.7%	92.2%
Theatre cases per 4 hours planned time	Sep 23	2.5	3.0			2.6	2.4	2.8
Outpatient DNA rate	Sep 23	7.6%	5.0%			7.0%	6.1%	7.9%
Outpatients utilisation								
Tests per population (Radiology & Pathology)								
14 day LOS - Elective	Sep 23	4	-			7	0	14
14 day LOS - Non-Elective	Sep 23	131	-			155	122	188
14 day LOS - Community	Sep 23	44	-			47	37	56
Number of admissions - conversions from attendance	Sep 23	11.7%	-			11.8%	9.1%	14.4%
Bed utilisation			-					
A&E activity	Sep 23	14095	12421			12724	10290	15159
Non-Elective activity			-					
Elective activity	Sep 23	4175	4229			3857	3068	4646
New outpatient activity	Sep 23	17874	19042			18640	14189	23091
Follow up outpatient activity	Sep 23	25016	24964			25555	19301	31808
Headcount			-					

What the charts show us

Overall NHSE measure of productivity: This metric is experiencing special cause variation of a concerning nature with the last two data points below the lower control limit. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Theatre utilisation: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Theatre cases per 4 hours planned time: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Outpatient DNA rate: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

14 day LOS - Non-Elective: This metric is experiencing special cause variation of an improving nature with a downward run of the last eight data points.

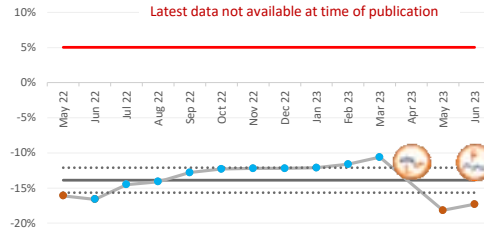
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Productivity

Overall NHSE measure of productivity

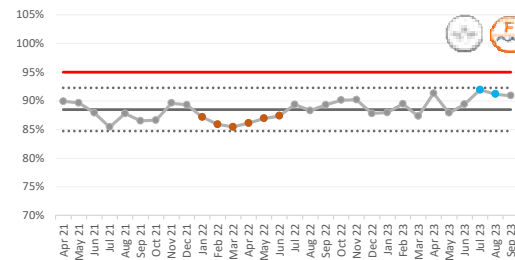
Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



Jul-23
Variance Type
Special cause variation - concerning
Target
5%
Achievement
Incapable process - likely to consistently fail to meet the target

Theatre utilisation

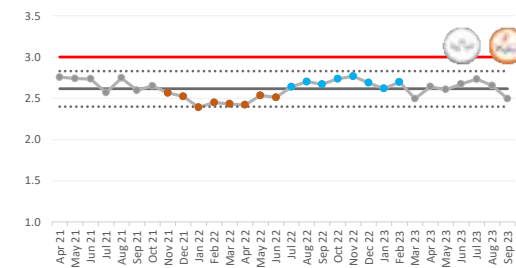
Total run time of theatre lists as a percentage of total planned time.



Sep-23
90.9%
Variance Type
Common cause variation
Target
95%
Achievement
Incapable process - likely to consistently fail to meet the target

Theatre cases per 4 hours planned time

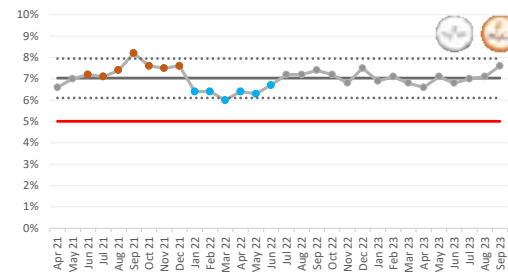
Number of theatre cases per four hours of planned theatre time during the month.



Sep-23
2.5
Variance Type
Common cause variation
Target
3.0
Achievement
Incapable process - likely to consistently fail to meet the target

Outpatient DNA rate

Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.



Sep-23
7.6%
Variance Type
Common cause variation
Target
5%
Achievement
Incapable process - likely to consistently fail to meet the target

Outpatient utilisation

Awaiting definition

Outstanding Care

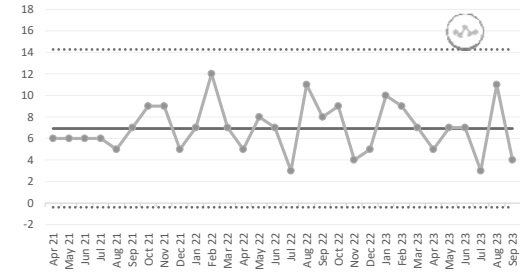
Operational Standards - Productivity

Tests per population (Radiology & Pathology)

Awaiting definition

14 day LOS - Elective

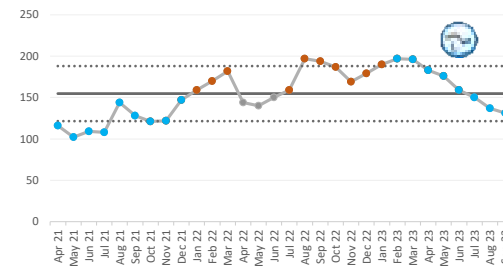
Snapshot month end figure of number of patients in beds over 14 days in Stoke Mandeville or Wycombe hospital who were admitted as an elective inpatient. Excludes spinal patients.



Sep-23
4
Variance Type
Common cause variation
Target
-
Achievement
N/A

14 day LOS - Non-Elective

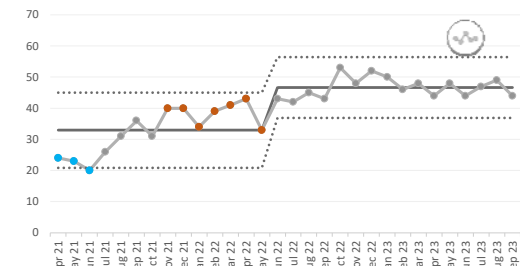
Snapshot month end figure of number of patients in beds over 14 days in Stoke Mandeville or Wycombe hospital who were admitted as a non-elective inpatient. Excludes spinal patients.



Sep-23
131
Variance Type
Special cause variation - improvement
Target
-
Achievement
N/A

14 day LOS - Community

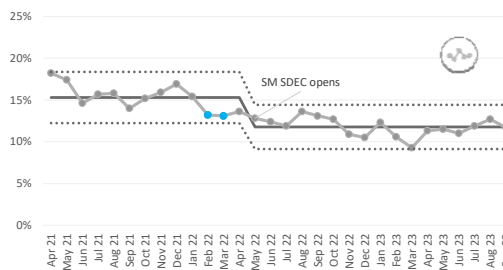
Snapshot month end figure of number of patients in community beds over 14 days. Includes Chartridge, Waterside and Buckingham wards.



Sep-23
44
Variance Type
Common cause variation
Target
-
Achievement
N/A

Number of admissions - conversions from attendance

Number of patients admitted to a G&A bed (directly or indirectly) from Stoke Mandeville ED over total number of type 1 ED attendances during the month.



Sep-23
11.7%
Variance Type
Common cause variation
Target
-
Achievement
N/A

Bed utilisation

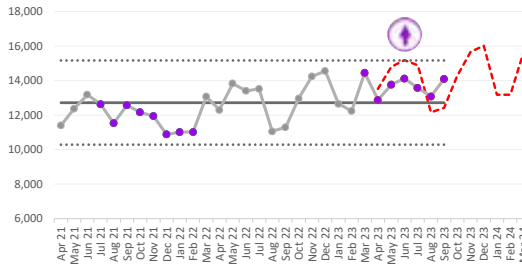
Awaiting definition

Outstanding Care

Operational Standards - Productivity

A&E activity

The total number of patients attending ED during the month. All ED types.



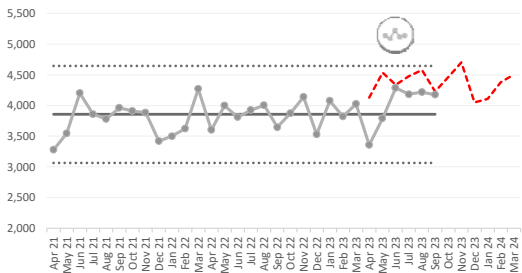
Sep-23	14,095
Variance Type	Special cause variation - neither concerning nor improvement
Plan	12,421
Achievement	N/A

Non-Elective activity

Awaiting definition

Elective activity

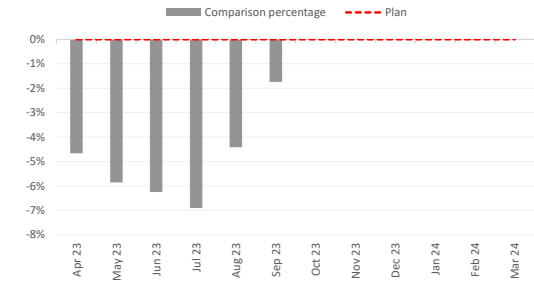
The number of elective inpatient and day case admissions during the month.



Sep-23	4,175
Variance Type	Common cause variation
Plan	4,229
Achievement	N/A

A&E activity against plan

The year to date number of ED attendances over year to date plan for the same period. For financial year 2023/24.



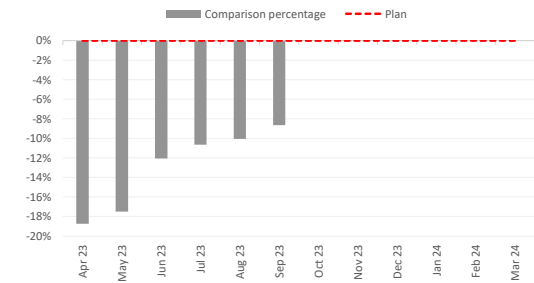
Sep-23	-8.6%
Variance Type	N/A
Target	0%
Achievement	N/A

Non-Elective activity against plan

Awaiting definition

Elective activity against plan

The year to date number of elective inpatient and day case admissions over year to date plan for the same period. For financial year 2023/24.



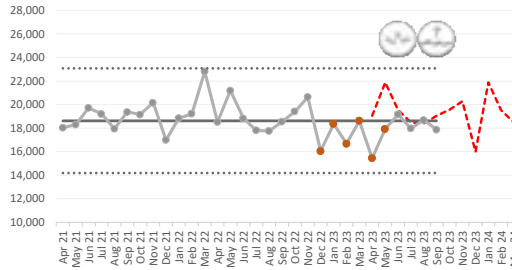
Sep-23	-8.6%
Variance Type	N/A
Target	0%
Achievement	N/A

Outstanding Care

Operational Standards - Elective Recovery

New outpatient activity

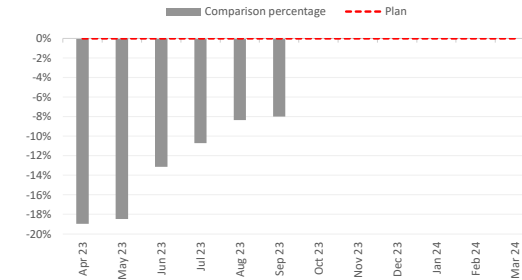
Total number of new attendances during the month.



Sep-23
17,874
Variance Type
Common cause variation
Plan
19,042
Achievement
N/A

New outpatient activity against plan

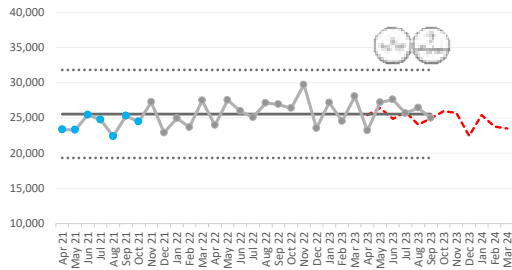
The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23
-8.0%
Variance Type
N/A
Plan
0%
Achievement
N/A

Follow up outpatient activity

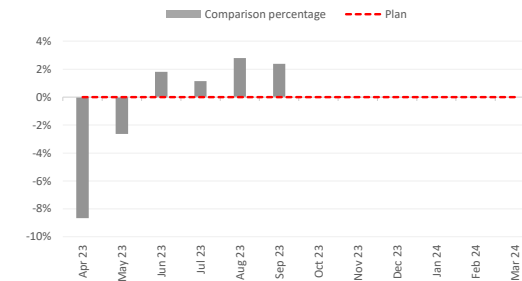
Total number of follow up attendances during the month.



Sep-23
25,016
Variance Type
Common cause variation
Plan
24,964
Achievement
N/A

Follow up OP activity against plan

The year to date number of follow up outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23
2.4%
Variance Type
N/A
Plan
0%
Achievement
N/A

Headcount

Awaiting definition

Meeting: Trust Board Meeting in Public

25 October 2023

Agenda item	BHT Winter Plan 2023/24	
Board Lead	Raghuv Bhasin, Chief Operating Officer	
Type name of Author	Raghuv Bhasin, Chief Operating Officer	
Attachments	BHT Winter Plan	
Purpose	Approval	
Previously considered	EMC 10.10.2023 F&BPC 24.10.2023	

Executive Summary

Attached to this paper is the Trust's Winter Plan. This plan builds on the work of the Urgent and Emergency Care Improvement Board over the past year.

The plan is underpinned by an analysis of predicted demand and speciality specific plans – an examples from T&O and Paediatrics are included in the pack.

The winter plan is a subset of a wider system plan covering primary care, local authority and mental health services.

This plan was agreed at the Executive Management Committee on 10 October 2023 and presented to the wider organisation.

A verbal update will be provided to the Trust Board following consideration of the plan by the Finance & Business Performance Committee on 24 October 2023.

Decision The Committee is requested to discuss and approve this winter plan.

Relevant strategic priority

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant objective

<input checked="" type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	The management of winter pressures is crucial for patient safety
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 1 – Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe,
Financial	Significant resources have been invested in the development of this winter plan. No additional resources are requested.
Compliance CQC Standards Good Governance	Well Led – effective planning for winter is crucial in a well-led organisation
Partnership: consultation / communication	Extensive work has taken place with Buckinghamshire Place partners to develop a joint Place winter plan of which this is a subset.
Equality	Our UTC services provide urgent same day care in some of our most deprived wards. There is an extensive focus in our

	vaccination programme on areas of deprivation.
Quality Impact Assessment [QIA] completion required?	Not required

Buckinghamshire Healthcare NHS Trust

Winter Plan 2023/24

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Our winter plan builds on the significant work to improve our Urgent and Emergency Care pathways to reduce waiting times for patients and ensure we are resilient for this winter.

Our winter plan has five key themes

1

Increasing access to same day urgent care working with system partners to get patients to the right place first time.

2

Reducing admission levels – through increased and better co-ordinated admission avoidance services

3

Increasing capacity – both physical and virtual beds, inside and outside of our hospitals

4

Reducing delays to discharge – both internally created and through work with the council

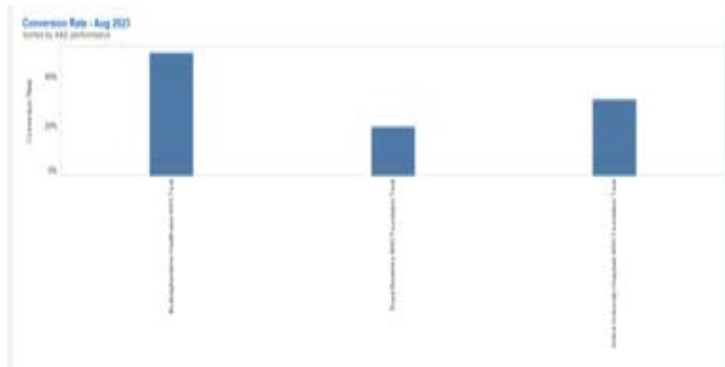
5

Surge planning – to more proactively respond to surges in attendances and admissions

Our data shows where there is room for improvement in our Urgent and Emergency Care system

1

We admit significantly more people than our neighbouring systems



2

Various models show we are c. 50 acute beds short of capacity.

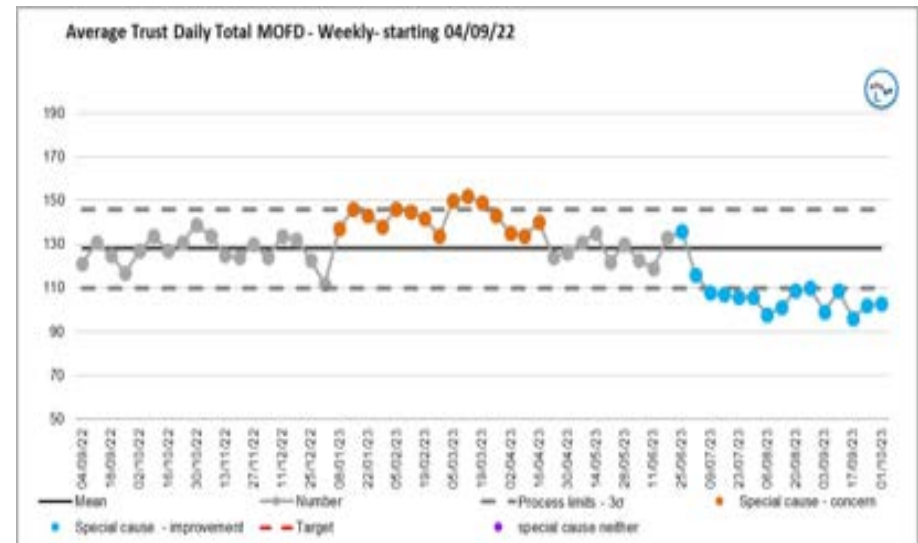
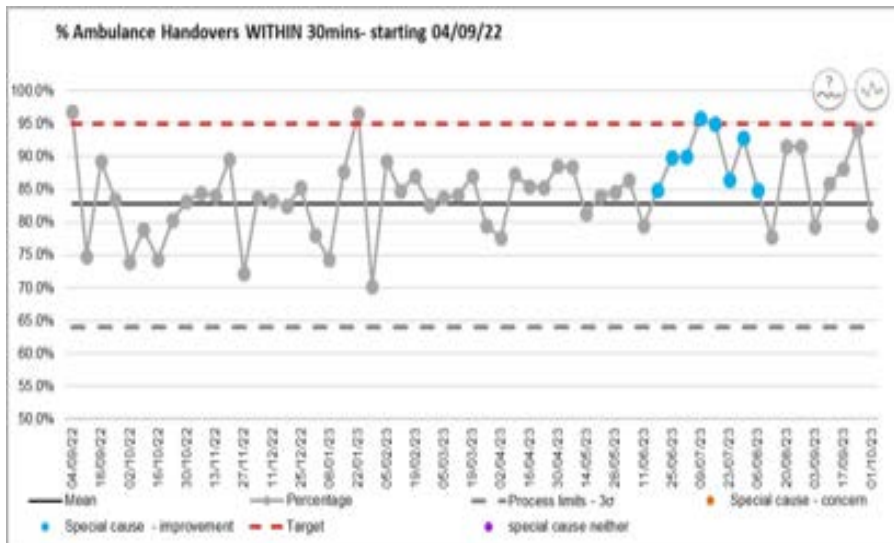
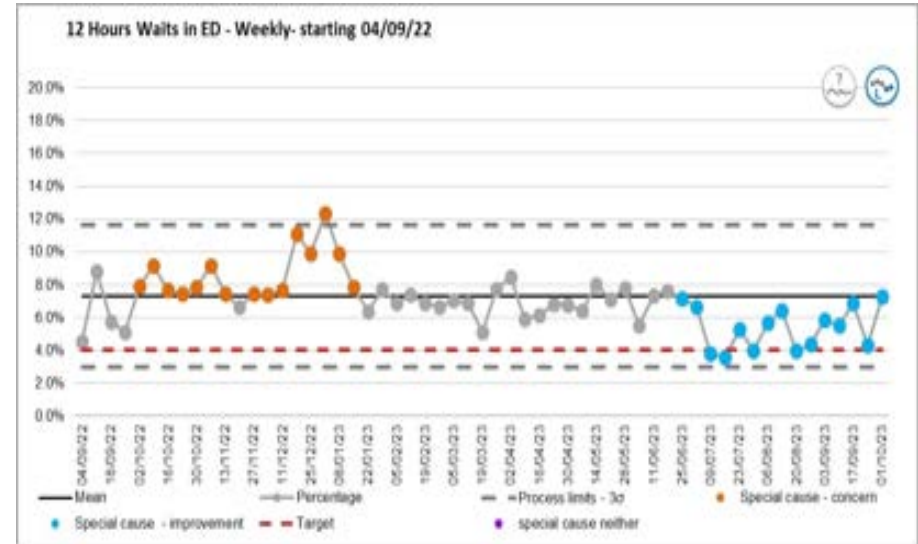
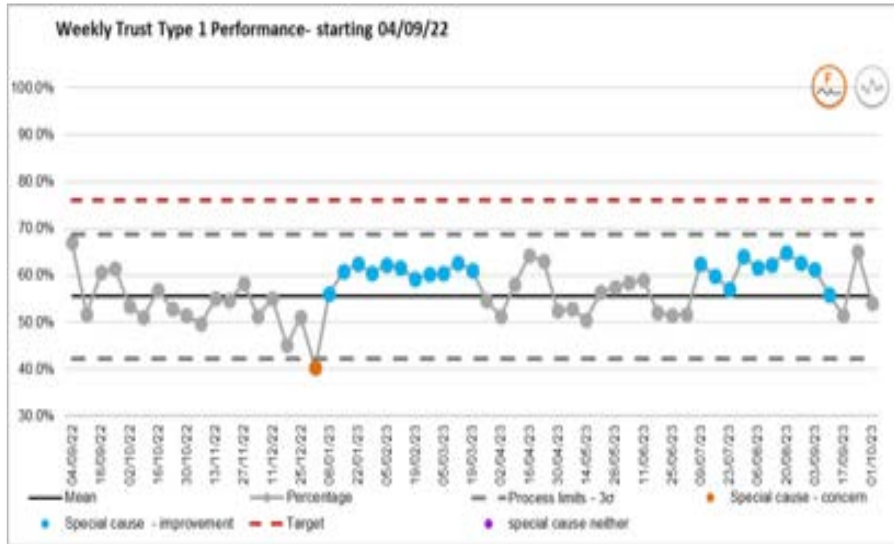
ICs	Peak Bed Forecast to April '23	Current G&A beds (sitrep)
BOB	2052	2065
Royal Berks	550	630
Oxford	996	980
Bucks	506	455

3

National ED benchmarking data shows we have significant improvements to make our flow in ED



At a glance slide – the data this year compared to last – Sep to Sep



1

Increasing access to same day urgent care – through getting people to the right service first time and freeing up our ED department to deal with the sickest patients

Why focus on this?

- There is significant challenge and complexity in how to access NHS services resulting in a large number of patients coming to our ED instead of the optimal service for them.
- As wider public services face constraints often the ED is having to absorb the impact.

What we have already done?

- Extended the hours of the Stoke Mandeville Urgent Treatment Centre to be 24/7
- Put in place the Primary Care Clinical Assessment Service to redirect 111 calls away from primary care to more suitable services.

What we will do?

- Restructure the Urgent Community Response service to increase volumes of patients seen and responsiveness across the county (September)
- Ensure a system-wide weekly comms message to help inform patients of the best services for them and the pressures the system is under (from November)
- Implement front door discharge to return pathways to support minor conditions that can be dealt with in a more appropriate time frame (November)
- Create an alternative entrance for ambulances at Stoke Mandeville to take patients directly to the UTC, SDEC and SAU (January)

Reducing admission levels – through increased and better co-ordinated admission avoidance services

Why focus on this?

- Regional data shows we have high levels of admissions for our population size
- We have put in place a wide range of admission avoidance services but feedback from GP and SCAS partners is they can be difficult to navigate leaving ED to be the last resort

What we have already done?

- Expanded the remit and hours of our Same Day Emergency Service at Stoke Mandeville to see up to 25% of all attendances
- Stopped 'bedding' SDEC to ensure this vital service is able to deliver day-in, day-out

What we will do?

- Be fully staffed at consultant level for ED to increase volume of senior decision-makers through the week (September)
- Open our new Clinical Decision Unit with 12 trolley spaces and 12 chairs to ensure patients at risk at admission get the right specialty input before a decision is made (October)
- Introduce a Single Point of Access for GPs and SCAS for all admission avoidance services with senior clinical triage (November)
- Create a hot lab at our front door to provide more rapid information for decision making (December)
- Add Cardiology and Paediatrics to our virtual wards to provide more alternatives to admission in these specialties (December)

Increasing capacity – both physical and virtual beds, inside and outside of our hospitals

Why focus on this?

- Bed modelling shows that we are c.50 beds short of capacity at peak demand on the Stoke Mandeville site
- This results in patients in our corridors which provides poor experience and risks to care

What we have already done?

- Opened our new Paediatric ED and Paediatric Clinical Observation Unit (14 beds)
- Trialled a change to Ward 18 to provide more surgical beds

What we will do?

- Re-open Olympic Lodge (22 beds) from 23 October through to end March with an increase to 32 beds in January and February
- Increase our virtual ward capacity to 160 from the current 60 (January) increasing to 190 (end of March)
- Open a new High Dependency Unit at Stoke Mandeville – 4 beds (January) to free up the Day Surgery Unit to run more ambulatory trauma
- Open a new 21 bedded ward run by Acute Medicine (February)

Reducing delays to discharge – both internally created and through work with the council

Why focus on this?

- At any one time there are c.100+ patients across our acute and community beds who are medically fit to leave the hospital
- We know that we discharge late in the day and have few discharges at weekends causing challenges to flow

What we have already done?

- Created an Integrated Discharge Team with the council to improve flow of patients through the discharge process
- Established weekly Executive led review of all patients waiting over 14 days for discharge
- Established 26 Care Home Hub beds with the council to manage patients awaiting placement
- Introduced two Trusted Assessor posts into BHT to build relationships with the Care Homes, reducing delays to discharge

What we will do?

- Transform Chartridge Ward into a 22 bed intermediate care ward for intensive reablement (September)
- Launch our revised Discharge and Choice policy (September)
- Run a Rapid Improvement Programme looking at discharge processes across all wards at Stoke Mandeville (September and October)
- Introduce a Transfer of Care Hub to better co-ordinate discharge across all partners (October)
- Introduce electronic bed management to better manage capacity in the day and forecast admission and discharge patterns (December)

Surge planning – to more proactively respond to surges in attendances and admissions

Why focus on this?

- We have learnt from previous winters on how to deliver effective surge capacity to meet demand
- Detailed modelling points us to when we will face these surges and across what specialties

What we have already done?

- Revised our on-call policy and approach to establish clear roles and responsibilities
- Undertaken detailed modelling on potential surges to inform our planning

What we will do?

- Proactively plan for 'hot pathways' in key specialties based on modelling on when pressures will be greatest (across winter). Two days planned for 30th & 31st October to test pathways in T&O, Respiratory and Paediatrics.
- Update and clarify roles and responsibilities of Gold/Silver/Bronze to provide more consistent out of hours management of pressures (October)
- Plan perfect days/surges of resource to help decompress the acute sites (across winter).
- Establish clear action cards to respond to particular situations drawing in support from across the hospital (November)
- Put in place a HALO (Hospital Ambulance Liaison Officer) from January to March
- Staff the escalation area in CSRU Wycombe across winter to ensure flexibility of managing pressure (across winter)
- Establish daily early morning tactical team huddles to understand and support pressure points across the Bucks system

Supporting colleagues

- Widespread **COVID and Flu vaccine** programme including over 100 peer vaccinators
- Increased **catering** facilities across our three main sites with more **rest areas** for colleagues
- **OD and wellbeing support** in targeted areas – e.g. ED – running through the winter months
- Regular and widespread **communication** on the winter plan, changes planned and pressures faced
- Proactive **escalation and planning** to provide as much certainty as possible for colleagues

At a glance plan – what will be different

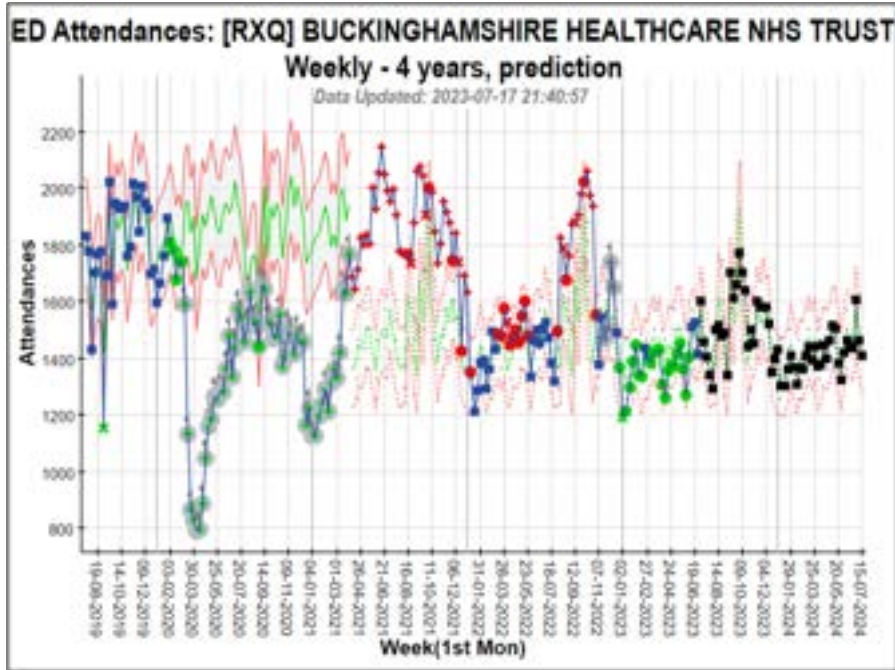
Category	Last winter	This winter
ED staffing	Six substantive consultants and large reliance on locums 14.3% vacancy rate in nursing in August 2022.	Twelve substantive consultants – fully established. Nursing now fully established.
Beds	Olympic Lodge in place with 32 beds	Olympic Lodge in place with 22 beds (32 beds in Jan and Feb) New Paediatric ED & Assessment Unit – 14 beds New Clinical Decision Unit incl. T&O SDEC – 7 additional trolley spaces, 12 additional chairs Additional ward – 21 beds
SDEC	Consistently bedded and saw c.40 patients a day	Service runs to midnight. No ability to bed. Seeing 80-100 patients a day.
Discharge	Fractured discharge processes and team	Integrated Discharge Team in place Transfer of Care Hub in place – 16 Oct Stable Care Home Hub bed discharge capacity
Site management	Largely manual process with a lot of chasing and paper! Limited cover in Wycombe	Electronic bed management in place with central command centre Stable cover in Wycombe
Virtual Ward capacity	50 beds in place in Q4	190 beds in place in Q4
Single Point of Access	Wide range of services without single access and triage	Single point of access of acute and community admission avoidance pathways with senior clinical triage from Nov 2023

At a glance plan – timeline for key changes

June	• Integrated Discharge Team established with the council
	• SDEC expands types patients seen and hours
July	• SMH UTC moves to 24/7
August	• ED process changes to increase senior decision-maker input at the start of patient pathways
September	• ED consultant workforce fully established
	• 111 direct booking pathways live
	• New model for Urgent Community Response goes live to increase volumes of patients seen
	• Rapid Improvement Ward event starts across Stoke Mandeville
October	• New Clinical Decision Unit opens
	• Transfer of Care Hub goes live
	• Olympic Lodge opens (22 beds)
November	• Single Point of Access goes live
	• Front Door Discharge to Return Pathways live
December	• Electronic bed management system in place
	• Hot lab at the front door live
January	• Virtual Ward capacity at 160 'beds'
	• Ten additional Olympic Lodge beds open
	• Alternative entrance for ambulance at SMH to take patients directly to UTC/SDEC/SAU
	• Hospital Ambulance Liaison Officer (HALO) in place
February	• New 21 bedded ward opens

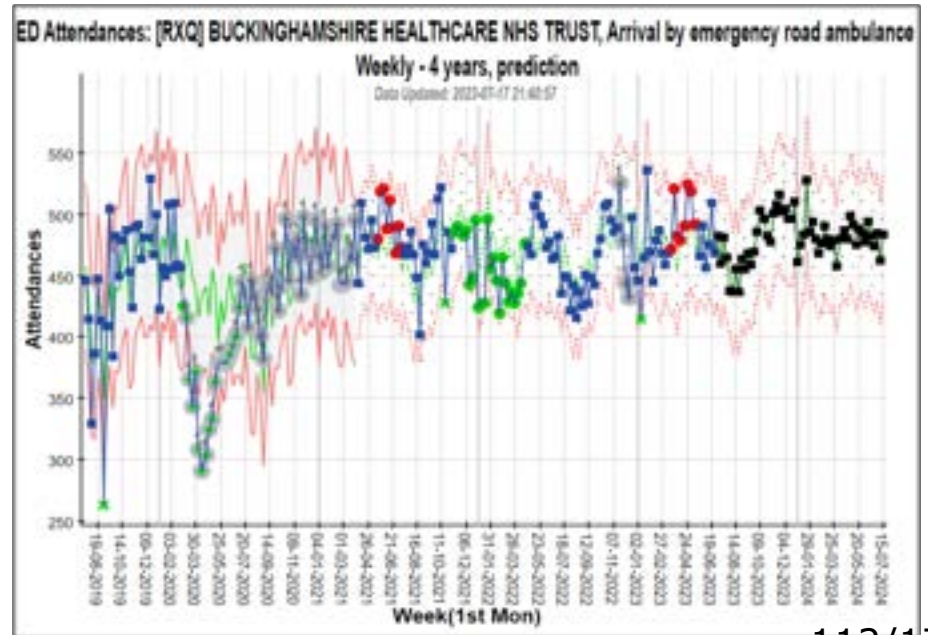
Appendices

Projected demand



Attendances are expected to peak in mid-October

Ambulance arrivals are expected to peak in January



Example of specialty specific plan – T&O

Ambulatory trauma rapid access pathway

- Ambulatory trauma pathway now established and stepped up during peak periods to reduce operating pressure and bed pressure on the SMH site
- Facilitated via assessment review on the SMH site and added to TCI list for Wycombe within 2 wks
- Dedicated Ambulatory trauma lists 2 x all day 3 days per week during peak times
- Open SMH day surgery on weekends and/or ring fence 2 of the 10 new beds on WD18 for 1 night stay patients.

VFC clinics utilisation

- VFC clinical increase by 50% during peaks winter period (Oct – Feb)
- PIFU pathway intro for suitable pt cohorts
- In line with new VFC/ assessment space pathway
- VFC booking team transferred to SCC T&O team for closer monitoring and better utilisation
- Standardised #clinic templates to improve throughput
- Utilise the PANDO E-referral & E-Trauma system to reduce waiting time of referral from ED to T&O

Trauma & Ortho New Assessment area

- Old PDU area opportunity near ED
- Staffed by ED Nursing team – managed by T&O surgical team
- Rapid access and triage process / lower limb / ambulatory
- Hospital Admission avoidance methodology
- ED pressure release
- More rapid Access to senior team daily for better decision making

Trauma Co-ordination & bed capacity

- Investment in 2.0 WTE B6 trauma coordinators for the service (increase in 1.0 WTE)
- Closer management of TCI pts (at home waits) vs in Pts now adopted & monitored via daily trauma meeting (in winter will include a review of pts fit for Olympic Lodge)
- During winter months daily Sit rep reported for oversight by DLT for SCC and site meetings
- New 10 bedded surgery escalation area (WD18)
- GOLDEN PT methodology and > weekday trauma session during winter period

Working closely with ED, wards and Theatres team are essential support streams

Paeds winter plan summary

Category	Last winter	This winter
Staffing	No dedicated ED consultants for children No dedicated ED medical rota for PDU No substantive staffing for escalation area	Dedicated ED consultant 7 days per week Dedicated Paediatric consultant including twilight shifts Substantive staffing for all areas
Beds	Ward 3 Shared escalation area with adults on Ward 9	New Paediatric ED & Assessment Unit – 14 beds and 2 resuscitation beds
UEC	No clear pathways for children in the UTC Consistently bedded PDU restricting SDEC services	24 hour UTC provision Purpose built children's unit enabling SDEC
CAMHS	Limited support for patients requiring acute mental health admissions	Dedicated resource to support patients and their families
Site management	Separate senior paediatric on call rota to support staff and manage surges in activity	Electronic bed management in place with central command centre Site team to support paediatrics out of hours
Virtual Ward capacity	Virtual ward not in place	Monitoring of patients requiring home oxygen Home based antibiotic therapy provision
Prevention	Late roll out of flu and covid vaccination programme	Vaccination programme commenced in September

Meeting: Trust Board Meeting in Public

25 October 2023

Agenda item	Month 6 2023/24 Finance Report
Board Lead	Jon Evans, Chief Finance Officer
Type name of Author	Yasmeen Rabindranath, Head of Financial Management; Justine Stratfold, Financial Controller
Attachments	Month 6 2023/24 Finance Report
Purpose	Assurance
Previously considered	EMC 24.10.2023 F&BPC 24.10.2023

Executive Summary

As at Month 6 2023/24, the Trust is reporting a Month 6 YTD deficit of -£12.5m, -£0.8m behind the Month 6 YTD planned deficit of -£11.7m.

Month 6 2023/24 YTD the Trust has delivered efficiencies of £12.34m, £0.48m ahead of the Month 6 YTD plan of £11.86m, driven by additional Goods Received Not Invoiced (GRNI) accrual review benefits (£1.5m). As at Month 6 2023/24 the Trust is forecasting to deliver £29.68m of the £36.22m 2023/24 efficiency plan, based upon the latest assessment of divisional forecasts and one-off programmes under 'financial controls'. This forecast £6.54m shortfall in efficiency plan delivery will require to be mitigated either through efficiency plans or through reductions in planned run rate of expenditure or delayed / reduced investments.

As at Month 6 2023/24 the Trust has delivered £6.1m of the £57.9m 2023/24 Capital plan, the Trust is forecasting to deliver its Capital Plan for 2023/24.

The closing Cash balance at the end of Month 6 2023/24 was £5.3m (£3.4m better than plan), with the forecast Cash balance at the end of 2023/24 being £1.92m.

A verbal update will be provided to the Trust Board following consideration of this report by the Executive Management Committee and the Finance & Business Performance Committee on 24 October 2023.

Decision The Committee is requested to take assurance from the report

Relevant strategic priority

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant objective

<input type="checkbox"/> Improve waiting times	<input type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters
<input type="checkbox"/> Improve safety		<input type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	Maintaining patient safety whilst living within our financial means
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 2 - Failure to deliver the annual financial plan
Financial	Achieving our financial targets for 2023/24
Compliance NHS Regulation	Achieving the NHSE approved 2023/24 financial plan
Partnership: consultation / communication	Achieving our part of the BOB ICB 2023/24 Financial Plan

Equality	Equality is considered in all aspects of financial planning, support and reporting
Quality Impact Assessment [QIA] completion required?	N/A

Finance Report Month 6 - 30th September, 2023



Contents

Page 3	Executive Summary
Page 4	Financial performance
Page 5	Key Highlights: Income
Page 6	Key Highlights: Expenditure (Pay & Workforce)
Page 7	Key Highlights: Expenditure (Non Pay)
Page 8	2023/24 Efficiencies
Page 9	Divisional Positions
Page 10	Balance Sheet
Page 11	Balance Sheet
Page 12	Cash Position
Page 13	Capital Position
Page 14	Glossary and Definitions
Page 15	Appendix 1: API Month 5 YTD Variable Payments by Division and POD against Plan

Executive Summary

Table 1 - Income and Expenditure Summary

£m	Annual Plan	Year to Date			In Month		
		Plan	Actuals	Variance	Plan	Actuals	Variance
I&E Surplus / (Deficit)	(12.1)	(11.7)	(12.5)	(0.8)	(0.9)	(1.7)	(0.8)

The Trust planned a deficit of £(11.7)m by Month 6 and reported an actual deficit of £(12.5)m, a worse than plan position of £(0.8)m. In month, there was a worsening of performance versus plan of £(0.8)m.

Key drivers of performance to date are:

Description (£m)	Variance	Narrative
Outsourced diagnostics	(1.4)	Higher than planned use of radiology MRI and CT scanning and reporting to recover performance
Industrial action pay costs	(0.8)	Net medical pay costs. Does not include cost of carrying out lost activity
High Cost drugs	(1.3)	Net effect of PbR excluded drugs income overachievement and overspend in expenditure
Utilities	0.7	Gas and electricity costs lower than additional planned spend
Investments	2.0	Lower than planned spend in agreed investments
GRNI reversal	1.5	Additional benefit against £1.5m non-recurrent CIP
Other CIP under-delivery	(1.0)	YTD under-delivery on efficiencies, offset by GRNI reversal
Specialist Services income	0.7	Prior year Thames Valley Cancer Alliance income and blood sciences income
API	(1.3)	Adjustment for commissioning performance risk
Other	0.1	
I&E Surplus / (Deficit)	(0.8)	

Drivers of financial performance:

- Performance includes the following one-off items:
 - £(0.8)m net medical pay industrial action costs, not in plan
 - £3.0m GRNI reversal benefit, against £1.5m YTD plan
 - £2.0m PFI Unitary payment benefit, in line with planned efficiency
 - £1.3m VAT benefit, against £1.6m YTD plan
 - £0.7m prior year Specialist Services income

Year end forecast remains in line with plan, a deficit of £(12.1)m, with a detailed re-forecast being carried out.

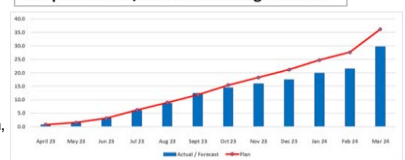
Graph 1 - Income & Expenditure YTD position & Forecast



Efficiencies:

- Reported efficiencies are £12.3m, £0.5m favourable (104%) of the year to date plan. 33% of the annual plan has been phased into budgets to date.
- The main forecast adverse variances are in Surgery & Critical Care and Integrated Medicine.
- The major programme to implement in the next 4-6 weeks is the temporary staffing reduction scheme, £2.3m, phased M6-12.

Graph 2 - 2023/24 Efficiencies against Plan



Clinical activity and income:

- Activity variance is £(0.8)m; 0.02% behind plan at M5 YTD. Main variances to plan are:
- PbR excluded drugs: £3.30m, 20.7%
 - ITU: £0.73m, 20.9%
 - Outpatient Procedures: £0.35m, 5.0%
 - Elective Daycases: £(0.35)m, (2.2)%
 - Other: £0.12m
 - Spinal activity: £0.97m, 9.4%
 - Non Elective IP: £0.99m, 2.0%
 - Outpatient First attendances: £(0.68)m, (5.3)%
 - Elective Inpatients: £(0.17)m, (2.6)%

Key assumptions in reported performance:

- We are assessing the ongoing risk of commissioning performance, for BOB ICB a £(1.3)m adjustment to reflect the risk to payment has been made in the Month 6 position, as well as an adjustment for high cost drugs overperformance.
- No generic accrual for costs of any future inflationary rises in non-pay.
- No additional accrual for VSM pay awards, income or expenditure.
- Accrual of outsourced diagnostics costs (PPG), with 2023/24 contract still to be agreed and invoices still to be paid.

Workforce (including Agency):

- Pay spend is £190.2m YTD at Month 6, £(0.7)m adverse to plan.
- WTEs in Month 6 total 6,817 (excluding pay savings target); 79 higher than last month and 398 higher than 12 months ago.
- Largest increases from Month 6 last year are Nursing: 215; Admin and Clerical: 52 and Prof & Tech: 95.
- Agency spend is £6.1m YTD, 3.2% of total pay spend of £190.2m and 0.5% lower than the 3.7% NHSE cap.

Issues, risks and opportunities:

- Ongoing impact of **industrial action** on planned care volumes and costs of maintaining safe staffing, with costs and impact of recovering activity still to be quantified.
- Delivery of **efficiencies** and **productivity** increases, in-year and recurrently into next year, see Page 8.
- Management of **Home First** (£0.5m above plan) and **outsourced diagnostics capacity** (£1.4m pressure), within plan levels.
- Elective activity subject to **variable Aligned Payment and Incentive** (API) payment and high cost drugs overperformance. ICS planning assumptions agreed that variable payment would not operate in year, but NHSE guidance mandates it does operate unless specific dispensation agreed (not in place).
- Management of **investments** to ensure delivery of benefits, productivity and / or cost reductions.

Capital and cash:

- £6.1m of the capital programme has been spent to date, £12.2m variance to plan and 10.5% of the annual capital programme.
- YTD variance is mainly due to the flat profile of the operating plan. The forecast has been prepared with project leads which ensures delivery by the end of the financial year, in line with the Capital Resource Limit.
- Cash receipts in M6 totalled £52.7m, £1.7m higher than forecast and £2.5m lower than in M5.
- Cash forecast is being monitored to ensure that any requirements for external cash support from NHSE is flagged in time to ensure draw down in Q4.

Capital Expenditure (£M)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Medical Equipment	2.3	0.7	1.6
Property Services	7.3	3.9	3.4
Information Technology	6.2	1.2	5.0
General	1.4	0.0	1.4
Flow	1.0	0.2	0.8
Total Capital Expenditure	18.3	6.1	12.2

Financial performance

Table 1 - Income and expenditure summary

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Mth Plan	YTD Actuals	YTD Variance	Annual Plan
Contract Income	47.8	47.4	(0.5)	277.1	276.8	(0.3)	553.1
Other income	4.3	5.0	0.6	20.4	23.0	2.6	42.7
Total income	52.2	52.4	0.2	297.6	299.9	2.3	595.8
Pay	(32.4)	(32.6)	(0.2)	(189.5)	(190.2)	(0.7)	(369.1)
Non-pay	(17.2)	(18.3)	(1.1)	(98.5)	(102.8)	(4.4)	(197.5)
Total operating expenditure	(49.6)	(50.9)	(1.3)	(287.9)	(293.0)	(5.1)	(566.6)
EBITDA	2.6	1.5	(1.1)	9.6	6.8	(2.8)	29.2
Non Operating Expenditure	(3.5)	(3.3)	0.2	(21.3)	(20.1)	1.2	(41.4)
Retained Surplus / (Deficit)	(0.9)	(1.9)	(0.9)	(11.7)	(13.3)	(1.6)	(12.1)
Adjusted financial performance excluding profit on disposal of assets and excluding impairment	(0.9)	(1.7)	(0.8)	(11.7)	(12.5)	(0.8)	(12.1)

Financial Performance Summary

- The Trust reports a year-to-date (YTD) £(0.8)m adverse variance to plan as at September 2023/24. The Trust is forecasting to achieve the £(12.1)m deficit plan for 2023/24, as submitted to NHSE with mitigating actions.

- The Month 6 YTD capital spend is £6.1m against the £18.3m Month 6 YTD plan. Total CRL Funding of £57.9m includes BOB / ICS £21.3m, PFI Lifecycle £1.7m, PDC allocations of £23.2m and £2.5m of donations. PDC includes £5.7m for ERF, £0.7m for Digital Diagnostic Capability programme, £10.6m for additional beds, £9.9m for the Business Centre and £5.3m for CT/MRI at Amersham. The increase in donations is mostly due to the allocation of £2.4m for anaesthetic machines. At Month 6 2023/24, a small underspend is forecast against the Capital Resource Limit (CRL) of £7k. The forecast position is being continually reviewed with the project leads and managers.

- Contract Income includes Trust agreements for 2023/24 funding with BOB ICB as part of the 2023/24 annual plans submitted to NHSE and the NHSE Specialised Commissioning 2023/24 offer. 2023/24 income from Associate Commissioners is reflected at expected levels where agreement is yet to be reached. The Month 6 YTD Contract Income position also includes expected levels of funding from Commissioners for the 2023/24 Agenda for Change and Medical Pay Awards. As at Month 6 YTD no adjustments have been made related to the Elective Recovery Funding (ERF) received by the Trust as part of our contract baseline values for 2023/24 and we are assessing the ongoing risk of commissioning performance. For or BOB ICB a £(1.3)m adjustment to reflect the risk to payment has been made in the Month 6 position, as well as an adjustment for high cost drugs overperformance.

- Other income totals £23.0m YTD at Month 6 2023/24, £2.6m favourable to plan. Home First income is £0.5m favourable to plan at M6 YTD and Rennie Grove income is £0.7m favourable to plan YTD within Integrated Elderly and Community Care, offsetting pay and non pay costs due to activity being significantly ahead of plan. Specialist Services divisional income is overachieved by £1.2m YTD at M6, mainly relating to prior year Thames Valley Cancer Alliance income, as well as prior year blood sciences income and additional mortuary income.

- Pay costs for Month 6 YTD 2023/24 total £(190.2)m, a £(0.7)m adverse variance to plan. The expenditure includes 2023/24 M6 YTD Agenda for Change and Medical pay award costs and £(0.6)m for Local CEA awards. Within this overall position clinical areas continue to experience unplanned temporary staff spend, particularly for Medical staff. The trust total agency, bank & locum spend is £26.5m at Month 6 YTD. These overspends are partially offset by vacancies.

- Non-pay operating expenditure totals £(102.8)m at M6 YTD 2023/24, a £(4.4)m adverse variance against the M6 YTD plan. Clinical supplies are underspent by £0.7m, mainly related to an overachievement against the GRNI reversal benefit non-recurrent CIP of £3.0m, against a plan of £1.5m and other divisional underspends; partially offset by outsourced MRI and CT scanning and reporting costs. PbR excluded drugs are £(2.5)m overspent YTD at Month 6 and PFI costs are £(1.7)m overspent. In Premises and Plant costs, there is a £0.7m underspend on energy YTD at M6 as well as underspends on contracts local area network costs. Miscellaneous costs are overspent by £(1.2)m YTD at M6 in the Integrated Elderly and Community Care division related to Rennie Grove and Home First costs, offset against income and Olympic Lodge and prior year virtual ward costs.

- Non operating expenditure reports a £1.2m favourable variance to plan YTD at Month 6 2023/24 related to owned depreciation and income receivable with £0.9m and £0.3m respective favourable variances to plan.

Key Highlights: Income

NHS Income and Activity

• The Contract Income position totals £276.84m YTD at Month 6 2023/24 which is £(0.31)m adverse to the Month 6 YTD plan, with the 2023/24 plan based on contract offers where available and risk-adjusted expected contract values assumed where contracts are not yet agreed. Within Contract Income, a £(0.45)m adjustment has been made for the risk to Home First income that is showing a favourable variance in Integrated Elderly and Community Care. For PbR excluded drugs, in Specialist Commissioning £1.54m overachievement has been recognised YTD at M6 (for current and prior year) and an adjustment has been made for an estimated YTD adverse variance to budget for Cancer Drugs Fund drugs of £(0.48)m.

• As at Month 6 YTD no adjustments have been made related to the Elective Recovery Funding (ERF) received by the Trust as part of our contract baseline values for 2023/24. Organisational level ERF performance for this year is published nationally by the NHSE national pricing team. To date only performance relating to Months 1-3 has been published. The YTD Month 3 2023/24 actual ERF performance against the NHSE target indicates a potential claw back to the Trust's commissioners of £(0.11)m (with application of cap on clawback which is a maximum of 16% of the ERF value), as shown in Table 4 below. For 2023/24 there is no additional funding expected if the ERF target is exceeded. This Month 3 YTD ERF performance is consistent with Trust reported Elective activity levels delivered. The YTD target may change as we are awaiting confirmation of the target phasing by NHSE, including the impact of the 2% reduction in target due to Industrial Action (IA), assumed to be phased equally across the year. There may also be future additional adjustments to targets to reflect IA beyond April; there is currently no confirmation of this.

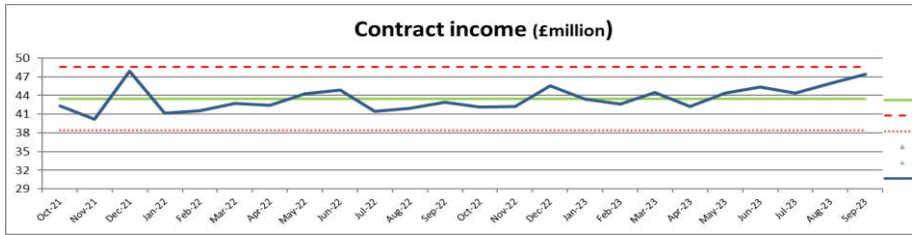
• For Elective activity subject to variable API payment, performance at Month 5 (based on Months 1 to 4 frozen data and Month 5 flex data) is worse than plan by £(0.82)m, despite the activity plan having been set at c.10% below 2019/20 outturn in Elective / Day Case points of delivery (PODs). Due to commissioning finance, performance and activity plans not being triangulated at the plan submission stage, further work is likely to be required to align them for in year reporting purposes. A more detailed breakdown of API performance by division and POD is shown in Appendix 1. We are assessing the ongoing risk of commissioning performance, for BOB ICB a £(1.3)m adjustment to reflect the risk to payment has been made in the Month 6 position, as well as an adjustment for high cost drugs overperformance.

• The Statistical Process Control Chart (Graph 3) for Contract Income shows income is close to the mean with a few exceptions. The increase in December 2022 relates to the additional Specialist Commissioner income for Elective and Non Elective ERF totalling £2.8m for 2022/23. In June 2023, additional income was recognised for the backdated Agenda for Change pay award and similarly in September 2023 for the Medical pay award.

Table 2 - Breakdown of Contract Income

Commissioner (£m)	Annual Budget Total 2022-23	YTD Budget	YTD Actuals	YTD Variance
BOB ICS (Block)	413.2	206.6	206.8	0.3
BOB ICS (Additional Inc)	0.0	0.0	0.0	0.0
Bob Block Sub Total	413.2	206.6	206.8	0.3
Associates	38.2	19.1	19.1	(0.0)
Specialist Commissioners	77.7	38.9	39.8	0.9
Regional Specialist	4.6	2.3	2.4	0.1
Other NHS	3.5	1.7	0.3	(1.4)
Bucks Council	14.9	8.1	7.9	(0.1)
Other Income	1.0	0.5	0.5	(0.0)
Total	553.1	277.1	276.8	(0.3)

Graph 3 - Contract Income Statistical Process Control (SPC) Charts



Other Income

Table 3 - Breakdown of other income

Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.6	0.8	1.0	0.2
Education And Training	13.5	6.7	7.3	0.6
Non-NHS PPS & Overseas Visitors	3.5	1.5	2.0	0.5
Injury cost recovery scheme	1.2	0.6	0.7	0.1
Donated Asset Income	1.7	0.8	0.1	(0.7)
Other Income	21.2	9.9	11.9	1.9
Total	42.7	20.4	23.0	2.6

Other Income is £2.60m favourable to plan at Month 6 YTD, driven by:

- Home First income which is £0.45m favourable to plan at M6 YTD within Integrated Elderly and Community Care, offsetting pay and non pay costs due to activity significantly above planned levels (income risk from ICB mitigated within Contract Income). Rennie Grove income within the division, offset by non pay costs is £0.65m favourable to plan YTD within Integrated Elderly and Community Care.
- Specialist Services income overachievement of £1.19m YTD at M6, mainly relating to prior year Thames Valley Cancer Alliance income release of £0.55m (£0.34m in month); prior year blood sciences income and additional mortuary income.
- Overseas Visitor and Private Patient income is £0.52m above plan and Education and Training income £0.60m above plan at M6 YTD.

Table 4 - M1-3 2023/24 ERF Performance, by Commissioner

ERF Performance to M3 (NHSE on NHS Futures) (£k)					
Commissioner	M3 YTD Target	M3 YTD Actual	M3 YTD variance	Maximum Risk @ M3	M3 potential claw back
BOB ICB	23,580	21,973	(1,607)	(504)	(504)
Associate ICBs	2,892	2,339	(553)	(58)	(58)
Sub total ICBs	26,472	24,312	(2,160)	(562)	(562)
NHSE	3,625	3,513	(112)	(107)	(107)
Total	30,097	27,825	(2,272)	(669)	(669)

Against target of 105% of 19/20 VWA

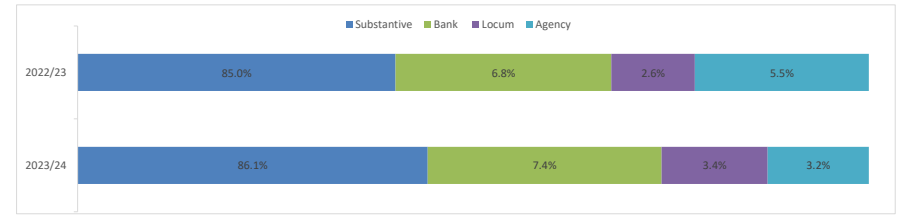
Against target of 101% of 19/20 VWA

Against target of 147% of 19/20 VWA

Key Highlights: Expenditure (Pay & Workforce)

Table 4 - YTD pay position

Pay category (£m)	YTD Budget	YTD Spend	YTD Variance	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	188.6	163.7	24.9	86.1%	145.9	85.0%
Bank	0.4	14.1	(13.6)	7.4%	11.7	6.8%
Locum	0.2	6.4	(6.2)	3.4%	4.5	2.6%
Agency	0.2	6.1	(5.9)	3.2%	9.4	5.5%
Total	189.5	190.2	(0.7)	100.0%	171.6	100.0%



• Pay expenditure totals £(190.21)m at Month 6 YTD 2023/24 which is £(0.75)m adverse to the M6 YTD plan. The expenditure includes 2023/24 M6 YTD Agenda for Change and Medical Pay Award costs and £(0.62)m for Local CEA awards. Key pressure areas in pay include:

- A significant overspend in Medical staffing costs of £(1.22)m YTD at Month 6. This relates to a temporary medical staff overspend of £(6.49)m, partially offset by a substantive medical staff underspend of £5.27m at M6 YTD. This overspend is across all clinical divisions, with the majority of the overspend, £(1.32)m within Surgery and Critical Care. This is partially due to the impact of the industrial action as well as maternity leave, long term sickness cover and WLI spend to support activity recovery.

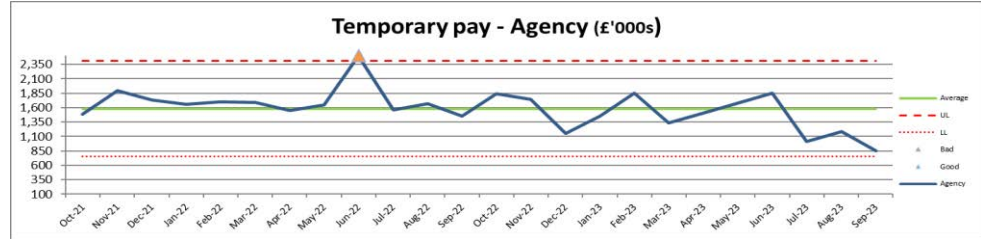
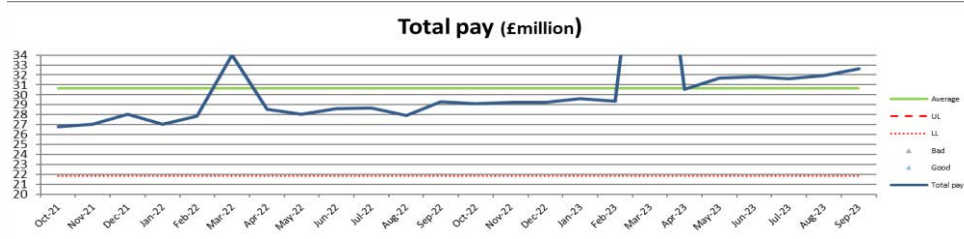
-The medical pay overspend is offset by a large underspend in nursing costs of £1.61m at M6 YTD, across all clinical divisions with the exception of Integrated Medicine which shows a nursing overspend of £(0.54)m due to high temporary staffing usage in Emergency Department, Acute Medicine, Diabetes & Endocrinology and Respiratory. Additionally, there is a £0.66m underspend in divisional investment nursing budgets in Corporate Services.

• Temporary staffing expenditure (bank, agency & locum) totals £(26.51)m at Month 6 YTD. These costs are partially offset by vacancy related underspends within substantive budgets. Agency expenditure totals £(6.08)m at Month 6 YTD, equating to 3.2% of total pay costs YTD, below the 3.7% cap for 2023/24. Agency costs have been declining this financial year with M6 incurring the lowest costs YTD, offset by an increase in bank costs which were the highest to date 2023/24 in Month 5 and have comparatively reduced in Month 6.

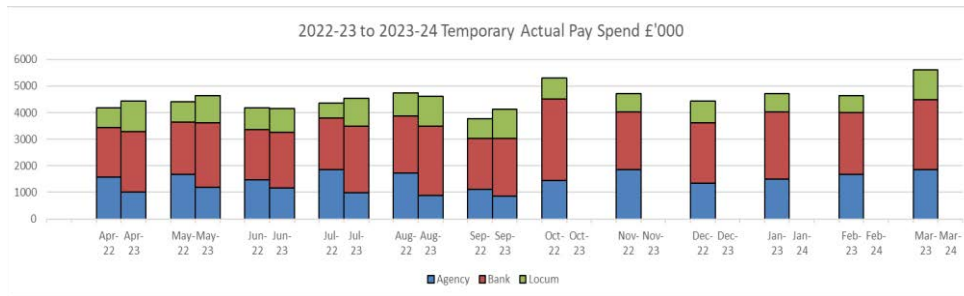
• There has been a year-on-year increase in actual WTEs from 2019/20 to 2023/24 (excluding pay savings targets), as shown in Graph 7. In Month 6 2023/24, there is a 19% increase in WTE compared to 2019/20.

• The Pay Statistical Process Control Charts are detailed below (Graph 4 & 5). Key highlights include the increase in total pay costs in March 2022 and 2023 includes year end pay related adjustments which included a £(13.52)m employers pension top up in March 2023. This is reflected in the subsequent drop in April 2022 and April 2023. The increase in total pay costs in September 2022 relates to payment of the 2022/23 pay awards to staff including backdated pay awards for April 2022 through to August 2022. In this financial year, the Agenda for Change pay award payments were made to substantive workforce in June 2023 which included backdated pay awards for April 2023 and May 2023, as well as a non-consolidated pay award related to 2022/23. The Medical pay award, backdated to April 2023 was paid in September 2023.

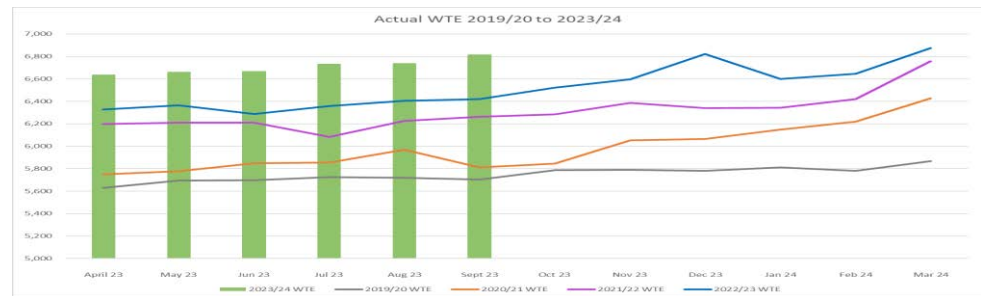
Graphs 4 & 5 - Pay Statistical Process Control (SPC) Charts



Graph 6 - 2022/23 to 2023/24 Temporary Pay Expenditure



Graph 7 - 2019/20 to 2023/24 Actual WTE



Key Highlights: Expenditure (Non Pay)

Table 5 - YTD non-pay position

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	51.2	25.6	27.8	(2.2)
Clinical supplies	35.2	17.9	17.2	0.7
Other non-pay	111.1	55.0	57.8	(2.8)
Total Expenditure	197.5	98.5	102.8	(4.4)

Non pay expenditure totals £(102.83)m for Month 6 2023/24 YTD, an overspend of £(4.36)m against the Month 6 YTD non pay plan. Key drivers of the non pay position include:

- Clinical supplies £0.70m underspend YTD at M6:
-£1.33m YTD favourable variance in Corporate Services driven by an overachievement against the GRNI reversal benefit non-recurrent CIP of £2.98m, against a plan of £1.50m.
- Specialist Services M6 YTD overspend of £(2.32)m, mainly related to outsourced MRI and CT scanning and reporting to address the activity backlog. Radiology outsourcing is now being prioritised to cancer pathway and long wait patients.
- Clinical supplies underspends across most other divisions, with the largest in Surgery and Critical Care of £0.49m YTD at M6, mainly related to reduced theatre activity during industrial action.

Table 6 - YTD drugs position

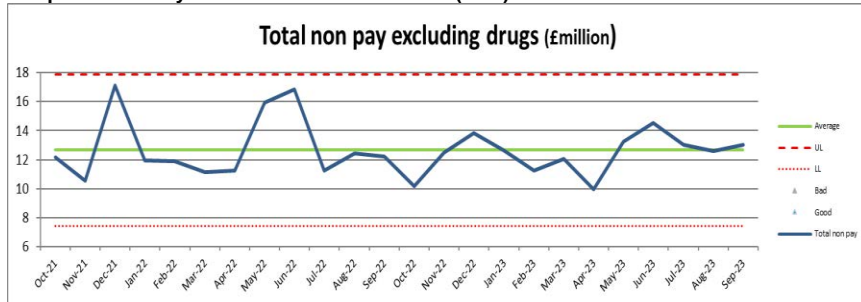
Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	12.4	6.2	6.0	0.2
PBR excluded Drugs	37.0	18.5	21.1	(2.5)
Other Drug Items	1.8	0.9	0.7	0.2
Total expenditure	51.2	25.6	27.8	(2.2)

- Drugs expenditure is £(2.22)m adverse to the M6 YTD plan of £(25.60)m. PbR excluded drugs are £(2.54)m overspent at Month 6 YTD, of which £(0.90)m relates to Gastroenterology; £(0.92)m is in Ophthalmology and £(1.36)m is in Cancer services.
- There is an adverse variance to plan of £(1.67)m in PFI YTD at M6. The benefit of the £2.0m PFI Unitary payment CIP which was phased in M5 in the plan, has been recognised in full in Month 6. PFI costs are overspent in Property Services by £(1.49)m mainly related to: additional North and South Bucks PFI costs; scaffolding overspend for Wycombe Tower and pre-work for the Innovation Centre, Mandeville Wing & Tower and Sale Projects.
- Miscellaneous costs are overspent by £(1.20)m YTD at M6 in the Integrated Elderly and Community Care division related to Rennie Grove pass through costs £(0.50)m; Home First costs £(0.38)m, also offset in income; Olympic Lodge costs and prior year virtual ward costs.
- Premises and Plant costs are underspent by £1.89m: there is a £0.66m underspend on energy YTD at M6; a £0.48m underspend on contracts and £0.42m underspend on local area network costs, of which £0.31m relates to underspend on cyber divisional investments.

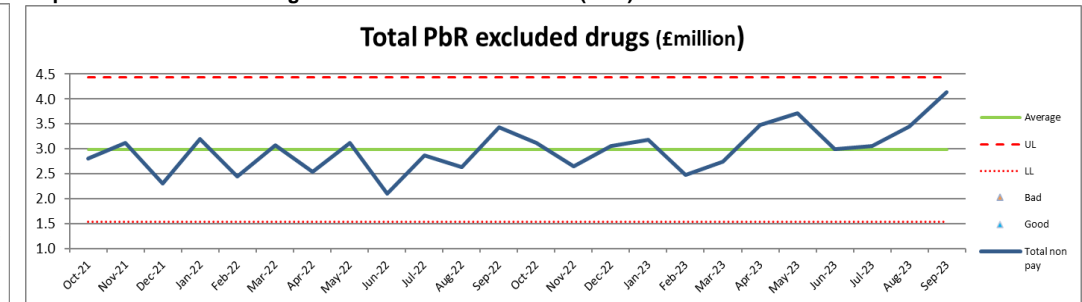
Statistical Process Control charts (SPC) for non pay and PbR excluded drugs expenditure are detailed below (Graphs 8 & 9):

- The increase in non pay expenditure in February & March 2022 related to expenditure incurred for IT cyber and Windows 10 licences and site works including roof repairs and demolition works, along with there assessment of capital / revenue expenditure hitting the non pay expenditure position. The decrease in July 2022 relates to ROE PFI credits received. The increase in Sept 22 relates to a number of areas with relatively small increases including independent sector use, training & consultancy.
- March 2022 and March 2023 costs included the impact of non-recurrent year end balance sheet adjustments.
- The increase in PbR excluded drugs costs in Sept 23 relates to the in month processing catch up Ophthalmology drugs invoices.

Graph 8 - Non Pay Statistical Process Control (SPC) Chart

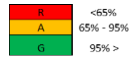


Graph 9 - PbR Excluded Drugs Statistical Process Control (SPC) Chart



2023/24 Efficiencies

Division	Lead	Target	M06 YTD Delivery Value (£'000)	M06 Forecast Delivery Value (£'000)	Forecast Variance	Forecast RAG
Integrated Medicine	HB	3,761	729	1,892	(1,869)	R
Integrated Elderly Care	JR	1,998	344	1,998	0	A
Specialist Services	ID	3,732	1,532	3,732	0	A
Surgery & Critical Care	JB	4,626	1,359	3,029	(1,597)	A
Women's and Children's	DM/GP	2,600	30	1,164	(1,436)	R
Clinical Divisions		-	-	-	-	
Total Clinical		16,717	3,993	11,816	(4,901)	A
Chief Executive	NM	156	101	201	45	A
Chief Operating Off-Management	RB	199	99	197	(3)	A
Information Technology	DD	1,009	585	1,093	83	A
Finance Dept	JE	395	193	395	0	A
Property	AW	2,450	416	1,459	(991)	R
People Directorate	BoK	421	197	421	(0)	A
Medical Director	AM	14	11	14	(0)	A
Nursing Director	KB	779	201	717	(62)	A
Corporate	JE	1183	-	1,183	-	A
Corporate Total		6,607	1,803	5,679	(927)	A
Commercial*	AW	738	-	-	(738)	R
Trustwide		-	-	-	-	
Unallocated		1,553	-	-	(1,553)	R
Total (excl. NR)		25,615	5,797	17,496	(8,120)	A
Finance Controls (Non-Rec)	JE	10,700	6,542	12,180	1,480	A
Grand Total		36,315	12,339	29,676	(6,639)	A

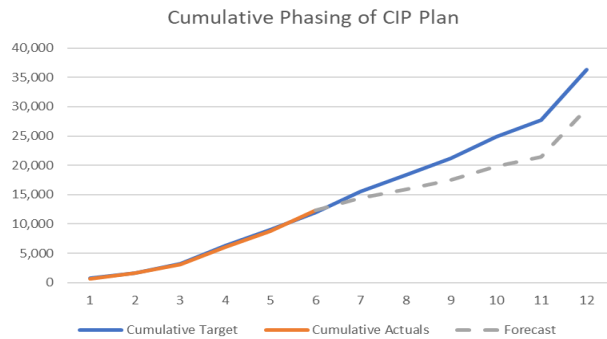


The 2023/24 full year efficiency plan target is £36.2m. This is made up of:

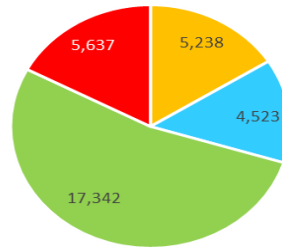
- £23.3m (4% plus non-recurrent 2022/23 savings in corporate departments)
- £10.7m non-recurrent savings (referenced as 'Finance controls' in the table above)
- £0.7m Commercial - The full Commercial plan target is £2m; the balance contributes to the divisional 4% target
- £1.6m Unallocated.

At Month 6, YTD efficiency plan achievement is £12.3m of which £2.9m is recurrent and £9.4m non-recurrent. This is against a Month 6 YTD plan of £11.9m, of which £6.8m is recurrent and £5.1m non-recurrent. Efficiency achievement for 2023/24 is currently forecast at £29.7m against the full year plan of £36.2m, of which £8.6m is forecast to deliver recurrently. This is based on the latest assessment of divisional forecasts which includes significant one-off programmes under 'Finance Controls'. There are identified Opportunities that need further development; additional schemes remaining to be identified and significant progress to be made on development of non-recurrent schemes to deliver recurrently. Of the plan identified value, the full year effect of recurrent schemes is £19.6m.

Table 7 - Plan Phasing



Graph 10 - Delivery Risk against Identified Plan Value*



* Based on assessment at scheme level of risk in delivery of planned scheme saving.

Divisional Positions

Breakdown of financial position by division

Table 8 - Divisional income and expenditure

Division / (£m)	YTD Budget	YTD Actuals	YTD Variance against Plan	Current Month Run Rate					
				M01	M02	M03	M04	M05	M06
Integrated Medicine	(51.6)	(53.7)	(2.1)	(8.4)	(8.6)	(9.3)	(8.8)	(9.0)	(9.6)
Integrated Elderly Care	(29.1)	(29.2)	(0.1)	(4.9)	(4.7)	(5.3)	(4.7)	(4.8)	(5.1)
Surgery And Critical Care	(61.0)	(62.9)	(1.9)	(9.5)	(10.0)	(10.6)	(10.3)	(10.5)	(12.1)
Women and Children	(26.9)	(27.2)	(0.2)	(4.2)	(4.4)	(4.7)	(4.5)	(4.5)	(4.8)
Specialist Services	(45.1)	(46.7)	(1.6)	(7.7)	(7.4)	(8.2)	(7.8)	(7.7)	(7.9)
Total Clinical Divisions	(213.7)	(219.7)	(6.0)	(34.7)	(35.1)	(38.1)	(36.2)	(36.4)	(39.6)
Chief Executive	(1.9)	(1.8)	0.1	(0.3)	(0.2)	(0.4)	(0.3)	(0.3)	(0.3)
Chief Operating Officer	(3.2)	(3.6)	(0.4)	(0.3)	(0.3)	(0.4)	(0.3)	(0.4)	(0.6)
Commercial Director Mgmt	0.0	0.0	0.0	0.1	(0.0)	(0.0)	0.0	0.0	(0.0)
Finance Dept.	(3.1)	(3.1)	0.0	(0.5)	(0.5)	(0.6)	(0.5)	(0.5)	(0.5)
Information Technology	(9.6)	(9.6)	(0.1)	(1.6)	(1.3)	(1.8)	(1.8)	(1.6)	(1.5)
Property Services	(33.4)	(34.3)	(0.9)	(5.1)	(6.6)	(5.7)	(5.5)	(6.2)	(6.0)
Human Resources	(1.3)	(0.4)	0.9	(0.2)	(0.1)	(0.3)	(0.3)	0.1	0.3
Medical Director	(0.3)	(0.3)	0.1	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	0.0
Nursing Director	(9.9)	(9.9)	0.1	(1.6)	(1.7)	(1.6)	(1.6)	(1.6)	(1.7)
PDC And Depreciation	(14.8)	(14.4)	0.4	(2.6)	(2.3)	(2.4)	(2.3)	(2.4)	(2.4)
Total Corporate	(77.6)	(77.4)	0.2	(12.2)	(13.1)	(13.2)	(12.8)	(13.0)	(12.7)
Contract Income	277.1	276.8	(0.3)	44.3	46.0	47.2	45.9	46.1	47.4
Corporate Services / Provisions	2.5	6.9	4.4	(1.8)	0.2	1.8	1.8	1.9	3.0
Retained Surplus / (Deficit)	(11.7)	(13.3)	(1.6)	(4.3)	(2.1)	(2.3)	(1.4)	(1.4)	(1.9)
Adjusted Financial Performance excl. Profit on disposal of Assets	(11.7)	(12.5)	(0.8)	(4.2)	(1.9)	(2.2)	(1.2)	(1.3)	(1.7)

For 2023/24, the Trust is forecasting a deficit of £(12.15)m in line with the 2023/24 annual plan as submitted to NHSE. This forecast includes mitigating actions on run rate and an expectation that efficiencies are delivered in line with £36.2m 2023/24 CIP plan, these actions are being worked up by divisions. Key reasons for the Month 6 YTD 2023/24 divisional variances are:

Integrated Medicine £(2.12)m overspend M6 YTD

Integrated Medicine pay costs are overspent by £(1.47)m M6 YTD due to: medical pay overspend of £(0.51)m driven by vacancy, sickness and Industrial Action temporary cover in Neurology, Medical Division Management and Cardiology; Nursing £(0.54)m due to high temporary pay spend pressures in Emergency Department, Acute Medicine, Diabetes & Endocrinology and Respiratory. Integrated Medicine non pay is £(1.23)m adverse to plan YTD at M6, driven by drugs pressures in Gastro, Neurology and Dermatology and the division is reviewing current protocols. This is partially offset by an underspend in clinical supplies of £0.20m due to an underspend in Cardiology, related to the Cath Lab. Divisional income is overachieving by £0.59m, driven by Long COVID and COVID Medicines Delivery Unit (CMDU) income in Respiratory, supporting costs; and private patient income overachievement, mainly in Cardiology.

Integrated Elderly and Community Care £(0.06)m overspend M6 YTD

The division is overspent across pay by £(0.35)m and non pay by £(1.11)m; partially offset by income overachievement of £1.40m. The workforce overspend is mainly related to Admin & Clerical £(0.13)m and Medical staffing £(0.44)m driven by temporary cover for consultant vacancies. Actions are being undertaken to review medical staffing rotas and reduce this spend going forwards (e.g. by combining ward medical staff rotas), alongside actions to achieve the 5% A&C savings target. Non pay is overspent by £(1.11)m at Month 6 YTD, this is driven by Home First costs £(0.38)m and Rennie Grove costs £(0.50)m, offset by income overachievement; as well as Olympic Lodge costs, prior year costs for virtual wards and unfunded Sodexo costs. Divisional income overachievement is mainly related to Home First and Rennie Grove income, offsetting non pay overspends. The risk to the income from the ICB for Home First is being mitigated centrally within Contract Income.

Surgery & Critical Care £(1.93)m overspend M6 YTD

Pay is £(1.53)m adverse to budget YTD at M6, this mainly relates to temporary medical workforce costs across Anaesthetics & Critical Care, General Surgery, T&O, Urology and Plastic Surgery & Burns; partially due to the impact of the industrial action as well as for maternity leave and long term sickness cover. There is also £(0.34)m overspend on WLI as the division relies on this to progress recovery and £(0.11)m of prior costs, relating to late job plan changes. Non pay is £(0.62)m overspent YTD at due to £(0.88)m YTD drugs overspend related to Ophthalmology; partially offset by a clinical supplies £0.49m underspend, driven by reduced theatre activity during industrial action. Income is £0.23m favourable to plan YTD at M6, mainly due to private patient income overachievement in Anaesthetics and Trauma & Orthopaedics.

Women & Children £0.22m overspend M6 YTD

There is Month 6 YTD divisional income overachievement of £0.23m driven by income received from the ICB for Neurodevelopmental services that is offsetting pay pressures. There is a small underspend in non pay of £0.37m. These partially offset a pay overspend of £(0.49)m YTD at M6: Nursing is underspent by £0.57m due to vacancies in Community Paediatrics, Obstetrics and Sexual Health and there are overspends across the other staffing groups, with the largest overspend in Medical of £(0.41)m due to increased temporary staffing costs in Gynaecology and Acute Paediatrics. There is also a £(0.37)m YTD overspend due to the unallocated pay savings target.

Specialist Services £(1.65)m overspend M6 YTD

Non Pay in Specialist Services is overspent by £(2.85)m at Month 6 YTD. This is primarily driven by clinical supplies costs in Radiology and Pathology; MRI / CT scanning and reporting is being used to address the activity backlog. Outsourcing costs are now being prioritised to cancer pathway patients and long wait patients. In Pathology, there have been one off costs for lab reagents and recurrent overspend on managed service contracts and lab equipment. These overspends are partially offset by income overachievement of £1.19m YTD at M6, mainly relating to £0.55m prior year Thames Valley Cancer Alliance income release (£0.34m in month); £0.13m prior year blood sciences income and £0.13m overachievement of mortuary income.

Property Services £(0.87)m overspend M6 YTD

Driving factors in the Property Services M6 YTD non pay overspend of £(0.80)m are the Wycombe Tower additional scaffolding costs; PFI costs and pre-work activity costs for the Innovation centre, Mandeville Wing & Tower and Sale projects. Divisional income is under-recovered by £(0.40)m due to the vacancy of Chalfont and reduced level of accommodation income. This is mostly offset by a pay underspend of £0.33m M6 YTD, related to vacant posts.

Chief Operating Officer £(0.36)m overspend M6 YTD

This overspend mainly relates to COO Management £(0.27)m and Bed Management £(0.08)m YTD at M6, driven by consultancy costs and pay overspends.

Balance Sheet

Statement of financial position

Table 9 - Balance Sheet summary

Statement of financial position / (£m)	Planned Position	YTD Position	Variance to Plan	Change from Prior Month
Non-current assets	365.5	356.5	(9.0)	1.4
Cash and cash equivalents	1.9	5.3	3.4	(9.0)
Trade and other current assets	46.3	32.7	(13.6)	(2.9)
Total Assets	413.8	394.5	(19.2)	(10.5)
Current Borrowing	(3.0)	(2.7)	0.4	0.6
Other Current liabilities	(74.0)	(64.4)	9.6	8.1
Non Current Borrowing	(40.2)	(38.5)	1.7	0.0
Other Non-current liabilities	(1.4)	(1.4)	(0.0)	0.0
Total Liabilities	(118.6)	(107.0)	11.6	8.7
TOTAL NET ASSETS	295.2	287.6	(7.6)	(1.9)
PDC and Revaluation reserve	429.9	424.4	(5.4)	0.0
Income and Expenditure Reserve	(134.7)	(136.8)	(2.1)	(1.9)
TOTAL EQUITY	295.2	287.6	(7.6)	(1.9)

- Non Current assets have increased by £1.4m from the prior month. Depreciation in month was £1.7m with capital additions of £3.2m and an increase of £0.1m in accrued income for Injury Cost Recovery Scheme . Non current assets are £9.0m behind plan due to YTD capital spend being behind plan.
- Trade and other current assets are lower by £2.9m compared to prior month and £13.6m lower than plan. This is mainly due to a decrease in prepayments.
- Current liabilities have significantly reduced by £8.1m. The main drivers are the M6 payment of PDC dividend amounting to £4.7m, together with a reduction in outstanding creditors. The remaining balances are in line with usual variations in balances.
- The Trust is actively managing its working capital balances to be able to meet current liabilities in a timely way.
- The PDC and Revaluation Reserve variance is due to the Capital PDC drawdown taking place later in the year in line with the reprofiled capital spend.
- The change in Income and Expenditure reserve of £1.9m from the prior month is consistent with the planned position for M6.

Accounts Receivable

Table 10 - Accounts Receivable

Month 6

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.5	1.0	1.3	0.1	0.1	0.1	4.1
Non-NHS	0.8	0.5	0.5	0.3	0.2	0.5	2.9
Total	2.3	1.6	1.8	0.4	0.3	0.6	7.0
% of total	33%	23%	25%	6%	5%	8%	100%

Month 5

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.7	1.0	1.0	0.1	0.1	0.1	3.9
Non-NHS	1.1	0.3	0.4	0.3	0.3	0.8	3.2
Total	2.8	1.3	1.4	0.4	0.4	0.9	7.1
% of total	40%	18%	20%	5%	5%	12%	100%

- Debtors have reduced slightly across M5 and M6 by £0.1m.
- Outstanding debt outside payment terms has increased by £0.4m which is principally caused by one invoice to NHS England moving from current to overdue. This has subsequently been paid since the period close. There are a number of invoices to the NHS Bucks, Oxfordshire And Berks West ICB in overdue receivables where the Finance team are actively resolving queries and chasing this debt. Work is ongoing to resolve a query regarding Q1 data on 2 invoices totalling £200k to Florence Nightingale Charity.
- Payments between the Trust and OUH are in the process of being investigated and resolved.
- The £0.4m of irrecoverable Non-NHS aged debt mentioned last month has been actioned in this month's figures. This was covered by general bad debt provision hence did not impact on revenue.
- **Top 5 overdue debts at month 6 are:**
 - 1 - Oxford University Hospitals NHS FT £1.1m
 - 2 - NHS Bucks, Oxfordshire And Berks West ICB £0.8m
 - 3 - NHS England £0.4m
 - 4 - Florence Nightingale Hospice Charity £0.3m
 - 5 - The Shelburne Hospital £0.2m

*values have been taken from detailed reports to enable a clear audit trail to underlying subsidiary reports and therefore some arithmetic rounding errors will occur when the information is presented in millions.

Balance Sheet

Accounts Payable

Table 11 - Accounts Payable

Creditors							
(£m)	Current	31-60 days	61-90 days	91-120 days	>120 days	Total	
NHS	1.2	0.0	0.0	0.0	0.2	1.4	
Non-NHS	4.7	-0.4	0.0	0.4	-0.2	4.6	
Total	5.9	-0.4	0.0	0.4	0.0	6.0	

The creditors table reflects creditors which have been approved on the ledger, authorised for payment and are awaiting payment. There have been payments on account for some suppliers which have a different ageing profile than the invoice to which the payment relates. This has created the credit balance within some ageing brackets. The invoice register shows invoices that are outstanding and not been approved for payment.

Invoice Register

NHS	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 5	7.1	419	4.7	82	0.9	72	0.9	109	0.2	46	0.2	67	0.2	67	0.2	43
Month 6	4.0	425	1.4	67	0.4	39	1.5	139	0.3	67	0.2	69	0.2	69	0.2	44
Month 7	2.4	442	0.3	84	0.0	45	1.4	124	0.3	77	0.2	63	0.2	63	0.2	49
Month 8	3.2	433	1.1	56	0.4	67	0.8	111	0.5	84	0.2	62	0.2	62	0.2	53
Month 9	2.7	488	0.4	62	0.5	51	0.8	128	0.6	96	0.2	93	0.2	93	0.1	58
Month 10	2.9	482	1.1	84	0.0	73	0.6	131	0.9	108	0.2	49	0.2	49	0.1	37
Month 11	2.3	425	0.2	82	0.9	51	0.6	123	0.3	77	0.2	56	0.2	56	0.1	36
Month 12	2.8	432	1.6	107	0.1	38	0.7	118	0.2	60	0.2	73	0.2	73	0.1	36
Month 1	2.2	471	0.4	96	0.8	81	0.4	110	0.3	84	0.2	64	0.2	64	0.1	36
Month 2	3.3	480	1.8	78	0.2	72	0.9	133	0.3	95	0.1	64	0.1	64	0.1	38
Month 3	1.9	482	0.3	86	0.2	45	0.8	152	0.3	92	0.1	66	0.1	66	0.1	41
Month 4	4.1	442	2.6	100	0.2	35	0.8	119	0.2	77	0.2	67	0.2	67	0.1	44
Month 5	3.3	370	1.5	66	0.6	44	0.7	97	0.2	56	0.2	65	0.2	65	0.1	42
Month 6	4.2	277	1.9	83	1.0	29	0.8	75	0.3	36	0.2	33	0.2	33	0.1	21

Non NHS	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 5	8.4	3,128	3.5	839	1.5	504	2.2	815	0.7	413	0.3	342	0.3	342	0.2	215
Month 6	6.4	2,599	2.3	451	1.2	430	1.7	815	0.6	375	0.3	330	0.2	330	0.2	198
Month 7	10.0	2,762	5.2	650	1.6	332	1.8	807	0.9	418	0.3	349	0.2	349	0.2	206
Month 8	12.1	2,884	4.7	599	4.3	457	1.7	794	1.0	450	0.4	353	0.2	353	0.2	231
Month 9	7.5	3,035	2.3	671	1.6	455	2.2	844	0.8	470	0.4	354	0.2	354	0.2	241
Month 10	8.3	3,341	3.3	868	1.5	428	2.0	973	0.8	539	0.5	354	0.1	354	0.1	179
Month 11	10.9	2,789	6.4	697	1.3	343	1.8	711	0.7	526	0.5	334	0.1	334	0.1	178
Month 12	11.2	3,006	5.7	937	2.0	381	1.6	621	0.7	524	0.5	338	0.2	338	0.2	206
Month 1	11.3	2,910	4.3	799	3.7	422	1.9	630	0.7	510	0.5	333	0.2	333	0.2	216
Month 2	13.1	2,953	5.1	790	4.1	482	2.4	629	0.8	463	0.6	370	0.2	370	0.2	219
Month 3	14.6	2,659	4.5	586	3.6	421	5.0	678	0.7	407	0.5	345	0.2	345	0.2	222
Month 4	13.6	2,606	4.0	787	3.0	274	5.0	679	0.9	340	0.5	331	0.2	331	0.2	195
Month 5	11.3	2,712	3.4	718	2.2	400	4.4	689	0.6	370	0.6	341	0.2	341	0.2	194
Month 6	8.2	2,338	3.1	689	0.8	249	2.7	545	0.8	344	0.6	304	0.2	304	0.1	207
Total M6	12.3	2,615	5.0	772	1.8	278	3.5	620	1.1	380	0.8	337	0.2	337	0.2	228

Overview (NHS/Non-NHS)

M6 shows positive trends for both NHS and non-NHS in count of invoices on the register with significant movement down in the count for both NHS and Non-NHS invoices compared to M5. The value of NHS invoice register has increased by £0.9m relating to NHSP Professionals invoice. There has been significant work undertaken which has resolved issues with many of our suppliers to name Siemens, Practice Plus Group and FedBucks.

Count - The current total count of 2615 invoices represents an overall decrease of 467 invoices compared to M5. Our analysis shows NHS reporting a reduction of 93 invoices and non-NHS reporting a reduction of 374 invoices. This is mainly as a result of the actions being taken to clear previous years small value invoices as authorised by the Audit Committee.

Value - The current total value of the invoice register stands at £12.3m which represents an overall £2.4m reduction compared to M5. The value of NHS invoices showed a small increase of £0.9m but this was off-set by a reduction in non-NHS of £3.1m.

Detailed Analysis (NHS/Non-NHS)

Non NHS - 17 non-NHS invoices (>=£100K each) account for £4.4m of the total £12.3m register value at M6.

Top Six non-NHS Suppliers with Invoice(s) Value>=100k (£2.8m)

- Abbott Laboratories Ltd - £1.07m
- Remedy Healthcare Solutions Ltd - £0.55m
- Buckinghamshire Council - £0.38m
- CDW Ltd - £0.37m
- Insignia Medical systems Ltd - £0.25m
- EPS Construction Management Ltd - £0.22m

The number of high value invoices not current (0-30 days) has seen a small reduction on the register this month due mainly to both the Senior Management and accounts payable teams working with departments to move purchase order approvals through the process.

NHS - 6 NHS invoices (>=100k each) account for £3.6m (86%) of the £4.2m NHS register value at M6. Three suppliers have invoices valued at around £1m. Oxford University Hospital £1.19m requires additional work on SLAs and POs. for NHS Professionals £0.99m of the £1m are less than 7 days old and South Central Ambulance £0.92 requires also additional work on SLAs and POs.

Top NHS Suppliers (>=£100K value) Invoices

- Oxford University Hospitals NHS FT (3 invoices) - £0.33m
- South Central Ambulance (SCAS - 3 invoices) - £0.89m

Better Payment Practice Code

Table 12 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	1,312	920	70%	30.1	27.6	92%
Non-NHS	30,422	27,231	90%	161.3	144.3	89%
Total	31,734	28,151	89%	191.4	171.9	90%

Adherence to the BPPC requires 95% of suppliers to be paid within 30 days of receipt of a valid invoice. Movement in the invoice register of old invoices (>30days) successfully matched to a PO has a direct impact on the BPPC targets.

NHS - The month 6 performance by count for NHS invoices to improve from 67% (M05) to 70%. AP team are working with the wider organisation to improve the PO raising/matching processes with the view of meeting Trust's BPPC targets.

Non-NHS - Work continues to improve the performance to the target level from the current level of around 90%. However, in the short term this work includes an exercise to clear very old payables from the register which may have an adverse impact on BPPC performance in the short term.

CHART OF YTD M6 BPPC TARGET BY COUNT

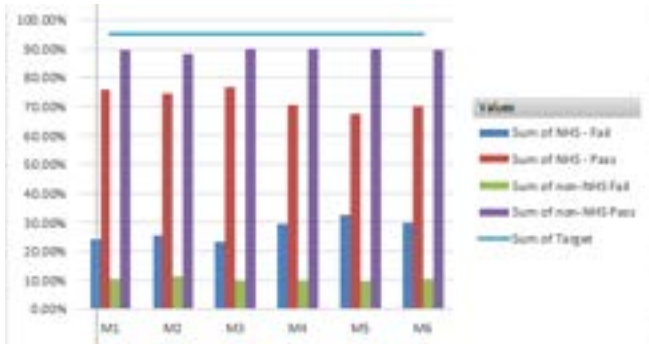
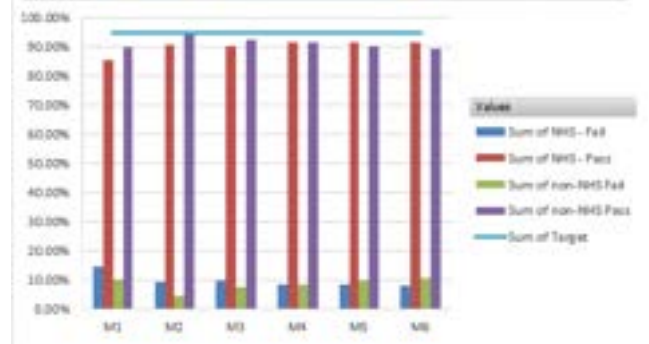


CHART OF YTD M6 BPPC TARGET BY VALUE



Cash Position

Cash

Table 13 - Cash summary position

£'000	Actual	Actual	Actual	Actual	Actual	forecast	Actual	forecast	forecast	forecast	forecast	forecast	forecast	
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
INCOME														
Clinical Income	44,424	43,508	44,038	52,192	45,942	47,014	46,000	48,068	46,500	46,500	46,500	46,500	46,500	46,500
Clinical Income top up / Covid / Growth	0	0	0	0	0	1,800	0	0	0	0	0	0	0	0
Education and Training	0	3,719	0	0	3,072	0	0	0	3,072	0	0	3,072	0	0
Other Income	3,330	2,387	1,830	738	1,641	2,261	1,500	1,876	1,700	1,400	1,400	1,200	1,200	1,200
HMRC vat reclaim	0	4,006	546	0	3,522	3,460	2,853	2,019	2,000	1,800	1,800	1,900	1,900	1,900
Payroll Support	552	0	0	11,324	537	0	0	0	0	0	0	0	0	0
PDC capital	4,200	0	0	0	0	0	0	0	0	0	5,250	9,026	6,055	12,235
Revenue PDC	5,302	0	0	0	0	0	0	0	0	0	0	2,796	4,016	1,303
External Cash Support ICB	0	0	0	0	0	0	0	0	0	1,000	0	0	0	0
Other Receipts	2,099	607	521	578	858	680	600	738	600	600	2,601	600	599	600
TOTAL RECEIPTS	59,907	54,227	46,935	64,832	55,572	55,214	50,953	52,701	53,872	51,300	57,551	65,094	60,270	63,738
PAYMENTS														
Pay Costs - Substantive	(26,217)	(25,682)	(26,297)	(27,264)	(27,671)	(27,704)	(27,895)	(28,884)	(28,245)	(27,895)	(27,895)	(27,895)	(27,895)	(27,895)
Back dated Payroll	0	0	0	(7,715)	(5,399)	-	-	0	-	-	-	-	-	-
Pay Costs - Temporary Staffing	(7,012)	(4,202)	(3,884)	(3,906)	(3,427)	(2,836)	(3,696)	(3,419)	(3,817)	(3,696)	(3,867)	(3,867)	(3,576)	(3,817)
Creditors	(17,762)	(12,969)	(12,840)	(16,054)	(14,748)	(13,702)	(15,150)	(16,407)	(14,150)	(13,108)	(13,150)	(14,150)	(14,150)	(14,150)
Creditors - Capital Spend	(3,632)	(4,043)	(496)	(1,082)	(1,785)	(1,443)	(1,500)	(1,397)	(1,500)	(924)	(6,650)	(12,120)	(9,150)	(9,150)
NHSLA	280	(1,562)	(1,562)	(1,432)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	(1,562)	-	-
PDC Dividends	(3,728)	0	0	0	-	-	(4,679)	(4,654)	0	0	0	0	0	(3,227)
PFI CHARGE	(1,858)	(3,099)	(6,511)	(4,661)	(6,170)	(6,228)	(6,200)	(5,291)	(5,500)	(5,500)	(5,500)	(5,500)	(5,500)	(5,500)
TOTAL PAYMENTS	(59,930)	(51,557)	(51,589)	(62,113)	(60,762)	(53,475)	(60,682)	(61,614)	(54,773)	(52,685)	(58,623)	(65,093)	(60,270)	(63,738)
NET CASH FLOW IN PERIOD	(23)	2,670	(4,654)	2,719	(5,190)	1,739	(9,729)	(8,913)	(901)	(1,385)	(1,072)	1	(0)	(0)
OPENING CASH BALANCE	16,930	16,907	19,577	14,923	17,642	12,452	17,642	14,191	5,278	4,377	2,992	1,920	1,920	1,920
CLOSING CASH BALANCE	16,907	19,577	14,923	17,642	12,452	14,191	7,913	5,278	4,377	2,992	1,920	1,920	1,920	1,920

- The cashflow above is based on historical trends and averages and does not necessarily reflect assumptions around income and expenditure movements such as cost improvement plans. As such it is the worse case scenario and important to ensure maintenance of minimum cash balances.
- **Clinical Income** receipts forecast has been aligned to the Income and expenditure assumptions as per the operating plan. The forecast need to be updated to reflect subsequent movement and will be brought back in M7 reporting.
- **Total receipts** - Total receipts (£52.7m) in M6 were slightly higher than forecast (£50.9m). Receipts did not include the uplift to contracts for the Medical pay awards, which will be received in M07. Receipts from Clinical Income were £1.05m higher than forecast. There was a small reduction in receipts from 'Other Income', £0.38m less than forecast and compared to M5.
- **VAT Reclaim** - VAT reclaim received was £0.8m less than forecast and significantly lower compared to months 4 and 5. As the reclaim is based on creditor payments, there will be an offsetting reduction there.
- **Pay Cost** - Substantive pay cost (£28.8m) for M6 showed a £1m increase compared to forecast (£27.8m), and a £1.2m increase from M5. This reflects the arrears of the Medical pay award. The monthly increase has been factored into future pay costs. Temporary pay cost in M6 increased to £3.4m which is £0.2m less than forecast but an increase of £0.6m compared to M5 and in line with spend in M4. This is partly explained by AP catching up with back-log of processing payments to staff providers.
- **Creditors** - Payments to Creditors increased by £2.7m compared to M5. This was mainly due to a payment of £1.7m to Practice Plus and also the clearing of previous years small value invoices as authorised by the Audit Committee.
- **Capital Creditors** - assumes that £20.6m PDC for the schemes for additional beds and visual outpatient clinic/digital hub at Stoke Mandeville, which will be spent and drawn down over the last 4 months of the year.
- The forecast is being monitored to ensure that any requirements for external cash support from NHSE are flagged in time to ensure draw down in Q4.

Capital Position

Table 14: Capital Overview - M6 2023-24 YTD

Capital Expenditure (£m)	YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Medical Equipment	0.7	0.7	(0.0)
Property Services	3.9	1.4	2.5
Information Technology	1.2	0.8	0.4
General	0.0	(0.0)	0.1
Flow	0.2	0.1	0.2
Total Capital Expenditure	6.1	2.9	3.2

Table 15: Capital Overview - M6 2023-24 Full Year

Capital (£m)	Full Year
Funding Streams	
Funded By Trust	21.3
PDC	32.2
PFI Lifecycle	1.7
Donated/Grant	2.6
Total Capital Funding	57.9
Expenditure	
Medical Equipment	4.6
Property Services	36.9
Information Technology	12.5
General	2.9
Flow	1.0
Total Capital Expenditure	57.9
Total	(0.0)

Table 16: Capital Detail

Capital Expenditure Plan	£000's					£000's	
	BOB/ICS	Lifecycle	PDC Plan	Donated	2023/24 Total	Forecast Spend	Full Year Variance
Medical Equipment	2,076			2,561	4,637	4,637	(0)
Property Services	10,123		25,756	129	36,008	36,920	(912)
Information Technology	6,128		6,451		12,579	12,455	124
General	1,020	1,728			2,748	2,938	(190)
Flow	2,000				2,000	1,014	986
Total	21,347	1,728	32,207	2,690	57,972	57,965	7

The month 6 capital spend is £6.1m. This is 10.5% of the total capital plan at the end of the M6

As at month 6 the Trust is forecasting an small underspend against its capital resource limit of £7k.

Total CRL Funding of £57.9m includes BOB/ICS £21.3m, PFI Lifecycle £1.7m, PDC allocations of £23.2m and £2.5m of donations. PDC includes £5.7m for ERF, £0.7m for Digital Diagnostic Capability programme, £10.6m for additional beds, £9.9m for the Business Centre and £5.3m for CT/MRI at Amersham. The increase in donations is mostly due to the allocation of £2.4m for anaesthetic machines.

The forecast position is being continually reviewed with the project leads and managers.

Glossary and Definitions

A&E	Accident and Emergency
BHT	Buckinghamshire Healthcare NHS Trust
BOB	Buckinghamshire, Oxfordshire, Berkshire West
BPPC	Better Payment Practice Code
CCG	Clinical Commissioning Group
CEA	Clinical Excellence Awards
CRL	Capital Resource Limit
DH	Department of Health
EIS	Elective Incentive Scheme
ERF	Elective Recovery Fund
HEE	Health Education England
HMRC	Her Majesty's Revenue and Customs
HSLI	Health System Led Investment
ICS	Integrated Care System
NHS	National Health Service
NHSE	NHS England
NHSE	NHS England & Improvement
NHSI	NHS Improvement
NHSLA	NHS Litigation Authority
OUH	Oxford University Hospital
PBR	Payment by results
PBR excluded	Items not covered under the PBR tariff
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PP	Private Patients
ROE	Retention of Earnings (relating to staff under Trust PFI agreements)
WTE	Whole Time Equivalent
YTD	Year to Date
CIP	Cost Improvement Plan
ERF	Elective Recovery Fund
VWA	Value Weighted Activity
API	Aligned Payment and Incentive (variable element of contract)
WTE	Whole Time Equivalent
CIP	Cost Improvement Plan
WLI	Waiting List Initiative

Appendix 1: API Month 5 YTD Variable Payments by Division and POD against Plan

Table 17: BHT Variable Payment by Division, Month 5 YTD

Division	POD	POD2	23/24 Activity Plan	23/24 Actual Activity	23/24 Value Plan	23/24 Actual Value	Activity variance	Value variance
Integrated Elderly and Community	Elective	Daycase	610	533	£290,138	£249,479	-77	£40,659
	Elective	Inpatient	9	16	£9,567	£19,477	7	£9,910
	Elective	Excess beddays	0	6	£0	£2,297	6	£2,297
	Outpatient	Outpatient First - Face To Face	2,102	3,496	£111,308	£191,965	1,394	£80,657
	Outpatient	Outpatient First - Non Face to Face	1,383	751	£151,940	£121,877	-632	£30,063
Integrated Elderly and Community Total			4,104	4,802	£562,953	£585,095	698	£22,142
Integrated Medicine	Elective	Daycase	5,440	5,935	£3,795,198	£4,180,064	495	£384,866
	Elective	Inpatient	93	104	£232,397	£211,275	11	£21,122
	Elective	Excess beddays	215	26	£69,431	£8,659	-189	£60,772
	Outpatient	Outpatient Procedure	8,428	9,128	£1,411,041	£1,493,897	700	£82,856
	Outpatient	Outpatient First - Face To Face	12,074	12,963	£2,810,350	£2,882,669	889	£72,319
	Outpatient	Outpatient First - Non Face to Face	8,689	6,838	£1,573,230	£1,219,260	-1,851	£353,970
Integrated Medicine Total			34,939	34,994	£9,891,647	£9,995,824	55	£104,177
Specialist Services	Elective	Chemo	2,198	2,635	£720,015	£844,792	437	£124,777
	Elective	Daycase	1,615	1,797	£990,736	£1,230,002	182	£239,266
	Elective	Inpatient	46	69	£178,646	£238,299	23	£59,653
	Elective	Excess beddays	65	46	£24,565	£17,392	-19	£7,173
	Outpatient	Chemo	1,459	1,804	£241,580	£296,365	345	£54,785
	Outpatient	Outpatient Procedure	1,915	1,855	£466,637	£436,182	-60	£30,455
	Outpatient	Outpatient First - Face To Face	1,100	1,035	£328,306	£318,285	-65	£10,021
	Outpatient	Outpatient First - Non Face to Face	1,649	1,476	£264,921	£227,395	-173	£37,526
Specialist Services Total			10,047	10,717	£3,215,405	£3,608,712	670	£393,307
Surgery And Critical Care	Elective	Daycase	6,655	5,992	£9,803,862	£8,910,525	-663	£893,337
	Elective	Inpatient	1,063	1,050	£5,309,329	£5,171,140	-13	£138,189
	Elective	Excess beddays	210	179	£72,581	£60,949	-31	£11,632
	Outpatient	Outpatient Procedure	22,698	28,828	£4,131,660	£4,639,330	6,130	£507,670
	Outpatient	Outpatient First - Face To Face	28,351	26,143	£4,908,620	£4,445,802	-2,208	£462,818
	Outpatient	Outpatient First - Non Face to Face	5,917	5,843	£879,330	£817,689	-74	£61,641
Surgery And Critical Care Total			64,895	68,035	£25,105,383	£24,045,435	3,140	£1,059,948
Women Children and Sexual Health	Elective	Chemo	1	3	£302	£1,366	2	£1,064
	Elective	Daycase	645	565	£645,974	£529,959	-80	£116,015
	Elective	Inpatient	173	158	£591,090	£540,129	-15	£50,961
	Elective	Excess beddays	30	5	£15,261	£2,596	-25	£12,665
	Outpatient	Outpatient Procedure	2,432	1,889	£928,766	£713,321	-543	£215,445
	Outpatient	Outpatient First - Face To Face	6,951	7,889	£1,450,819	£1,604,557	938	£153,738
	Outpatient	Outpatient First - Non Face to Face	1,344	1,102	£230,257	£190,831	-242	£39,426
Women Children and Sexual Health Total			11,575	11,611	£3,862,470	£3,582,759	36	£279,711
Grand Total			125,560	130,159	£42,637,859	£41,817,825	4,599	£820,034

Meeting: Trust Board Meeting in Public

25 October 2023

Agenda item 7	CQC Action Plan
Board Lead	Karen Bonner, Chief Nurse
Type name of Author	May Parsons; Associate Chief Nurse
Attachments	Appendix 1- Must Do Action Plan with updates Appendix 2- Should Do Action Plan with updates Appendix 3 – Paediatric ED CQC Action Plan
Purpose	Assurance
Previously considered	EMC 03.10.2023 QCGC 10.10.2023

Executive Summary

BHT had an unannounced inspection by the Care Quality Commission (CQC) at Stoke Mandeville Hospital and Wycombe Hospital in February 2022, followed by a Well-led inspection in March 2022. Medical and Surgical core services were included in the inspection. The report was published on 01 July 2022.

This paper provides an update on the CQC action plan (Appendix 1 and 2). The summary of the progress of these actions is provided in the table below.

	Total Number of actions	29
Blue	Action is complete	23
Green	Action is on track	6
Amber	Actions mainly on track with some minor issues	0
Red	Actions not on track with major issues	0

Section 4 of the report summarises the CQC enquiries since the last report presented to the EMC in April 2023. A total of 12 CQC enquiries and two document requests were received since April 2023 until 6 September 2023. All were responded and requested documents submitted and the Trust is awaiting closure confirmation from CQC.

The trust had CQC inspection completed, one was an unannounced visit to the Paediatric Emergency Department last 1 June 2023 with action plan (Appendix 3) already in place and submitted to CQC. A further planned (CQC) inspection of maternity services as part of the national maternity inspection programme on 12th June 2023. The Trust has received the draft report and has completed its factual accuracy process.

The Executive Management Committee considered and took assurance from this paper on 3 October 2023. Minor amendments were suggested prior to submission to CQC. On 18 October 2023, the Quality & Clinical Governance Committee took assurance from the update noting the programme for improving signage was continuing with plans for more dementia friendly signage and digital mapping.

Decision	The Committee is requested to take assurance from the report and progress against the CQC action plan.
-----------------	--

Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
--	---	---	-----------------------------------

Relevant objective

<input checked="" type="checkbox"/> Improve waiting times	<input type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input type="checkbox"/> Upskill operational and clinical managers
<input type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	Indicators related to patient safety and experience performance are monitored, and assurance is gained.
Risk: link to Board Assurance Framework (BAF)/Risk Register	Regulatory performance, quality and safety of patient care, staff well-being
Financial	Unidentified or 'slow to respond' risks to organisational governance and Trust reputation can impact upon financial standing
Compliance CQC Standards <small>Select CQC standard from list.</small>	CQC framework Relevant across CQC KLoE
Partnership: consultation / communication	All staff at BHT
Equality	Health inequalities are avoidable, unfair and systematic differences in health and experience between different groups of people. The Trust is committed to the fair treatment of all patients and service users, regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, responsibility for dependents, sexual orientation, or any other personal characteristics. Monitoring performance against reported indicators will support the Trust in progressing equality of provision.
Quality Impact Assessment [QIA] completion required?	No

1. Introduction/Position

BHT had an unannounced inspection by the Care Quality Commission (CQC) at Stoke Mandeville Hospital and Wycombe Hospital in February 2022, followed by a Well-led inspection in March 2022. Medical and Surgical core services were included in the inspection. The report was published on 01 July 2022.

2. Problem

2.1 Trust Overall ratings

The overall rating for the Trust remained Good. There were changes to 2 domains: The safe domain dropped from good to required improvement, whereas the Well-led domain improved from requires

improvement to good.

2019	Overall rating for this trust	Good ●
	Are services safe?	Good ●
	Are services effective?	Good ●
	Are services caring?	Outstanding ☆
	Are services responsive?	Good ●
	Are services well-led?	Requires improvement ●

2022	Overall trust quality rating	Good ●
	Are services safe?	Requires Improvement ● ←
	Are services effective?	Good ●
	Are services caring?	Outstanding ☆
	Are services responsive?	Good ●
	Are services well-led?	Good ● ←

2.2 Must-Do Actions:

Trust-wide

- Risk management: The Trust must ensure that the process to assess, monitor and mitigate risks is effective and accurately reflects current risks across all services. (Regulation 17(1)).
- Patient records: The Trust must ensure that records are maintained securely and are accurate, complete and contemporaneous for each patient. (Regulation 17(1)).
- Patient risk assessments: The Trust must ensure patient risks are assessed, reviewed and plans implemented to manage the risk. (Regulations 12(1)).
- Substance storage: The Trust must ensure that all substances subject to COSHH regulations are stored safely.
- IPC: The Trust must ensure infection control risks are assessed and action taken in a timely way to manage the risk. (Regulation 12(1)).

2.3 Should Do Actions:

Trust-wide

- Mandatory training: The Trust should ensure that staff compliance with mandatory training meets the trust target.
- Dementia and learning disability training: The Trust should consider making dementia and learning disability training mandatory for staff
- Bed management: The Trust should consider reviewing how the service can reduce the number of bed moves.

Medical care

- Environment: The Trust should consider improving the environment to meet the needs of people living with dementia.

- Environment: The Trust should ensure the environment enables staff to provide care and treatment that protects the privacy and dignity of patients.
- Signage: The Trust should consider reviewing signage across the service to improve patient experiences of being in the hospital

Surgical care

- Mental capacity training: The Trust should ensure that mental capacity and consent training is in place for all staff and that capacity assessment and consent decisions are clearly recorded in patient records. (Regulation 11).
- Medical equipment: The Trust should ensure that medical equipment is routinely monitored to ensure that they do not pass its expiry date.
- Sterile storage: The Trust should ensure that boxes containing sterile equipment are not kept on the floor.

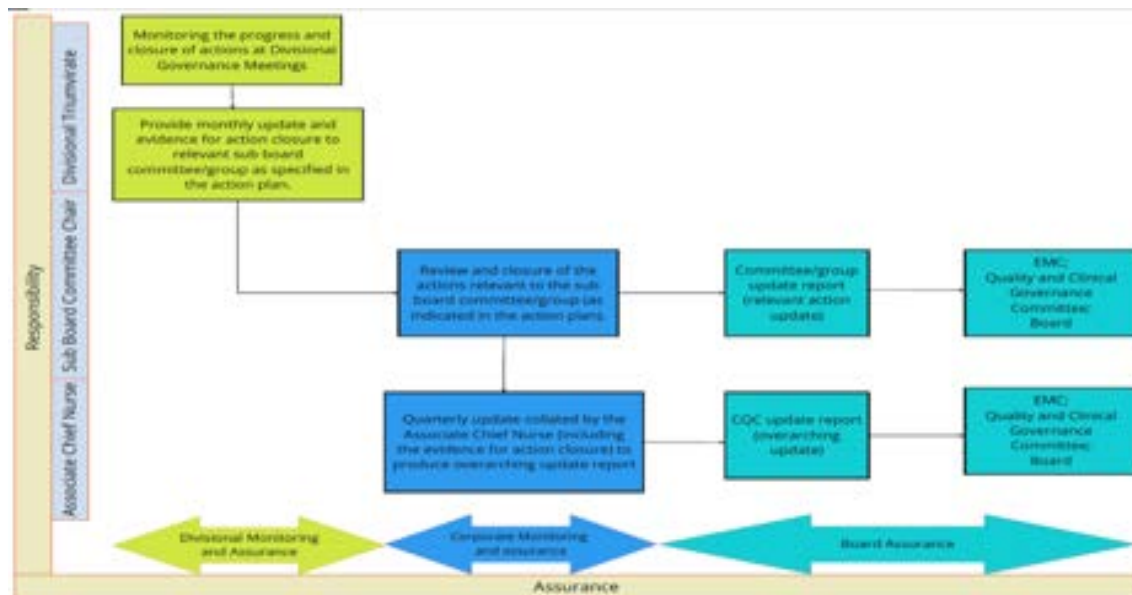
3. Update on the Action Plan:

The summary update on the action plans the governance structure for ongoing monitoring, assurance and evidence submission is provided below. The progress update details can be found in appendix 1 and 2.

	Total Number of actions	29
Blue	Action is complete	23
Green	Action is on track	6
Amber	Actions mainly on track with some minor issues	0
Red	Actions not on track with major issues	0

MD1.1	The Trust will review and implement a revised Risk Management Policy.	30/09/2022 30/10/2022	
MD1.2	The Trust will implement a programme of Risk Management training across the Trust to support the new Risk Management Policy.	31-May-23	
MD1.3	The Trust has implemented a new electronic Risk Management System through Datix 14®, onto which existing risks will be transferred.	30-Jul-22	
MD1.4	The Trust will undertake a quality assurance process when transferring the old Risk Register data to the new Datix® Risk Register ensuring that they accurately reflect current risks.	31-Dec-22	
MD2.1	The Trust will undertake a patient record-keeping awareness drive, which will focus on record-keeping principles and secure maintenance.	28-Feb-23	
MD2.2	The Trust will undertake regular and routine audits to provide assurance on record keeping.	31-Jan-23	
MD2.3	The Trust will undertake regular and routine audits to provide assurance on safe storage of records.	31-Aug-22	
MD3.1	The Trust has initiated a nursing documentation task and finish group. This group will ensure that the patient risk assessment and care plan documentation is developed, reviewed using QI methodology and standardised across the Trust where possible and within each specialty where not. Templates will be rolled out with clear guidance in their completion and maintenance.	31-Mar-23	
MD3.2	The Trust will provide update training on risk assessment and care planning to all nursing staff. This will improve the knowledge and understanding of patient risk assessments, the need to regularly and routinely review these and how to care plan to manage the identified risk.	30-Jun-23	

MD3.3	The Trust will audit compliance with patient risk assessment, review and care planning and report results to the Quality and Patient Safety Group and Quality and Clinical Governance Committee.	31-Mar-23	
MD4.1	The Trust will review COSHH stores in all areas (including PFI) to ensure they are all adequate and secure.	30/09/2022 30/11/2022	
MD4.2	The Trust will undertake an awareness drive on safe COSHH storage through Safety Messages and Staff Briefing.	30/09/2022 30/11/2022	
MD4.3	The Trust has included COSHH storage within the quality audit question set, which will be monitored through the quality audit update.	30-Nov-22	
MD5.1	The Trust has introduced the Infection Prevention and Control link practitioners, using a multidisciplinary team approach to drive improvement and embed rapidly changing practices.	31-Dec-22	
MD5.2	The Trust will monitor compliance with Infection Prevention and Control mandatory training.	31-Aug-22	
MD5.3	Infection Prevention and Control audit is being undertaken monthly, which will be monitored through the quality audit update.	31-Dec-22	
MD5.4	Peer-reviewed infection prevention and control audit and observation of infection prevention and control practice will form a part of the Clinical Accreditation standard.	30-Nov-22	
SD1	The Divisions (operational and corporate) will maintain compliance with mandatory training targets.	30-Jun-23	
SD2.1	All Divisions (operational and corporate) will undertake SDU risk assessments to identify the need for making dementia training mandatory for all relevant staff.	31-Mar-23	
SD2.2	Learning disability training is mandatory for all relevant staff. Therefore this action is closed.	31-Aug-22	
SD3	Divisions will work with the Site Team to fully implement the Bed Management Policy to reduce unnecessary bed moves. Data (numbers, reasons etc) and any breaches of the Policy will be reported and monitored through Divisional Performance Reviews and the Quality and Clinical Governance Committee.	31-Dec-22	
SD4	All Divisions (operational and corporate) will undertake SDU level risk assessments to assess their environments in relation to patient needs including for those people living with Dementia and identify improvements where necessary.	31-Jan-23	
SD5	All Divisions (operational and corporate) will undertake SDU risk assessments of all identified areas used for "plus one" patient placements as per the Pre-Emptive Transfer Protocol and implement changes to maximise the protection of privacy and dignity (balancing these against safety and quality needs.)	31-Oct-22	
SD6.1	The trust will ensure that mental capacity and consent training is included in mandatory training (as a part of level 3 training) for all staff and uptake monitored through safeguarding committee.	31-Mar-23	
SD6.2	The Trust will review and ensure a robust system is in place to undertake regular and routine audits to provide assurance that capacity assessments and consent decisions are clearly recorded in patient records.	31-Dec-22	
SD7	The trust will implement a robust stock control system for medical equipment consumables across the Trust.	01-Jan-23	
SD8.1	The Trust will undertake an educational drive to improve knowledge regarding storage of sterile equipment.	31-Dec-22	
SD8.2	The Trust will undertake routine audit regarding storage of sterile equipment.	31-Dec-22	
SD9	The Trust will review signage across the site and make recommendations on how it might be improved including removal of older outdated signage.	31-Mar-23	



4. CQC enquiries:

There have been 12 CQC enquiries and two document requests since the last report – April 2023. The summary of the enquiries and documents requested are provided in the table below.

Ref	Date	Description	Status
ENQ1-14980282221	10/02/2023	We have received some anonymous information that alleges flies were coming out of the ventilation system in operating theatres while surgery was going on. This allegedly occurred in January 2023, but unfortunately, we do not have any further information to indicate which hospital or which theatres this allegation relates to.	Closed
ENQ1-14980282361	10/02/2023	We have received some anonymous information that alleges that from 2020 until the current date large numbers of patients with skin cancer were secretly removed from follow up and placed on an "on hold" list by management. The information we have received alleges that some patients have experienced harm for this practice and that doctors are being blamed for this when it was done by managers.	Closed
ENQ1-14340346635	15/03/2023	2022/19779/RXQ Sept 2022 Review of care of chemotherapy patient who became neutropenic 72-hour report. May request RCA and inquest outcome further down the line.	Closed
Information concern	21/03/2023	The concerns are: <ul style="list-style-type: none"> • Patients being cared for in corridors for a long period of time • Broken beds being stored in corridors • Contaminated waste stored in corridors • Concerns over the new two storey building, in that only one floor is complete, which is being used for patient care <ul style="list-style-type: none"> o Fire alarm system not connected o In the event of a fire patients and staff would have to evacuate via the unfinished floor Please could you provide me with an update on corridor care, including how you are managing this and assurances that you have that safe care and treatment is being provided. Along with the storage of broken beds and contaminated waste. In addition, please could you give me an update on the new build, including time lines for the opening of the building, could you also include assurances around the fire alarm system and evacuation in the event of an emergency.	Closed
Olympic Lodge scope of registration	06/04/2023	There were some obvious discrepancies found between the Trust CQC Statement of Purpose and the Trust Standard Operating Procedures for the use of Olympic Lodge relating specifically to the agreed staffing numbers for the facility. You stated that you would get these updated, aligned and resubmit to me once done.	Closed

ENQ1-14980776988	27/04/2023	<p>February 2023 - Chipo Kunene (Mother) DOB: 22/10/1987.</p> <p>Sadly the caller's baby passed away at John Radcliffe and had to be transferred to ICU from Stoke Mandeville Hospital. Caller spent two months in Stoke Mandeville Hospital with baby.</p> <p>She had given birth at 25 weeks. Daughter was called Nava Muchibwa dob- 29/11/2022.</p> <p>The caller described feeling overlooked and mistreated during her stays in hospital and ultimately feels her baby's death could have been avoided. I am assuming there is an investigation into her care, but it is unclear if she had made a formal complaint. Could you please look into this case and update me on the trust actions and investigations in relation to the care of this mother. In her complaint she feels she was overlooked and not listened too and believed it was because she was from an ethnic minority.</p>	Closed
ENQ1-15745958724	03/05/2023	<p>NRLS 405. Treatment / procedure - delay / failure. Surgical specialties. Datix 12287. INC12288. The patient I operated on yesterday had waited from May 2022 for her surgery after her melanoma diagnosis. This should have been performed within weeks at most. During the surgery she had a large lymph node mass that is likely to be melanoma mass that was not present when I examined her in May 2022. Not only is her disease likely to progressed this has also delayed her next treatment stages. This patient has been waiting for theatre too long, her disease has progressed while she has been waiting for urgent surgery, when she was seen in May she did not have a palpable lymph node, now she had a large firm node surgery should have been performed very urgently and she experienced a delay of eight months.</p>	Awaiting final RCA to be released.
ENQ1-15749687341	03/05/2023	<p>NRLS 1174. Delay or failure to monitor. 01/02/2023 02:00. Accident and Emergency (A). Datix 13191. INC13192 LINKED TO DATIX INC13101. Patient nursed in Theatre corridor - non-designated clinical escalation area near the Emergency Department. Patient found to be in peri-arrest. Whilst being transferred to Resus, patient went into cardiac arrest. Observations to be recorded and acted upon as per NEWS escalation process. Sepsis screening tool to be completed at Triage.</p>	Closed
ENQ1-15749687508	03/05/2023	<p>NRLS 1679. Lack / unavailability of device / equipment. 27/02/2023 00:00. Accident and Emergency (A). Datix 14226. INC14227. Patient arrested in back corridor (was 22 beds down the corridor), went to use ward 10 crash trolley, didnt have appropriate equipment in trolley for cardiac arrest (doctor requesting size 3 Igel) HCA had to run back to Resus to get Igel. Patient initially resuscitated in front of corridor patients Note added by Matron [PERSON 1] on 2/03/2023: Size 3 Igel (supraglottic airway device) is not listed amongst the items required in a ward trolley. Ward 10 crash trolley used for this arrest was equipped with a size 4 and 5 as per Trust requirements. I am aware that A&E crash trolleys include size 3 - unsure why the trolley content is different. I suggest that for future situations, the Resus team should review and advise if they want ward 10 trolley to have additional items. Although the probability of a cardiac arrest happening at the same time on ward 10 and, the corridor outside ward 10 seems small, maybe an additional crash trolley should be considered to support all the additional patients. I am happy to work with ED Matron and the Resus team to find the best solution to prevent similar situations in the future.</p>	Closed
ENQ1-15749843837	03/05/2023	<p>NRLS 2587. Unsafe / inappropriate clinical environment (including clinical waste). 27/02/2023 19:00. Datix 14938. INC14939. Rejected as duplicate as INC14227 because this was added following a clinical concern from SCAS, and we subsequently recognised this was a duplicate of INC14227.</p>	Closed
ENQ1-15749843987	03/05/2023	<p>STEIS 2858. Datix INC 2023/2735. Review of care of a patient who went missing from the ward and sustained injuries from a fall. 26/01/2023 01:50. All doors and fire exits checked in the Olympic Lodge, 11 fire exits are not alarmed, these are located at the lower end of the building as a immediate action the two sets of internal doors along the corridor are to be closed at night time to decrease risk. All patients currently in the Olympic Lodge checked and reviewed as to whether they are suitable to stay in this environment, checked by consultant. Discussion with staff regarding how often the patients are checked at night time and if this needs to be increased on individual patients needs. Discussion with staff regarding how many staff are to be on break at the same time, if 8 staff are on duty the maximum staff on break should be 1 RN and 1 HCA. Discussion with staff regarding visibility of all areas of the Olympic Lodge. Wellbeing offered to those staff who were on duty at the time of incident, to arrange after event session. Develop standards for care at night e.g. walking the floor and checking all patients to ensure they are where they are supposed to be (if patient not in bed check the bathrooms etc). Share above standards trust wide Discussion with daughter regarding incident - completed Review patient criteria for admission to OL. Obtain quotes for alarms on all doors. Review camera coverage and consider whether additional camera coverage is required. Unexpected / potentially avoidable injury causing serious harm.</p>	Closed
ENQ1-16362754789	04/07/2023	<p>One of our inspectors, who attended the maternity inspection on 12 June 2023, raised concerns about the Emergency Department at Stoke Mandeville.</p> <p>During the maternity inspection, the team had to walk through ED and found it to be overcrowded with several patients waiting on trolleys in the corridor. There was no staff member or paramedic present and concerns were raised as to how patients could get help or attention should they have needed to do so.</p>	Closed
ENQ1-17191854991	06/09/2023	<p>I was contacted recently by another hospital inspector from a different region (I have copied her in), alerting me to the above enquiry. This relates to a patient discharged from Amersham Hospital with a sacral PU category 2-3. The PU was identified by the DN team on 23 August 2023.</p> <p>Please could you let me know the following:</p> <ul style="list-style-type: none"> • Was this reported as an incident? If so, could you send me the completed incident form please? • Was this investigated internally and, if so, was it treated as a safeguarding incident? • Was a discharge care plan in place related specifically to the PU? 	Open
ENQ1-17131152070	04/08/2023	<p>this enquiry was raised to alert me to the fact you have an alarm level outlier for 'Epilepsy Specialist Nurse (ESN) input' in the 'Epilepsy12, the National Clinical Audit of Seizures and Epilepsies for Children and Young People 2023' audit (date range of data 2020 to 2022 - Cohort 4). You will have been informed of this in August 2023.</p>	Closed

5. CQC Inspections

- 5.1 The trust had CQC inspection completed, one was an unannounced visit to the Paediatric Emergency Department last 1 June 2023 with action plans already in place and submitted to CQC. The report was published 11 August. Action Plan
- 5.2 A further planned (CQC) inspection of maternity services as part of the national maternity inspection programme on 12th June 2023. The Trust has received the draft report and has completed its factual accuracy process.

6. Action required from the Board/Committee

6.1 The Committee / Board is requested to:

- a) Note the report and process made against the CQC action plan

7. Appendix

Appendix 1- Must Do Actions Update

Appendix 2- Should Do Actions Update

Appendix 3 – Paediatric ED CQC Action Plan

Appendix 1: CQC MUST DO Actions updates

BHT CQC Action Plan											
15-Sep Version: 1											
Ref	ACTION NAME	CQC WORDING	Action ID	Actions to complete	Action Lead	Executive Lead	Deadline	Monthly Monitoring	Quarterly Monitoring	Status Update	BRAG status
MD1	Risk management process	The trust must ensure that the process to assess, monitor and mitigate risks is effective and accurately reflects current risks across all services. (Regulation 17(1)).	MD1.1	The Trust will review and implement a revised Risk Management Policy.	ACN for Governance	CN	30/09/2022 30/10/2022	RCMG	Quality and Clinical Governance Committee	19/10/2022- the Audit Committee has approved the RM policy. A/W Board approval (which is on the 26th of Oct 2022). 15/12/2022- RM policy has been approved and published.	
			MD1.2	The Trust will implement a programme of Risk Management training across the Trust to support the new Risk Management Policy.	ACN for Governance	CN	31-May-23	RCMG	Quality and Clinical Governance Committee	19/10/2022- ACN is exploring training providers to provide formal RM training. As an intermediate measure, drop-in sessions have been organised on Friday afternoons to support the teams with Datix system navigation and answer questions related to risk management. 15/12/2022- Internal training and support continues. External training options have been explored. A/W quote from the training provider. 10/03/2023- A risk management training session has been organised led by RSM, which is open for all staff with risk management responsibilities. A separate executive session has been planned. In addition, a weekly RM- Datix system drop-in session has been organised, led by the governance lead for SS.	
			MD1.3	The Trust has implemented a new electronic Risk Management System through Datix 14®, onto which existing risks will be transferred.	DCN for Quality	CN	30-Jul-22	RCMG	Quality and Clinical Governance Committee	19/10/2022- All Corporate Risks have been transferred across onto the Datix system. Most of the Divisional risks have been transferred across. The teams are working towards transferring the SDU risks onto the Datix system.	
			MD1.4	The Trust will undertake a quality assurance process when transferring the old Risk Register data to the new Datix® Risk Register ensuring that they accurately reflect current risks.	Divisional - Heads of Nursing	CN	31-Dec-22	RCMG	Quality and Clinical Governance Committee	19/10/2022- Currently, quality assurance work is being undertaken on CRR. The plan is to start quality assurance work on the Divisional risk registers in November and SDU risk registers in January 2023. 15/12/2022- All divisions apart from IM have transferred the divisional risks onto the risk register. SDU risks are being transferred across. Quality check is being undertaken by the HoN, GM, Governance teams and risk owner as a part of risk transfer activity. 10/03/2023- All risks have been transferred across onto the Datix system. Quality assurance work has been completed on the Divisional risk register. Deputy chief nurse to lead on the quality assurance work on the Divisional And SDU risk registers.	
MD2	Records Management	The trust must ensure that records are maintained securely and are accurate, complete and contemporaneous for each patient. (Regulation 17(1)).	MD2.1	The Trust will undertake a patient record-keeping awareness drive, which will focus on record-keeping principles and secure maintenance.	Clinical Audit & Effectiveness Manager	CMD	28-Feb-23	Clinical Effectiveness Committee	Quality and Clinical Governance Committee	19/10/2022- ACN is liaising with Clinical Audit & Effectiveness Manager to plan awareness-drive strategies on record-keeping principles and storage. 15/12/2022- Patient record-keeping awareness drive will form a critical element during the implementation of revised nursing documentation. 10/03/2023- Reflect and review session around record keeping was carried out on 19th of January 2023. Safety message around record-keeping standards was cascaded to all staff through the department managers on 23rd January 2023.	
			MD2.2	The Trust will undertake regular and routine audits to provide assurance on record keeping.	Clinical Audit & Effectiveness Manager	CMD	31-Jan-23	Clinical Effectiveness Committee	Quality and Clinical Governance Committee	19/10/2022- The clinical effectiveness committee undertakes yearly audits on record-keeping standards. This audit's results and action plan is shared with the divisions and Quality and Clinical Governance Committee. 15/12/2022- Monthly documentation audit is being undertaken by the matrons which is monitored as a part of the quality audits and reported to the performance board and Quality and Clinical Governance Committee. The Trust average score for documentation audit is 92% in November. 10/03/2023- The trust's annual record-keeping audit is currently being carried out. The results will be published in April 2023.	
			MD2.3	The Trust will undertake regular and routine audits to provide assurance on safe storage of records.	Divisional - Heads of Nursing	CN	31-Aug-22	Quality and Patient Safety Group	Quality and Clinical Governance Committee	19/10/2022- Compliance with patient record storage is monitored through quality audits (Tenable). The divisions will provide updates and assurance on this question set as a part of the performance meeting update.	

MD3	Patient risk assessment and care planning	The trust must ensure patient risks are assessed, reviewed and plans implemented to manage the risk. (Regulations 12(1)).	MD3.1	The Trust has initiated a nursing documentation task and finish group. This group will ensure that the patient risk assessment and care plan documentation is developed, reviewed using QI methodology and standardised across the Trust where possible and within each specialty where not. Templates will be rolled out with clear guidance in their completion and maintenance.	Head of Nursing for IM	CN	31/03/2023 30/04/23	Quality and Patient Safety Group	Quality and Clinical Governance Committee	19/10/2022- Nursing documentation task and finish group has commenced, which meets weekly. Various activities are carried out through this group- review & standardisation of admission Performa, risk assessments, care plan, moving towards digital solution etc. The nursing risk assessment booklet and admission Performa have been developed for testing. The next step will be the review and standardisation of nursing care plans. 15/12/2022- Risk assessment booklet has been developed, which will be piloted on 4 wards (across all divisions) in the next 4 weeks. Next phase of this work will focus around admission Performa and the care plans. 24.7.23 Documentation TAFG incomplete. MP	
			MD3.2	The Trust will provide update training on risk assessment and care planning to all nursing staff. This will improve the knowledge and understanding of patient risk assessments, the need to regularly and routinely review these and how to care plan to manage the identified risk.	Divisional and Educational Practice Development Nurses	CN	30-Jun-23	Quality and Patient Safety Group	Quality and Clinical Governance Committee	19/10/2022- The training will be provided as part of implementing new nursing documentation. 24.7.23 PDNs to send training passports (trained) to Dan from Arlene Bautista. MP 15/12/2022- The training will be provided as part of implementing new nursing documentation.	
			MD3.3	The Trust will audit compliance with patient risk assessment, review and care planning and report results to the Quality and Patient Safety Group and Quality and Clinical Governance Committee.	Divisional - Heads of Nursing	CN	31-Mar-23	Quality and Patient Safety Group	Quality and Clinical Governance Committee	19/10/2022- This is monitored through the quality audits (Tenable). The divisions will provide assurance on this question set as a part of the performance meeting update. 15/12/2022- Monthly documentation audit is being undertaken by the matrons which is monitored as a part of the quality audits and reported to the performance board and Quality and Clinical Governance Committee. The Trust average score for documentation audit is 92% in November.	
MD4	Control of Substances Hazardous to Health	The Trust must ensure that all substances subject to COSHH regulations are stored safely. (Regulation 12(1)).	MD4.1	The Trust will review COSHH stores in all areas (including PFI) to ensure they are all adequate and secure.	Health and Safety Manager	CCO	30/09/2022 30/11/2022	Health and Safety Committee	Quality and Clinical Governance Committee	19/10/2022- A/w update from the action lead on the progress of this action. 15/12/2022- Safe and secure COSHH storage is monitored through weekly clinical areas temperature check audits, undertaken by the matrons. The further assurance is gained during peer reviewed clinical accreditation visits.	
			MD4.2	The Trust will undertake an awareness drive on safe COSHH storage through Safety Messages and Staff Briefing.	Health and Safety Manager	CCO	30/09/2022 30/11/2022	Health and Safety Committee	Quality and Clinical Governance Committee	19/10/2022- A/w update from the action lead on the progress of this action. 15/12/2022- Safe and secure COSHH awareness drive is undertaken during clinical accreditation drop in session.	
			MD4.3	The Trust has included COSHH storage within the quality audit question set, which will be monitored through the quality audit update.	Divisional - Heads of Nursing	CCO	30-Nov-22	Health and Safety Committee	Quality and Clinical Governance Committee	19/10/2022- This is monitored through the quality audits (Tenable). The divisions will provide assurance on this question set as a part of the performance meeting update. 15/12/2022- Environmental audit, matrons clinical area temperature check audit and Clinical Accreditation Mandatory question set monitors the compliance of COSHH substances.	
MD5	Infection Prevention and Control	The trust must ensure infection control risks are assessed and action taken in a timely way to manage the risk. (Regulation 12(1)).	MD5.1	The Trust has introduced the Infection Prevention and Control link practitioners, using a multidisciplinary team approach to drive improvement and embed rapidly changing practices.	Head of Nursing- Infection Prevention Control	CN	31-Dec-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- All Divisions across BHT have been invited to nominate an IPC link for each area. A study day planned to relaunch the IPC Link Practitioner Network is being held across the organisation in November. A role description of competence assessment documents has been developed. 15/12/2022- IPC Link Practitioner Network was established as planned in November. The link practitioners attended a study day where various topics related to IPC and their role and responsibilities were discussed. 24.7.23 Hannah Bysouth sent Dan a list of IPC Link. Dan to include within the evidence folder once updated/confirmed up to date. MP	
			MD5.2	The Trust will monitor compliance with Infection Prevention and Control mandatory training.	Head of Nursing- Infection Prevention Control	CN	31-Aug-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- Compliance for mandatory training is monitored by IPC Team and reported monthly to Divisions and Quarterly through IPCC report to IPCC and Quality Clinical Governance Committees. 24.7.23 Luke Baker sent Trust compliance for last 6 months. MP	
			MD5.3	Infection Prevention and Control audit is being undertaken monthly, which will be monitored through the quality audit update.	Divisional - Heads of Nursing	CN	31-Dec-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- Divisions and the IPC team monitor the progress against the IPC Audit plan. The IPC Team report monthly the finding to Divisions and Quarterly through IPCC report to IPCC and Quality Clinical Governance Committees. Where audit deficits are identified, areas are responsible for producing their action plans to address these issues. Once the action plan has been developed, it is monitored locally via the Divisional governance arrangements to ensure action has been taken. Should any challenges hindering the completion of action plans be identified at a local level, they are escalated to the IPCC.	
			MD5.4	Peer-reviewed infection prevention and control audit and observation of infection prevention and control practice will form a part of the Clinical Accreditation standard.	Head of Nursing- Infection Prevention Control	CN	30-Nov-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- Once implemented, the IPC team will undertake peer review audits as part of the Trusts; Clinical Service Accreditation (CSA). Audit tools have been developed to review compliance to standard infection control precautions (SICP) and Transmission based precautions (TBP). 15/12/2022- Peer reviewed IPC audit has been developed which forms a part of the clinical accreditation standard. The 1st PDSA cycle on the accreditation programme was completed in November on 4 wards. The second PDSA cycle is planned to take place in January on 8 wards.	

Appendix 3: Should Do Action Plan with updates

BHT CQC Action Plan											
15-Sep											
Version: 1											
Ref	ACTION NAME	CQC WORDING	Action ID	Actions to complete	Action Lead	Executive Lead	Deadline	Monthly Monitoring	Quarterly Monitoring	Status Update	BRAG Status
SD1	Mandatory training	The trust should ensure that staff compliance with mandatory training meets the trust target. (Trust-wide)	SD1	The Divisions (operational and corporate) will maintain compliance with mandatory training targets.	Divisional Directors	CPD	30-Jun-23	People Committee	Quality and Clinical Governance Committee	19/10/2022- The divisions will provide updates and assurance on mandatory training compliance as a part of the performance meeting update. 15/12/2022- Mandatory training compliance is discussed at monthly divisional board. New system (I Aspire) should support improved visibility of training records. Monthly ward review meetings incorporate mandatory training compliance and actions for improvement. 24.7.23	
SD2	Dementia and learning disability training	The trust should consider making dementia and learning disability training mandatory for staff. (Trust-wide)	SD2.1	All Divisions (operational and corporate) will undertake SDU risk assessments to identify the need for making dementia training mandatory for all relevant staff.	Divisional Directors	CPD	31-Mar-23	People Committee	Quality and Clinical Governance Committee	19/10/2022- The divisions will provide updates on the need for making dementia training mandatory as a part of the performance meeting update. 15/12/2022- SDU risk assessments are being discussed prior to completion. Work in progress to establish need and practicalities in making dementia training mandatory. 24.7.23 Compliance >90% on every division June 2023. MP	
			SD2.2	Learning disability training is mandatory for all relevant staff. Therefore this action is closed.	Divisional Directors	CPD	31-Aug-22	People Committee	Quality and Clinical Governance Committee	Confirmed by DCN (TC) that Learning disability training is mandatory for all relevant staff and the overall compliance is above 95%.	
SD3	Bed Management	The trust should consider reviewing how the service can reduce the number of bed moves. (Trust-wide)	SD3	Divisions will work with the Site Team to fully implement the Bed Management Policy to reduce unnecessary bed moves. Data (numbers, reasons etc) and any breaches of the Policy will be reported and monitored through Divisional Performance Reviews and the Quality and Clinical Governance Committee.	Divisional Directors	COO	31-Dec-22	Divisional Operations Committee	Quality and Clinical Governance Committee	19/10/2022- The divisional updates through performance meetings are initiated in October. These updates will be collated to present a Trust overall update at the next CQC action plan update report. 15/12/2022- The bed moves are included in staffing huddle discussion in IM division that takes place twice daily. A/w data from EI team to support improvements.	
SD4	Environment	The trust should consider improving the environment to meet the needs of people living with dementia. (SMH, Medical)	SD4	All Divisions (operational and corporate) will undertake SDU level risk assessments to assess their environments in relation to patient needs including for those people living with Dementia and identify improvements where necessary.	Divisional - Heads of Nursing	CN	31-Jan-23	Quality and Patient Safety Group	Quality and Clinical Governance Committee	19/10/2022- Discussions are being held to assess the environment in relation to patient needs, including those living with Dementia, and identify improvements corporately led by the COO. 15/12/2022- PLACE assessments (currently being undertaken) will provide detailed actions regarding dementia friendly environments. The output from this assessment will determine future actions. Specialist services have undertaken individual risk assessments where applicable and have confirmed that environment is suitable for patient needs. Surgery and critical care services have added this within their agenda item for January 2023 quality meeting.	
SD5	Environment (Privacy and Dignity)	The trust should ensure the environment enables staff to provide care and treatment that protects the privacy and dignity of patients. (SMH, Medical)	SD5	All Divisions (operational and corporate) will undertake SDU risk assessments of all identified areas used for "plus one" patient placements as per the Pre-Emptive Transfer Protocol and implement changes to maximise the protection of privacy and dignity (balancing these against safety and quality needs.)	Divisional Directors	COO	31-Oct-22	Divisional Operations Committee	Quality and Clinical Governance Committee	19/10/2022- The divisional updates through performance meetings are initiated in October. These updates will be collated to present a Trust overall update at the next CQC action plan update report. 15/12/2022- Individual area risk assessments for escalation areas (including fire risk assessment) is being undertaken. Assurance around maintaining privacy and dignity of patients in escalation area will be monitored through daily clinical area temperature check audit which will commence on 19th of December 2022. 08/03/2023- Action closed, evidence in the folder	
SD6	MCA/Consent (Training and Implementation)	The trust should ensure that mental capacity and consent training is in place for all staff and that capacity assessments and consent decisions are clearly recorded in patient records. (Regulation 11). (SMH, Surgical)	SD6.1	The trust will ensure that mental capacity and consent training is included in mandatory training (as a part of level 3 training) for all staff and uptake monitored through safeguarding committee.	Lead Nurse for Safeguarding	CN	31-Mar-23	Safeguarding Committee	Quality and Clinical Governance Committee	19/10/2022- The mental capacity and consent training for all staff is being monitored through safeguarding report to the safeguarding committee and Quality and Clinical Governance Committee. 15/12/2022- The mental capacity and consent training compliance for all staff is being monitored through safeguarding report to the safeguarding committee and Quality and Clinical Governance Committee. 25/01/2023: Training is offered and is covered in L3 induction training. The PDN for Safeguarding and MCA is rolling out bitesized training on ward areas and department study days. 24/03/2023: The training data MCA 92% Feb 23.	
			SD6.2	The Trust will review and ensure a robust system is in place to undertake regular and routine audits to provide assurance that capacity assessments and consent decisions are clearly recorded in patient records.	Lead Nurse for Safeguarding	CN	31-Dec-22	Safeguarding Committee	Quality and Clinical Governance Committee	19/10/2022- The current audit plan for Q4 and Q1 did not focus entirely on consent decisions. As part of the ongoing audit schedule, the team will be undertaking a more focused audit of consent decisions related to the mental capacity act in Q3. 15/12/2022- A/w progress update from the action lead. 25/01/2023- The audit plan is underway, with regular audits scheduled throughout the year.	

SD7	Medical Equipment Consumables	The trust should ensure that medical equipment is routinely monitored to ensure that they do not pass their expiry date. (SMH, Surgical)	SD7	The trust will implement a robust stock control system for medical equipment consumables across the Trust.	Head of Medical Technology and Clinical Engineering Services. Head of procurement	CMO	01-Jan-23	Safe Use of Medicines & Medical Devices Committee	Quality and Clinical Governance Committee	19/10/2022- CQC has used the word equipment instead of devices and that the comment refers to consumables used in theatres. We don't stock manage equipment. This action has been changed from Head of Medical Technology and Clinical Engineering Services to Head of Procurement. 15/12/2022- The procurement options appraisal paper have been submitted to CFO for consideration and options approval. 8/9/23 No update on the paper sent in December. Discussion with Jim Forsythe. Paper sent to Deputy CFO Nicola today. MP to speak to HoNs about auditing stocks. 15.9.23 Housekeeper JD include roles in consumables stock management. MP
SD8	Sterile Storage	The trust should ensure that boxes containing sterile equipment are not kept on the floor. (SMH, Surgical)	SD8.1	The Trust will undertake an educational drive to improve knowledge regarding storage of sterile equipment.	Head of Sterile Services and HoN for IPC	CN	31-Dec-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- Education plan is being developed led by the Head of Sterile Services and the Theatre team. 15/12/2022- A/w progress update from the action lead. 08/03/2023- Evidence requested for the closure of this action. 15.9.23 Evidence requested for the closure of this action.
			SD8.2	The Trust will undertake routine audit regarding storage of sterile equipment.	Divisional - Heads of Nursing	CN	31-Dec-22	Infection Prevention and Control Committee	Quality and Clinical Governance Committee	19/10/2022- The divisional updates through performance meetings are initiated in October. These updates will be collated to present a Trust overall update at the next CQC action plan update report. 15/12/2022- IPC divisional lead has been nominated and working on HAI prevention plan including sterile equipment storage audit. Agenda item has been included for January 2023 monthly quality meeting to review plan and outcome measures/monitoring. 08/03/2023- Evidence requested for the closure of this action. 15.9.23 Evidence requested for the closure of this action.
SD9	Signage	The trust should consider reviewing signage across the service to improve patient experiences of being in the hospital. (WH, Medical)	SD9	The Trust will review signage across the site and make recommendations on how it might be improved including removal of older out dated signage.	Head of Property Services	CCO	31-Mar-23	Capital Management Group	Quality and Clinical Governance Committee	19/10/2022- A/w progress update from the action lead. 15/12/2022- A/w progress update from the action lead. 15.9.23 A plan has been completed and going through Phase 1 of implementation.

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RXQ
Our reference	INS2-15920326251
Location name	Buckinghamshire Healthcare NHS Trust

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 Good governance
	How the regulation was not being met:
	<i>The trust must ensure there are effective systems and processes in place to ensure potential serious incidents have been correctly categorised, reviewed, thoroughly investigated and lessons shared to reduce the risk of reoccurrence.</i> <i>Regulation 17 (2)</i>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

BHT's Serious Investigations policy has been reviewed and revised as detailed in the policy changes which ensures that there are rigorous processes and systems in place to categorise, review, and investigate without bias with lessons shared for improvement and learning.

Duty of Candour must be carried out by a member of the team authorised to do so by senior Managers within the Division.

BHT's Child Death Guideline 773 has been updated and now states that:

All unexpected deaths are reported via the Trust Datix electronic incident reporting system. The handler will be a clinician who was not directly involved in the care. This will be the on-call paediatrician of the week (POW) for paediatric deaths, and on-call Neonatal Consultant of the week (NOW) for neonatal death. If the Consultant for the week is directly involved in a paediatric death, then the Consultant for the Children's Observation unit will review the care.

The Trust will ensure that service users are aware that interpreters are readily available and that they are used when required and according to Trust policy.

The Big Word Telephone Interpreting Service at Buckinghamshire Healthcare Trust is available 24 hours a day. The inspection highlighted that the information about this service is not clearly visible in the Children's Emergency Department and our Children's Observation Unit. With immediate effect, information on the service has been added to the electronic information board within the Paediatric ED (Emergency Department) waiting area.

The inspection highlighted the availability of translation services was not clearly articulated in the duty of candour letter provided to families. The duty of candour letter has been updated to confirm the availability of this service should families wish to access it. All areas where children are seen have clearly visible information concerning translator services.

Who is responsible for the action?	Chief Nurse Karen Bonner
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>The revised SI policy is scheduled to be ratified at August Trust Policy Sub-Group (TPSG) and is due for review in three years but will be revised regularly, where needed, to comply with legislation changes.</p> <p>An internal audit of serious investigations of severe harm and unexpected deaths will be completed every six months as part of Trust policy to ensure that the processes and systems in place are rigorous and investigated without bias with learning shared across teams for improvement.</p>	
Who is responsible?	Chief Executive Officer Neil McDonald
What resources (if any) are needed to implement the change(s) and are these resources available?	
<p>The current governance structure has enabled the actions to be completed.</p> <p>The proposed new governance structure will support the audit process to be robust and an external auditor will be employed where necessary to gain a better unbiased insight.</p>	
Date actions will be completed:	July 2023
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
The actions mentioned above are already in place therefore will not affect service users.	
Completed by: (please print name(s) in full)	May Parsons
Position(s):	Associate Chief Nurse Director for Risk, Compliance and Governance
Date:	14 August 2023



Meeting: Trust Board Meeting in Public

25 October 2023

Agenda item	Private Board Summary Report 27 September 2023
Board Lead	Trust Board Business Manager
Type name of Author	Senior Trust Board Administrator
Attachments	None
Purpose	Information
Previously considered	N/A

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board meeting held in private on 27 September 2023.

The matters considered at this session of the Board were as follows:

- Standards of Behaviour and Conduct Report
- Quarterly Maternity Safety Report
- Place and System Governance
- Buckinghamshire Healthcare Projects Limited (BHPL) – Pharmacy Contract and Call Off Purchase Order
- Key Worker Accommodation Investment
- Electronic Patient Record (EPR) Update
- High Voltage Wycombe Hospital Electrical work
- MRI CT Scanner Installation

Decision	The Board is requested to note the contents of the report.		
Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times <input checked="" type="checkbox"/> Improve safety <input checked="" type="checkbox"/> Improve productivity	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters <input checked="" type="checkbox"/> Upskill operational and clinical managers	
Implications / Impact			
Patient Safety	Aspects of patient safety were considered at relevant points in the meeting		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any relevant risk was highlighted within the reports and during the discussion		
Financial	Where finance had an impact, it was highlighted and discussed as appropriate		
Compliance	Compliance with legislation and CQC standards were highlighted when required or relevant		
Partnership: consultation / communication	N/A		
Equality	Any equality issues were highlighted and discussed as required.		
Quality Impact Assessment [QIA] completion required?	N/A		

Meeting: Trust Board Meeting in Public

Date: 25 October 2023

Agenda item	Research and Innovation Annual Report 2022/2023
Board Lead	Mr Andrew McLaren, Chief Medical Officer
Author	Nicola Bowers, Head of Research
Appendices	Appendix 1 List of clinical trials Appendix 2 List of publications
Purpose	Information
Previously considered	EMC 03.10.2023 Q&CGC 18.10.2023

Executive summary

Research and Innovation Annual Report 2022/2023

All patient care and service pathways should be based on evidence-based practice delivering the highest quality safe care at that time.

Research and innovation are at one of the most exciting and accelerated times, enabling unprecedented opportunities of new scientific discovery and innovative technological support for our clinical services.

Research and innovation being entwined and embedded in everyday standard of care and clinical practice will strengthen change initiatives enabling practice based on the most up to date available data available at that time.

Key Successes

- Operationally R&I has expanded the structure having a newly appointed Associate Medical Director and Medical Innovation fellow, also a new head of research joined the team in February 2023.
- Within this financial year BHT Trust climbed from 6th to the 3rd highest research patient recruiting centre in the Southeast NHS region. Listed the 1st recruiting site for Trust on the baseline allocation of £25,000.
- Financially total income grew by 35 % compared to planned income. Listed in the top 3rd for set up timelines, highlighted that we are one of the most efficient hospital research departments in the Southeast of England
- Recruited 8,953 participants in total, more that 50% increase form 2021/22.
- Introduced the Research Ready Community programme, supporting Best Research for Best Health, working with two community organisations, the Wycombe Islamic Society (WISE) and the Karima Foundation located in High Wycombe.

Within our forecast for 2023/24 we will secure our finances, deferring finances ring fenced and research related income streams to support expanding workforce and increase in activity.

The Executive Management Committee noted this report on 3 October 2023. The Committee also received a presentation from the team on 10 October 2023 outlining the work of the team in more detail. The Quality & Clinical Governance Committee meeting also noted this report on 18 October 2023.

Decision	The Board is requested to review the report for information.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters	
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers	
<input checked="" type="checkbox"/> Improve productivity			
Implications / Impact			
Patient Safety	Research and innovation embedded in clinical practice increases patient safety.		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 8: Failure to learn, share good practice and continuously improve Potential challenges are listed are for information purposes.		
Financial	The Research and Innovation department staff cost approx. 1.1 million in 2022/23 and are self-funded through various external funding stream and contribute to Trust overheads.		
Compliance NHS Regulation	All R&I activity complied with National research governance regulations.		
Partnership: consultation / communication	R&I is working in partnership with several stakeholders. The Thames Valley Clinical Research Network (TV CRN), as a main research funder, yet innovation, commercial, Universities as sponsors and several local partners.		
Equality	Fair and equitable opportunities are available for patients and staff to be involved in research. Enhanced by our health on the high-street involvement and studies providing promotion education to individuals in the Community as most at health risk due to ethnic. However, we can improve on this, and funding has been secure to open other areas within our community to provide these opportunities to all individuals within our County.		
Quality Impact Assessment [QIA] completion required?	All studies have a feasibility meeting to assess impact to services and delivery.		

1 Introduction/Position

- 1.1 Delivered 66 open research studies.
- 1.2 Dr Luke Lintin won Health Tech Enterprise innovation voucher competition.

- 1.3 The National Institute for Health and Care Research (NIHR) provide an ongoing programme of listening and learning from people who have taken part in research. BHT had the most patient, public, involvement responses of any other provider in our network of 339 responses.
- 1.3 Achievements acknowledge with several highly commended NIHR research awards.

2 Proposal, conclusions recommendations and next steps.

- 2.1 To introduce Allied Health Care Professional/Nursing/Medical/Innovations fellows to support BHT gain teaching hospital status.
- 2.2 Defer R&I ring fenced financial income year on year to support, embed and increase research activity and expand the workforce.
- 2.3 To enhance engagement from each division to introduce research champions.
- 2.4 World clinical trials conference planned for 22nd May 2024.
- 2.5 Recruitment and retention, to encourage professional development of R&I workforce by providing funded education.
- 2.6 To expand our equality, diversity, and community-based research activity.

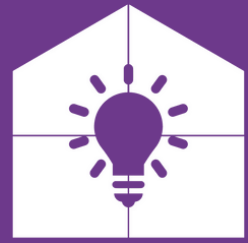
3 Action required from the Board/Committee

- 3.1 The Board is requested to:
 - a) Review the report for assurance purposes.

APPENDICES

Appendix 1: List of all Clinical Trials in the year 2022/23

Appendix 2: List of all Publications from BHT



Buckinghamshire
Health Research &
Innovation Centre



Research & Innovation Department



Annual Report 2022-23

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Contents



- Executive summary
- National recruitment data
- BHT recruitment data
- Financial summary
- Studies in focus
- Innovation
- Operational review
- Challenges
- Research and Innovation Achievements
- Patient, Public, Involvement
- 2023-24 forecast



Executive summary

All patient care and service pathways should be based on evidence-based practice delivering the highest quality safe care at that time.

Research and innovation (R&I) are at one of the most exciting and accelerated times, enabling unprecedented opportunities of new scientific discovery and innovative technological support for our clinical services.

R&I being entwined and embedded in everyday standard of care and clinical practice will strengthen change initiatives, enabling practice based on the most up to date available data available at that time.

- Operationally R&I has expanded the structure having a newly appointed Associate Medical Director and Medical Innovation fellow, also a new head of research joined the team in February 2023.
- Within this financial year BHT Trust climbed from 6th to the top 3 as a research patient recruiting centre in the Southeast NHS region. We were listed first for recruitment when compared to similar sized organisations.
- Delivered 66 open research studies.
- Listed in the top 3rd for set up timelines, highlighted that we are one of the most efficient hospital research departments in the Southeast of England
- Recruited 8,844 participants in total, more that 50% increase from 2021/22.
- Introduced the Research Ready Community programme, supporting Best Research for Best Health, working with two community organisations, the Wycombe Islamic Society (WISE) and the Karima Foundation located in High Wycombe.
- South Asian heritage people who have twice the risk of cardiovascular and three times the risk of diabetes compared to Europeans 3266 participants have been recruited into preventative health promotion biomarker study.
- Financially total income grew by 35 % compared to planned income.

Within our forecast for 2023/24 we will secure our finances, deferring ring fenced finances and research related income streams to support expanding workforce and increase in activity. Introduce Allied Health Care Professional (AHP) and Nursing and Midwifery research and innovation fellows. Increase R&I staff retention by more than 50% and increase the opening of research studies by at least 20 %.



[Back to Contents Page](#)

National recruitment data

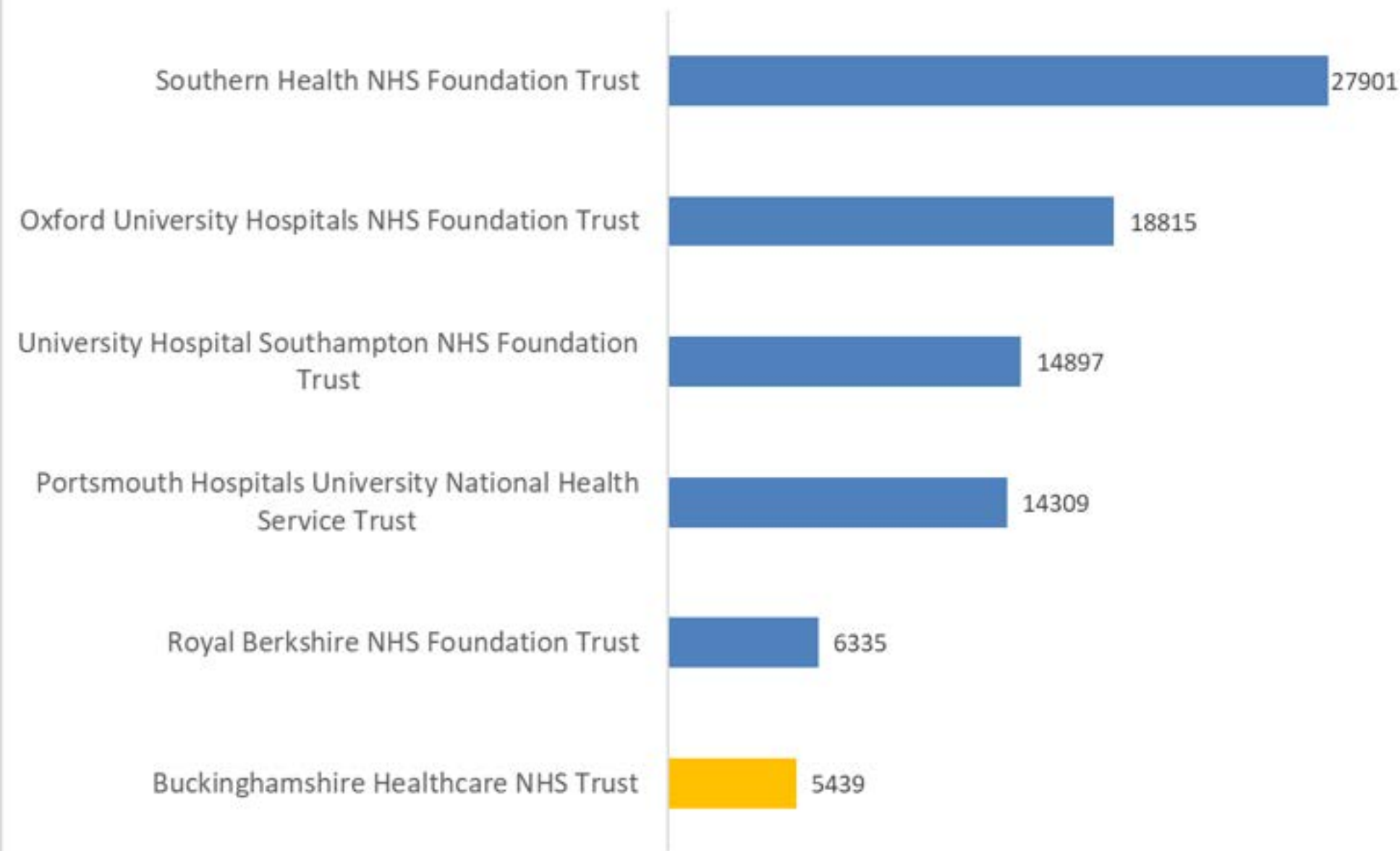
Comparison of recruitment performance in the South East NHS Region in 21-22 & 22-23



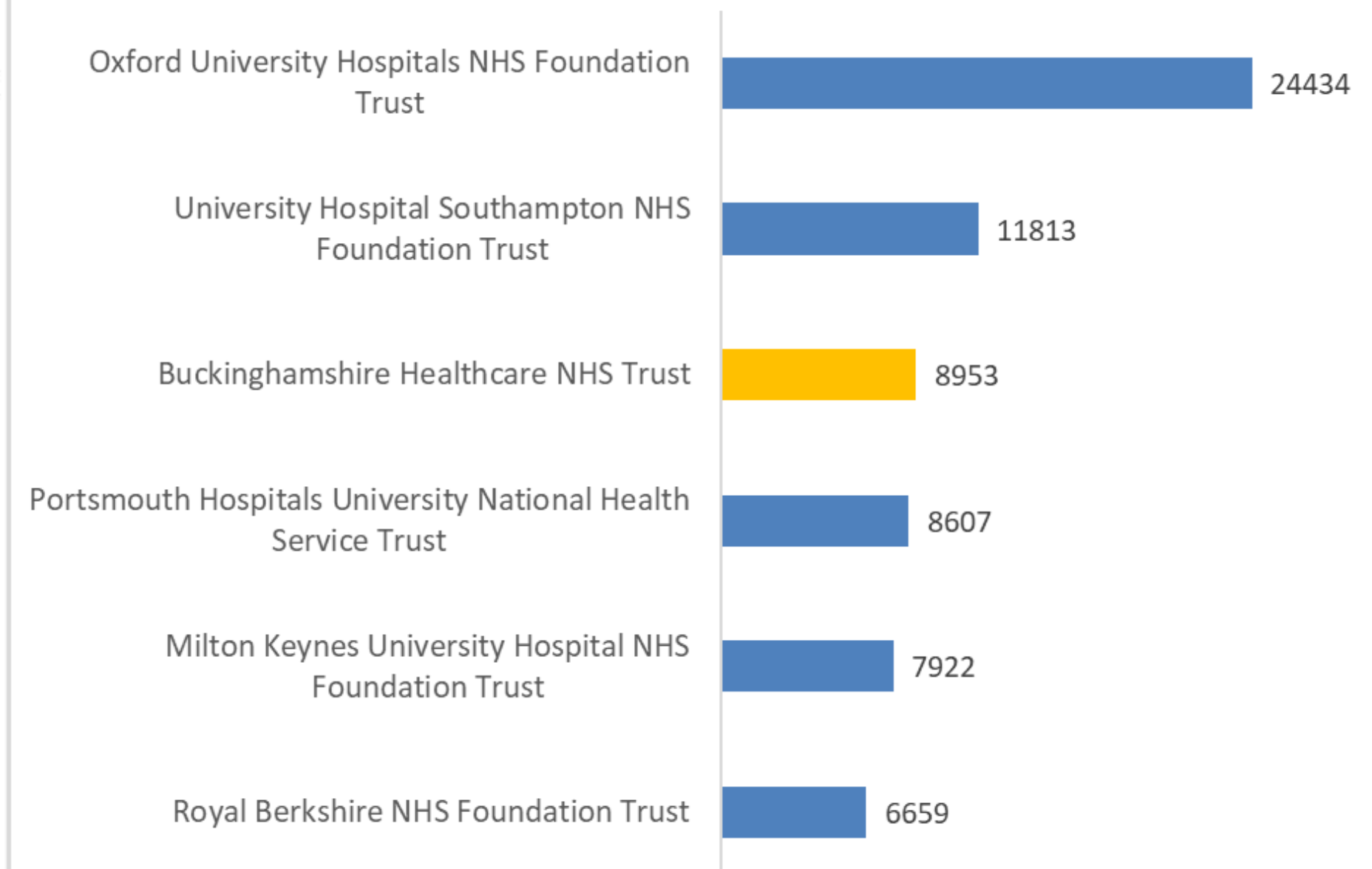
[Back to Contents Page](#)

 BHT climbed from 6th to 3rd best recruiting Trust

Total Recruitment by Trust in FY 21/22

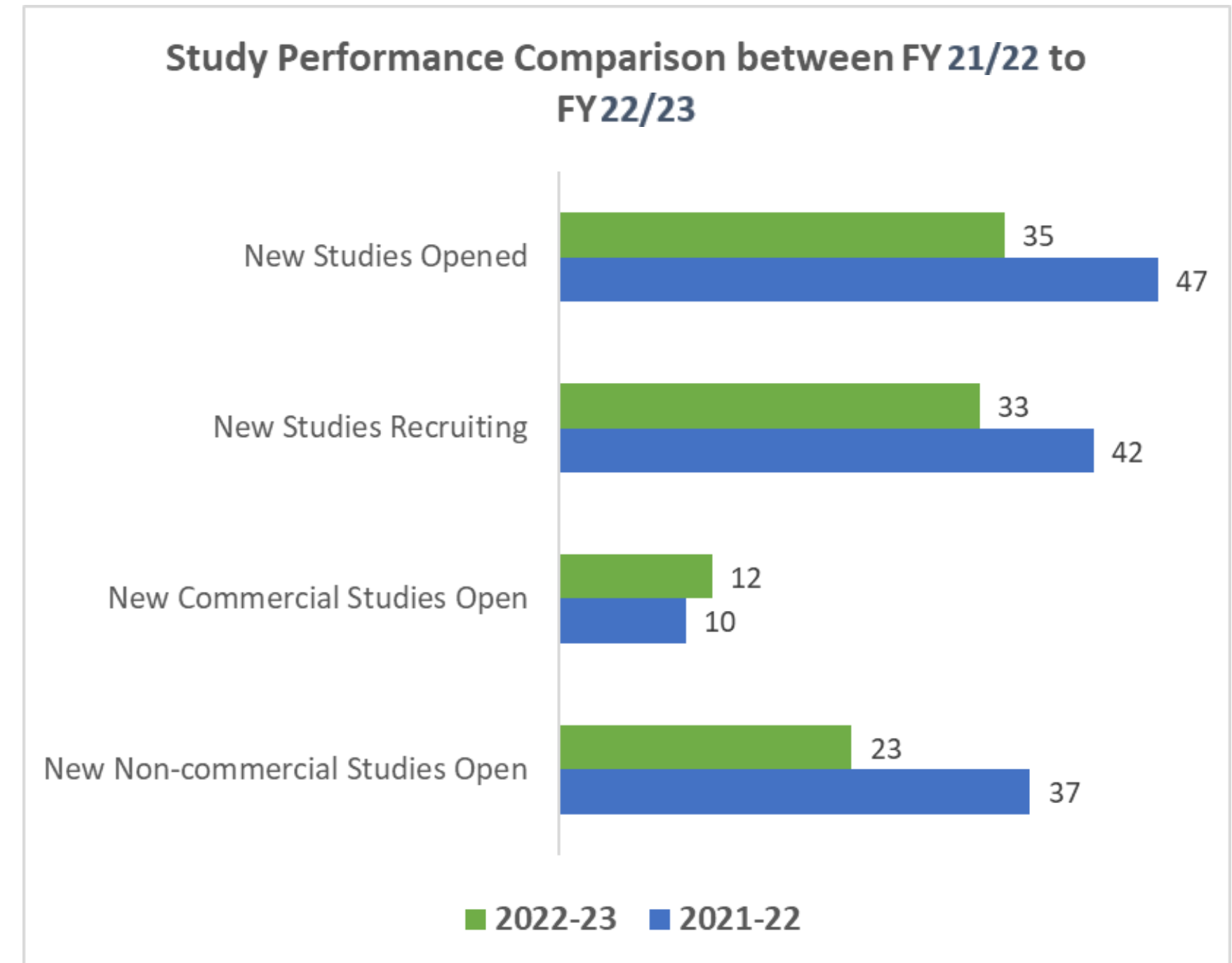


Total Recruitment by Trust in FY 22/23

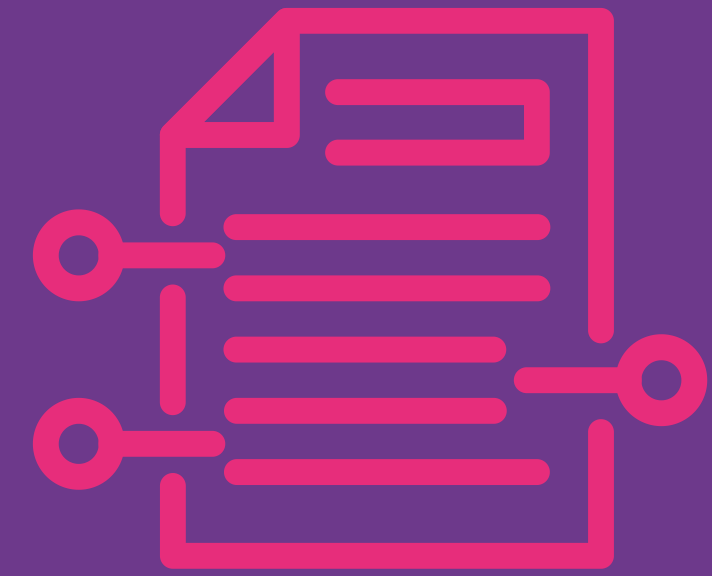


BHT Recruitment Data

The R&I team have grown the number of Bucks participants recruited to research trials from just under 3,400 people in 2021/22 to just over 8,700 in 2022/23.



Financial summary 2022/23



Breakdown:

The table below provides a summary of the financial position for Research & Innovation for financial year 2022/23:

Category	Annual Budget (£)	Year to Date Actual (£)	Variance (£)
Income			
Other Income	(104,705)	(20,000)	(84,705)
TVCLRN	(938,353)	(1,292,934)	354,581
Clinical Trials	(142,068)	(287,757)	145,689
Total Income	(1,185,126)	(1,600,691)	415,565
Pay			
Research & Development	105,694	208,681	(102,986)
TVCLRN	921,121	1,085,436	(164,315)
Total Pay	1,026,815	1,294,117	(267,302)
Non Pay			
Research & Development	18,794	38,506	(19,712)
TVCLRN	6,223	6,392	(169)
Total Non Pay	25,017	44,898	(19,881)
Contribution to Overheads	(133,294)	(261,676)	128,383

Financial Summary

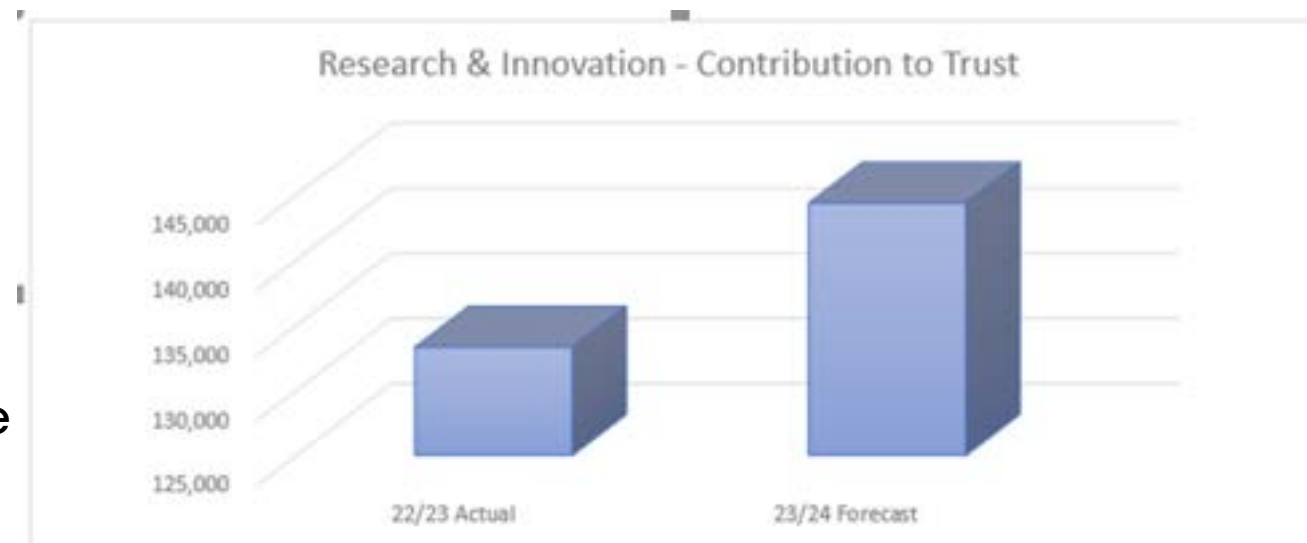
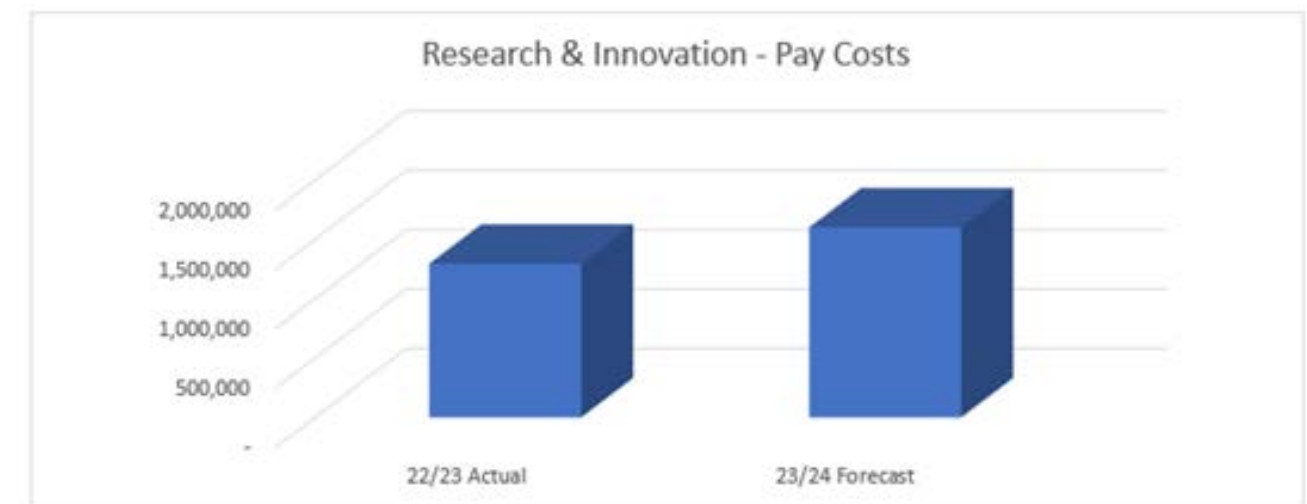
R&I had a planned overall contribution to Trust overheads for 22/23 of £133k, with actual contribution amounting to £262k. This includes the carry forward of clinical trial income of £94,920 into financial year 2023/24.

Income has grown by 35% in the year compared to planned income.

Pay costs have risen as a result.

Year to date, we are on target to achieve our Key Performance Indicators (KPIs). The R&I department have displayed year on year financial growth towards the contribution to trust.

The R&I department is self funded from the profit accrued via commercial studies.



Studies in focus



[Back to Contents Page](#)

**click on the trial title or icons to find out more*

Cardiology - LOLIPOP 100K

A longitudinal population study to advance understanding of metabolic, cardiovascular and other important chronic diseases in UK South Asians.

Respiratory - CLEAR

A study to compare the effect of two medications with routine care to help clear sputum in people with bronchiectasis.

Obs & Gynae - SMA NBA

A new-born screening study aiming to make it possible to detect Spinal Muscular Atrophy within days of birth so that any affected newborn can receive diagnosis and treatment at the earliest possible opportunity.

Paediatrics - Harmonie

To determine the efficacy and safety of a single intramuscular dose of nirsevimab, compared to no intervention, in preventing hospitalisations due to respiratory syncytial virus in infants.

Cardiology - LOLIPOP - 100K

SOUTH ASIA BIOBANK - INVESTIGATION OF LIFESTYLE, ENVIRONMENTAL, GENOMIC AND MOLECULAR FACTORS UNDERLYING HEALTH OUTCOMES IN SOUTH ASIANS AND EUROPEANS (LOLIPOP 100K) RESEARCH STUDY IN BUCKINGHAMSHIRE

South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans.

This important study aims to understand the reasons why patients of South Asian origin are at greater risk of developing some diseases.

Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to participate to a 90-minute health assessment and they will receive a health assessment report.

A full view of the Biobank Lollipop study



Obs & Gynae - SMA NBA

Population-based newborn screening for spinal muscular atrophy to evaluate uptake and feasibility of screening in the UK context

The aim and objective of this screening study is to assess the uptake, reliability, and feasibility of neonatal screening for SMA in a UK setting. It will help establish the early detection, diagnosis, and access to the recently available therapeutic options for SMA. Screening will be done through the routine UK newborn blood spot screening pathway, using spare capacity from a new born Guthrie card (dried blood spot sample). Over the last quarter we have recruited over 330 participants.

Paediatrics- HARMONIE

A study comparing nirsevimab with no intervention in preventing hospitalisations due to lower respiratory tract infections caused by respiratory syncytial virus. RSV affects approx. 90% of infants before their 2nd birthday and for most the effects will be mild cold like symptoms, but RSV is the leading cause of infant hospitalisations as it can lead to severe lung problems such as bronchiolitis and pneumonia.

- Nirsevimab in a one off IM injection of a long acting monoclonal antibody. It's offered to infants under one year old in their first RSV season. Babies were identified on the wards and through a high profile social media campaign and invited to an appointment at our Research and Innovation Centre. Each participant is followed up for a year via an e-dairy/app on their Parent's phone.

- The study was sponsored by Sanofi Pasteur and in collaboration with the NIHR, It recruited across the UK, France and Germany. We put in a regional bid to be part of the study with other trusts and surgeries in the Thames Valley.

- As a region we were the 5th highest recruiter in the UK.



Respiratory - CLEAR

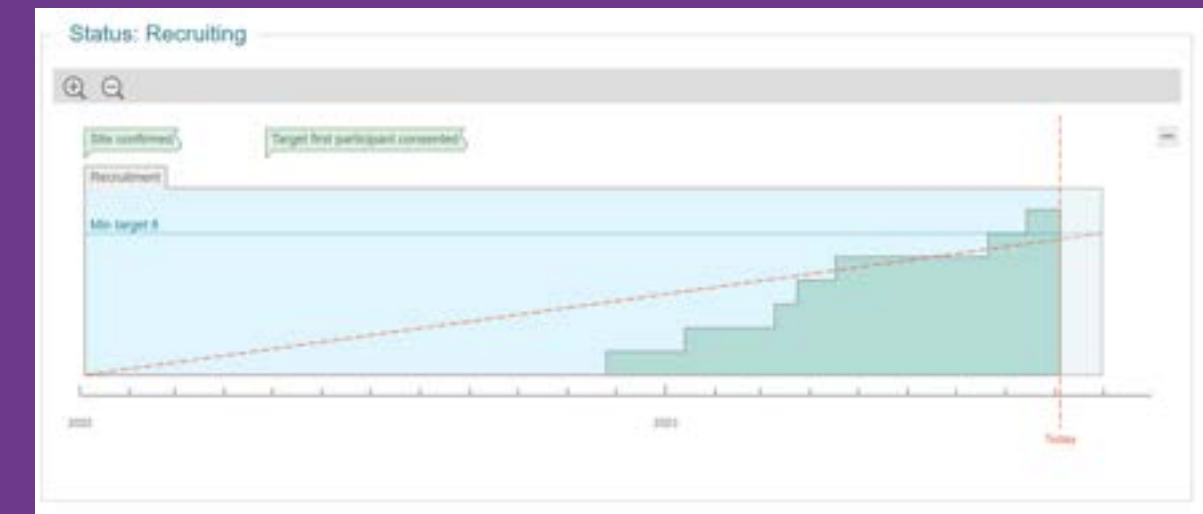
A study to compare the effect of two medications; hypertonic saline and carbocisteine with routine care in helping to clear sputum in people with bronchiectasis.

Bronchiectasis is a long-term condition where the airways of the lungs become widened, leading to a build-up of excess mucus that can make the lungs more vulnerable to infection.

Finding the answers for our patients through research :

Agreed to recruit 6 participants

BHT – over recruited, 7 participants to date.



Innovation



[Back to Contents Page](#)

**click on the Successes to find out more*



Projects supporting

- 4 internal projects supported across BHT
- 21 external projects supported with Small & Medium Enterprises



Successes

- Dr Luke Lintin won Health Tech Enterprise innovation voucher competition



Collaborations

- Health Tech Enterprise 12 month agreement signed to provide Intellectual Property (IP) + commercialisation expertise
- Early discussions about collaborating with Westcott Innovation Centre



Strategic + operational

- New IP + Innovation Policy
- First Innovation Fellow appointed - Dr Akshat Sawhney
- Visited AlderHey Innovation Hub to scope out best practice

Successes



Dr Luke Lintin, Consultant Radiologist at BHT beat off stiff competition to win an NHS innovation voucher competition at Medtech futures event.

The Health Tech Enterprise event, March 1 2022 at Hinxtton Hall Conference Centre, was hosted by Vivienne Parry OBE. It brought together expert speakers and panellists who highlighted the need for innovative solutions to meet the current, unmet needs within the NHS necessary to deliver a world class healthcare service.

The award comes with a £3000 voucher of in-kind support to work with the sponsor, EG Technology Ltd on manufacturing a prototype.

Dr Lintin's idea, to create a minimally-invasive, image guided, day case procedure for the treatment of Stress Urinary Incontinence (SUI) in women came about following the controversy surrounding the complications related to vaginal mesh procedures and the outcome of the Cumberlege report. This resulted in a massive reduction in the number of mesh procedures performed in the UK, and left a large void in the treatment options available to women suffering from SUI.

On the impact winning the award will have on his innovative solution, Luke added:

"I am delighted to be awarded the Health Tech Enterprise award for my innovation, and am looking forward to collaborating with EG Technology and the Research and Innovation Department at BHT to take my idea to the next stage. I will use the funding from this award to develop new prototype devices for human (cadaveric) tissue studies, in order to further develop this procedure."

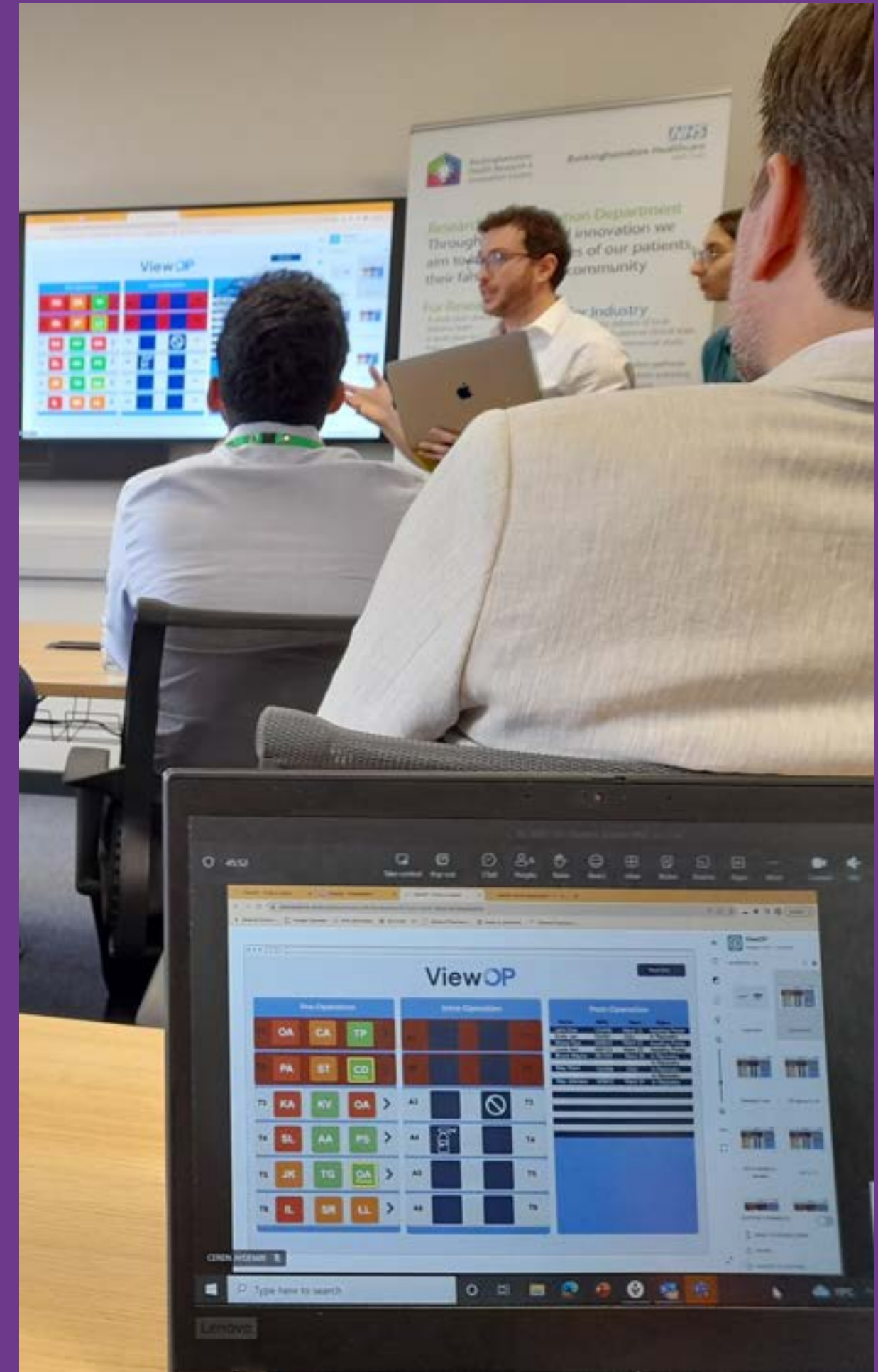
Operational review



A new Head of Research for Buckinghamshire Healthcare NHS Trust, was appointed in February 2023. Mrs Nicola Bowers is a Registered Nurse and Prescriber by background. She is keen work alongside colleagues to establish the Trust as the number one district general hospital for research activity and to promote an innovative culture achieving on the three strategic priorities investing in quality, people and money.



A new Associate Medical Director for R&I has been appointed, Mr Ryan Kerstein. Ryan is also Consultant Plastic & Burns Surgeon. “I really want to help create a platform to share and celebrate the amazing research that is done in the trust I also would like to make it easier for BHT colleagues from under graduates to clinicians, nurses and allied professional to get involved. From the innovation side, my aim is to help create a true culture of innovation and problem solving I am hoping that we can start creating tools and running events to support colleagues in developing and implementing new ideas” ~ Ryan



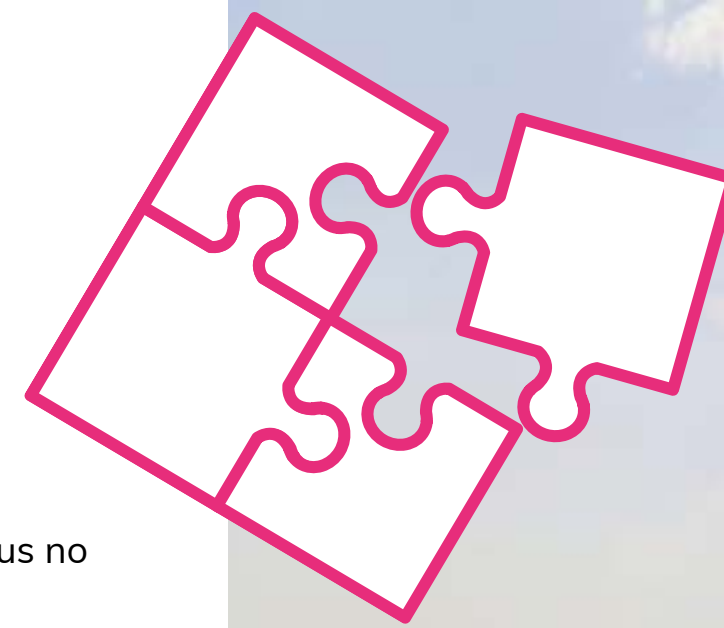
[Back to Contents Page](#)

Challenges

Covid-19 surge



The coronavirus pandemic accelerated and emphasized the importance of clinical research to advance scientific evidenced based practice. Now the demand for public health clinical trials has decreased, we are recovering clinical research across the variety of disciplines, aiming to provide equitable opportunities to individuals within our county. No trusts were open to usual business during 2021-2022 over 18 months thus no comparable data is used nationally for the covid period as all trials were halted.

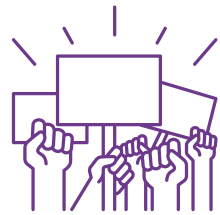


Recruitment + Retention



Retention of R&I staff has seen challenges of long standing staff members making the decision to retire. Notably the posts are more attractive elsewhere due to geographical location; London weighting. Therefore pay is a deciding factor i.e. out of our control. This risk may be reduced due to substantive leadership roles being appointed to support professional development and team strategies.

Strikes



Strike action throughout the year from various professions, teachers, nurses, doctors and travel staff have inevitable been impactful to all, patients, families, carers colleagues, services and workforce. Throughout the year as industrial action has been announced, careful planning of continuing safe clinical research has been discussed, agreed and embedded in service delivery.

Deferred finances



R&I service and staff are self-funding from various ring fenced funding streams. Ongoing discussions are in place with the Trust as to how R&I ring fenced finances can be deferred every financial year to support increasing clinical research capacity and expanding workforce to meet demand.

Support services



Support services for the safe and efficient delivery of clinical research have been challenged by clinical demand and staff vacancies, collaborative discussions have taken place for R&I funds to support clinical services and embed research activity within the various departments.



Research and Innovation Achievements



NIHR 2022 Awards

Contribution to COVID-19 research award

Highly commended:

SIREN Team, Buckinghamshire Healthcare NHS Trust

Exceptional Contribution to a Commercial Study

Highly commended:

Cam-cath Team, Buckinghamshire Healthcare NHS Trust

Outstanding Allied Health Professional (including Clinical Research Practitioners)

Joint winners:

Gemma Walsh, Research Radiographer

Buckinghamshire Healthcare NHS Trust

The runners up of the 'Quality Improvement and Innovation Award' goes to our fantastic SIREN study team!



[Back to Contents Page](#)

Patient, Public, Involvement

[Back to Content Page](#)

The National Institute for Health and Care Research provide an ongoing programme of listening and learning from people who have taken part in research. The results are available online

<https://sites.google.com/nih.ac.uk/tvsmpres/results>

These are continually reviewed, evaluated and changes implemented to completely satisfy the needs of our service users.

There were 339 responses from BHT for 2022/23.

This was the most PPI Involvement of any provider in 2022/23.

“My research experience has been excellent. Everyone have been so lovely, and friendly”

“All staff were very professional, courteous, friendly and highly trained. I felt very comfortable asking any questions”

“Better information about the purpose of the study and expected outcomes”

International Clinical Trials Day - we celebrated the success of South Asia BioBank ‘Lolipop’ study



#Red4Research Day - we joined the wider research community comes together to show appreciation for all those participating, undertaking and supporting research



Bucks County Show - we talked to 100s of members the public about research and innovation



BHT Connecting Event - we spoke to colleagues across the Trust about getting involved in research and innovation

600th 'X' follower @BHTResearch

New Patient Research Champion - Janie Glover joins the team

2023-24 Forecast & KPIs for R&I at BHT

[Back to Contents Page](#)



Introduce AHP / Nursing / Medical / Innovation fellows to support BHT teaching hospital status

International Clinical Trials Day Conference planned for 22 May 2024

Finance

Defer R&I ring-fenced income year on year to support increase in research activity and workforce

Recruitment + Retention
To encourage professional development of R&I workforce by providing funded education

To enhance engagement from each division to introduce Research Champions

To expand our (EDI) equality, diversity and inclusion and community based research activity

[Back to Contents Page](#)

Further **info**

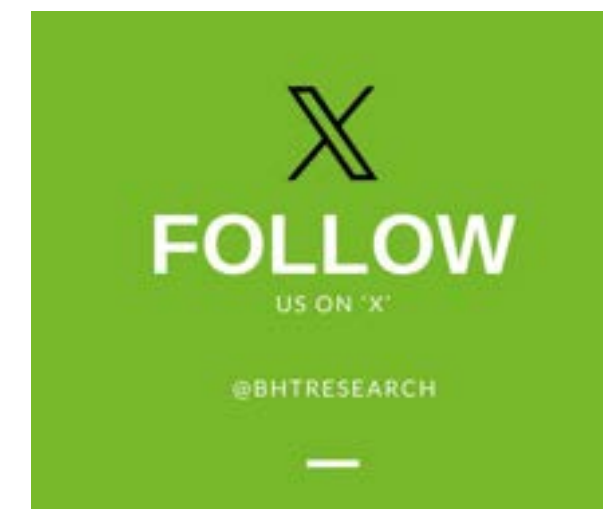
**Click info button
below for more
Study information**

**Click info button
below for
Publications**



ANNUAL REPORT WRITING GROUP

Nicola Bowers
Chris Cleaver
Victoria Jeffs
Reshma Tailor
Julie Tebbutt
Nicola Higgins



Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

B

- BBE - Bare Below Elbow
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRL – Capital Resource Limit
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DOH – Department of Health
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- EIS – Elective Incentive Scheme
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty’s Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

I

- ICS – Integrated Care System

M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director

- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – National Health Service Improvement
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy
- OUH - Oxford University Hospital

P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PBR - Payment by Results
- PBR Excluded – Items not covered under the PBR tariff
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PP – Private Patients
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAG - Red Amber Green
- RCA - Root Cause Analysis

- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

S

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)
- SNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date