OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 24 April 2024

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 – Care Quality Commission paediatric audiology letter Appendix 2 – CARE value awards Appendix 3 – Executive Management Committee & Transformation Board
Purpose	Information
Previously considered	None

Executive summary

This report aims to provide an update on key developments since the last Trust Board Meeting in Public 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).

Appended is a letter from the CQC regarding assurance around paediatric audiology services (Appendix 1), as well as the usual appendices sharing the latest monthly CARE value award winners (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).

Decision	The Board is requested to note this report.

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective

☒ Improve waiting times in ED ☒ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

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

Operational planning guidance for this financial year was published on 27 March 2024, and we have been reviewing our plans to ensure alignment with expectations.

Following feedback from NHS England, significant work has been taking place since submission of our draft financial plan for 2024/25 to reduce our planned spend without compromising patient safety or quality of care, and our Chief Finance Officer, Jon Evans, will be able to appraise the Board of the latest position at the Board meeting.

The Care Quality Commission (CQC) is working closely with NHS England on a Paediatric Hearing Services Improvement Programme following failings in the standard of paediatric audiology services in some NHS trusts in Scotland and England. The CQC is supporting with information gathering and have written to us (Appendix 1) asking that the Board "*considers the assurance that they have about the safety, quality, and accessibility of your children's hearing services*" and setting out some specific questions to address. A detailed report will be provided to the next Board meeting in May.

Outstanding care

Key performance data are presented in the Integrated Performance Report with supporting narrative and this last report of 2023/24 provides data against key performance targets. At the end of March, we had no patients waiting 78 weeks or longer for elective care, although we did have 13 patients waiting 65 weeks or longer. This is of course in the context of more than a month's worth of working days affected by industrial action during 2023/24. In terms of emergency care, data are still being validated to confirm if we met the 76% of patients seen within 4 hours target, although we are clear our performance was c.5% better than March 2023. We also had <4% patients waiting 12 hours or longer. In cancer care, our (as yet unvalidated) data for March shows a performance of 75.7% against the 75% faster diagnosis standard, and we had fewer than 6% of our cancer waiting list waiting for than 62 days meeting the national standard. Finally, with regard to diagnostics, we aimed to deliver 24% and achieved 17% of patients waiting more than six weeks for their test – a huge reduction from over 45% at the start of the year. Whilst we acknowledge patients are still waiting longer than we would wish for their care in some areas, the data summarised here do reflect substantial improvements across elective, cancer, diagnostic, and emergency care, so I would like to thank colleagues involved.

Congratulations this month go to two of our clinical teams for successful accreditation visits. Firstly, our anaesthetic teams have once again achieved Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA). I am delighted to share this excerpt from the RCoA's letter:

> *"ACSA is a robust process for quality improvement through peer review and the anaesthetic department at Buckinghamshire Healthcare NHS Trust was found to be providing services of a high and consistent standard as required by the current ACSA accreditation process. The department should be justly proud of its achievements."*

It was also particularly enjoyable to read the clinical reviewer commented on finding *"…a very welcoming, cohesive department that especially valued all members of the anaesthetic team."* My commendations to anaesthetic colleagues for creating and nurturing such a positive culture across that department. The RCoA ACSA Committee will also be including examples of outstanding practice from BHT in their library of good practice in due course.

Secondly, our Cellular Pathology team, one of the clinical support services which one might not immediately think of but who are absolutely integral to delivery of healthcare services across the NHS. Our team of Biomedical Scientists, Medical Laboratory Assistants, Associate Practitioners, Administrators and Pathologists worked together to achieve a highly commendable performance in their recent United Kingdom Accreditation Service (UKAS) visit, delivering continuous accreditation of this service and reassurance of quality of testing and reporting at the highest level.

Healthy communities

World Parkinson's Day on 11 April was an opportunity to raise awareness of the care we provide for people with Parkinson's and celebrate the close ties our teams have developed with local representatives of Parkinson's UK, who have generously donated equipment to our specialist therapy service. More information about how we are supporting people with Parkinson's, including ongoing work to develop a new swallow assessment process, and a substantial update to information on our website, can be read on our website here.

We are grateful to soon be receiving a free-standing 'pod' next to the Cancer Care and Haematology Unit at Stoke Mandeville Hospital, provided by the Cancer Care and Haematology Charity. The pod will be a calm space for use by patients, families and colleagues to meet in a non-clinical environment and I have no doubt will improve the experience of our patients and their loved ones. I was also particularly pleased to see that its construction is not only environmentally sound but has also supported training and education for prisoners released on temporary licence from HMP Springhill. More details can be read here.

A huge thank you to the local Buckinghamshire community for the generosity shown to us over the Easter period. We were humbled that so many local organisations supported our colleagues and patients, and full details (and photos) can be read here. I would particularly like to thank staff from Zoomania in Aylesbury who will be regularly visiting our children's ward (ward 3), emergency department and clinical observation unit at Stoke Mandeville Hospital.

We were honoured to welcome two para table tennis stars to the National Spinal Injuries Centre (NSIC) earlier this month: Will Bayley MBE and Bly Twomey visited Brighton Table Tennis Club (BTTC) member, Jack Silberston, who is currently receiving rehabilitation care at the NSIC following a tumour on his spine. Jack started playing wheelchair table tennis during his first admission to the NSIC and enjoyed the sessions so much he joined BTTC near home. Will and Bly generously hosted two sessions for patients in the NSIC, and brought so much energy and fun; the visit was a fantastic illustration of the value of sport for people with disabilities.

Great place to work

It was wonderful to see three of our colleagues presenting at the International Forum on Quality & Safety in Healthcare this month:

- Hannah Hornby (Board Affiliate) presented on the Board Affiliate programme and the benefits it brings in connecting 'ward to Board'. Hannah has brought fantastic insight and helpful challenge to the Board during her time with us and was able to talk knowledgably about her experiences and inspire other trusts to consider this role.
- Dr Yezhou Li (Joel), one of our junior doctors on rotation at BHT, presented on their auditing prescribing improvement project. Joel is just one of the many innovative junior doctors we are lucky to have applying their wisdom and creativity to improve our services.
- Dr Suchita Halder (anaesthetic speciality doctor) presented their quality improvement project about implementing a checklist to help reduce/prevent items being misplaced

during transfers between hospital. The project was in response to an incident and illustrates the value of evaluating incidents and identifying simple solutions.

Appendices

Appendix 1 – Care Quality Commission paediatric audiology
Appendix 2 – CARE value award winners
Appendix 3 – Executive Management Committee & Transformation Board

The independent regulator of health and social care in England

8 April 2024

Dear colleague,

Re: Paediatric audiology services

As you may be aware, an expert review undertaken by NHS Lothian in Scotland found failings in the standard of paediatric audiology services that resulted in delayed identification and missed treatment of children with hearing loss. This resulted in permanent, avoidable deafness for some children.

These findings led to a review of the service provided by 4 NHS trusts in England which found similar failing. A Paediatric Hearing Services Improvement Programme has been established by NHS England to support providers and integrated care boards (ICBs) to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements.

Childhood deafness is a significant health and developmental risk. A National Deaf Children's Society survey in 2023 showed that:

- 527,898 children are known to the hearing services.
- In 2022 there were an estimated 8,405 children not supported by a hearing service.
- Ninety-four percent of children referred to ear nose and throat (ENT) services were missing the six-week initial appointment target, with an average waiting time of 141 days.
- More than half of respondents (52%) reported that their trusts were missing the 126-day target for grommets surgery. This was a rise of 23% since 2019. The average waiting time was now 178 days, with a maximum wait of 540 days.
- Most paediatric audiology services (79%) did not offer wax removal, and most of them referred children to ear nose and throat (ENT) services for this, leading to lengthy delays.
- Thirty-nine percent of services failed to meet the 42-day waiting list target for an initial hearing assessment for babies and children who were not referred via newborn hearing screening.
- Only 26 services (23%) reported that they were currently accredited by Improving Quality in Physiological Services (IQIPs).

The main themes identified by providers in the same survey were long waiting lists, staffing issues, increasing demands on services, barriers to gaining Improving Quality in Physiological Services (IQIPs) accreditation and other resource or funding issues.

The total number of children with permanent deafness reported to be on services' caseloads has decreased by more than 7% since 2019. The incidence of permanent deafness generally remains stable, so this may suggest that some children have not yet been identified.

CQC are working closely with NHS England to help understand the current situation across the country regarding the level of assurance boards have about the quality of hearing services for children that they commission or provide.

The UKAS IQIPS (Improving quality in physiological services) is the only recognised accreditation standard for physiological science services inclusive of audiology services. Whilst accreditation cannot be mandated by CQC, we strongly encourage participation in UKAS diagnostic accreditation schemes, including IQIPS. Participation and performance in such schemes are evidence of good practice that is used to inform CQC's judgements about the safety and quality of care. ICB's should ensure there are plans in place so that trusts can implement, achieve, and maintain accreditation using the available tools, and that there is oversight of quality management systems.

Services that are not IQIPs accredited should formally register this as a quality risk in their quality reporting system.

Please can I ask that at the next full board meeting, the board considers the assurance that they have about the safety, quality, and accessibility of your children's hearing services. Following that consideration, the board should submit a report to CQC that makes clear:

- Whether you have achieved IQUIPS accreditation, including whether there were any improvement recommendations made.
- Whether you are working towards IQIPS accreditation.
- What stage that work has reached and the assurance the board has about paediatric audiology, using the IQIPS standards as a guide for the areas to tell us about.
- The expected timeline for gaining accreditation.
- The number and severity of incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow up care and support.

NHS England have asked that where services that are **not** UKAS IQIPS accredited, heads of services should provide an external evidence-based assessment of their provision. If your services are not UKAS IQIPS accredited, we would like you to include a copy of that assessment report when responding to this letter.

Boards may be aware that UKAS have a benchmarking tool for provider of audiology services considering accreditation to help them understand what stage they are at and where the focus of work may need to be. Please can you supply a copy of the completed tool if you have used it.

We are keen to understand the progress made towards accreditation and how the service across the county is improving over time. We would therefore ask that further to your initial report to CQC (as outlined above), an additional review of assurance is conducted at a subsequent board meeting and a further follow up report on progress is provided to us.

The intent of this letter is information gathering and to gain a picture of service provision and the speed with which improvements are being made across the country. We are wanting to collaborate with other stakeholders to do our part in bringing about improvements in the care and treatment of this cohort of children.

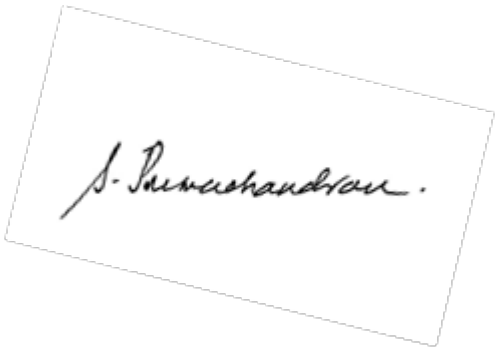
Information returns from providers will be shared with operational colleagues to add to the wider information held about providers. It may be used to assist in the determination of risk levels within services for children and young people, but at this point it is not the intent to undertake stand-alone site visits based on what we are told about the service in your trust.

That does not mean we will not conduct a thematic review or bespoke assessment process in the future, but rather to reiterate that we want to focus on getting a clear picture about what is happening at provider level now.

For clarity, we require consideration by the full board at the next meeting. An initial response should be sent to CQC no later than 30 June 2024. A subsequent response should follow after the next full board meeting. If there is any reason this cannot be achieved, please do come back to us with the reasons and when you consider you might be able to tell us about your service.

Please send your responses to Terri Salt, the lead senior specialist for this work, by email to terri.salt@cqc.org.uk. Terri can also be contacted if you have any questions or queries about this letter.

Yours sincerely,



Prem Premachandran MBE
Medical Director
Care Quality Commission

Appendix 3

Executive Management Committee and Transformation Board

Executive Management Committee 2–16 April 2024

The Executive Management Committee (EMC) 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 care groups. The following provides an overview of some of the key areas considered by the committee this month:

QUALITY & PERFORMANCE	PEOPLE	MONEY & PROPERTY SERVICES	GOVERNANCE, DIGITAL & BUSINESS PLANNING
Approval			
Radiology out of hours contract renewal Contract for Hospital at Home digital platform	Safeguarding Level 3 and Learning & Disability Training Proud to be BHT communications report/plan	Wycombe multistorey car park options Water hygiene contract Procurement Strategy	Legal spend 2024/25
Assurance			
Integrated Performance Report quality section Review of CQUIN Trust response to national incidence of Measles	Temporary staffing weekly report	Monthly finance and capital reports Waivers of Standing Financial Instructions Integrated Care System operational controls 2024/25 Budget	Summary of Internal Audit actions Organisational risk report
Information			
Transfusion annual report Patient Safety Incident Response Framework culture Operational improvement programme update	CARE value awards Managing our pay and non-pay Spend messaging		Policies Ratification Report Minutes of EMC sub-groups Draft agenda for next meeting

Transformation Board 26 March 2024

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).

QI Projects on a Page

Assurance

- Integrated Performance Report
- External programmes – oversight and governance
- Workforce controls
- Improvement Programmes 2024/25
- Breakthrough objectives 2024/25

Approval

- Prioritisation framework

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.

February 2024

Category	Name	Role	Nomination	Nominated by
Collaborate	Katie Lewis Leah foley Ant Grujon Millie Mcinerney Sanah Adeeb Lucy Neild Sarah Harrison Corrine Davenport Ashleigh Rudd Marie Eugeine Mamades Dr Rachael Lowdon Dr Ralph Robertson	Paediatrics / ED Team	I'm a nurse on pads ED and previously worked on ward 3, the night of 7 February was a very challenging night for all staff involved. I would like to express my deepest respect for both departments, as teamwork and dedication is never really recognised and appreciated enough. Wow what a team, ward 3 all dealt with 12 hrs of intensive care for a patient who was ventilated in bay 2 for most of the night and was too sick to transfer until 0700 hrs. They worked so hard ensuring he got wonderful care, working so well together and juggling a busy ward. My team on ED also were equally fantastic as we were also trying to support our ward colleagues and coping with a very busy unit, especially when a different patient deteriorated then needed to go to theatre. We found beds for patients, so they were bedded in ED to help support the ward and keep admissions on ED. Thank you so much everyone nurses, doctors, showing great care and support to each other throughout both departments, teamwork was fantastic	Colleague
Aspire	Pat Simmonds	Locality Lead Health Visiting, Aylesbury	The health visiting service offers a mandated contact between 6 and 8 weeks to all our postnatal clients. This contact was previously carried out within the family home. Pat Simmonds, Locality Lead for the Aylesbury teams developed, set up and introduced the process of inviting universal clients and their babies to 6 - 8-week review clinics in local venues around the Aylesbury area. The clinic appointments are carried out by Band 5 Community Staff Nurses and have proved popular with clients. The introduction of clinic appointments has significantly increased the Band 6 Health Visitors client facing time for our more vulnerable population. The success of this pilot has resulted in clinics now being set up in all 5 localities across the health visiting service within BHT.	Colleague
Respect	George Mutuwadige	HCAs St Joseph's Ward	My Dad was admitted to St Joseph's after a 20 plus hour trolley wait in ED - he was tired, scared, unwell, frail and sad. He thought he was dying. These two amazing gentlemen treated him with dignity, kindness and compassion. They bought a smile back to his face and made him feel safe again. By	Patient Relative

	& Duke Gbofor		seeing the person not just another patient they helped him get to a point within a few days that he had the confidence and energy to get mobile and we were able to bring him home. Without fail they always had a smile, told my mum and children what a lovely man my Dad was and not to worry they would look after him - which they did brilliantly - we cannot thank them enough!	
Enable	Helen Tavender	Litigation Manager	Helen has gone above and beyond in her role to support staff through a very difficult and challenging inquest - she has put staff first to enable them to build the strength to work through the process and has worked with the wider team to request additional support to ensure staff members are as comfortable as possible. Helen has dedicated time to teams and individuals to go through the inquest process in detail and has made sure that nothing has been rushed and has made herself a point of contact for all and checked in with individuals on an almost daily basis. Helen demonstrates kindness and compassion in her approach. She shows great empathy through being able to put herself into the shoes of others and listens carefully to understand and respond to what has been a very stressful situation for staff. Helen is truly deserving of a BHT CARE award and I am honoured to have been able to nominate her.	Colleague

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Meeting: Trust Board Meeting in Public

Date: 24 April 2024

Agenda item	Place & System Briefing
Board Lead	Neil Macdonald, Chief Executive
Author	Chloe Powell, CEO Business Manager
Appendices	None
Purpose	Information
Previously considered	None

Executive summary

This report provides a summary of key developments in health with partners in Buckinghamshire ('Place') and within the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS; 'System') during the last quarter.

Decision	The Board is requested to note this report.

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective

☒ Improve waiting times in ED ☒ Improve elective waiting times ☐ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact

Patient Safety	Strong relationships with partners delivering health and care services is important for the safety and experience of patients in our Trust.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 3: Failure to work effectively and collaboratively with external partners
Financial	Our Trust financial position is a component of the System financial plan, which this report makes reference to. The Trust also makes financial contributions to some partner organisations mentioned in this report, including the Acute Provider Collaborative.
Compliance	Good governance with partners is fundamental to the well-led domain of the CQC framework.
Partnership: consultation / communication	Significant partnership working is involved in working at Place and System. Work is ongoing to communicate internally about partnership activities external to the Trust.
Equality	A common theme for place and system strategic priorities is improving outcomes for those experiencing the poorest.
Quality Impact Assessment [QIA] completion required?	Not required for this report

1.0 Introduction

1.1 This is a quarterly report updating the Trust Board on key developments and activities in partnership with health and care organisations in the county of Buckinghamshire ('Place') and in the wider Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS; 'System').

2.0 System

2.1 BOB Integrated Care Board (BOB ICB)

The BOB ICB meets every other month and papers are available online here. In its March meeting, the ICB discussed regular financial, performance, risk and assurance reports.

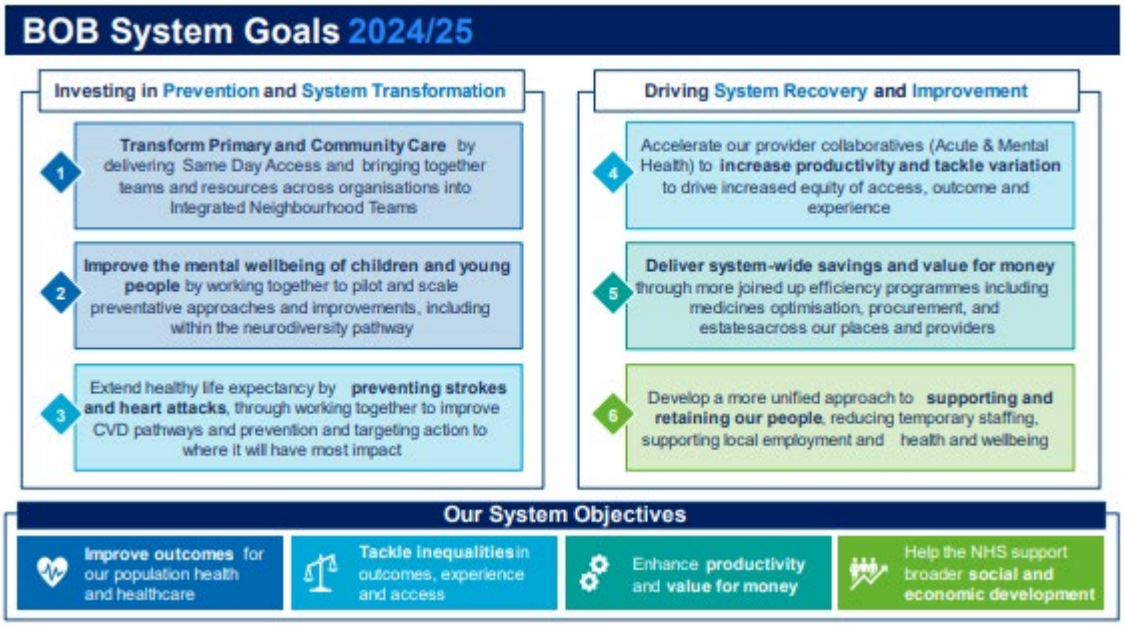
2.1.1 It also considered the development of its Primary Care Strategy, noting that the ICB had received feedback it had not engaged early enough during its development with patients. It also reviewed a progress update on its Joint Forward Plan, detailed below:

Our System Vision and Partnerships 01	Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed				
	Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities				
Addressing Our Biggest System Challenges 02	1. An **inequalities** challenge 2. A **model of care** challenge 3. An **experience** challenge 4. A **sustainability** challenge	A reduction in inequalities in outcomes and experience People are better supported in their communities to live healthier lives Improved accessibility of our services and elimination of long waits A sustainable model of delivery across the BOB system			
Delivering Our Strategy – Our Service Delivery Plans 03	**Promote and protect health:** Keeping people healthy and well	**Start Well:** Help all children achieve the best start in life	**Live Well:** Support people and communities live healthy and happier lives	**Age Well:** Stay healthy, independent lives for longer	**Quality and access:** Accessing the right care in the best place
	1. Inequalities 2. Prevention 3. Vaccination and Immunisations	1. Women's, maternity and neonatal services 2. Children and Adolescent Mental Health Services 3. Learning Disabilities 4. Children's Neurodiversity	1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Adult Neurodiversity 4. Cancer	1. Ageing well services (e.g., frailty – community multidisciplinary teams)	1. Primary care 2. Urgent and Emergency Care 3. Planned care 4. Palliative and End of Life Care
Supporting and Enabling Delivery 04	Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Safeguarding, Infection Prevention and Control, Personalised Care, Continuing Healthcare, Delegated Commissioning				

Of note from the report:

- A population health management tool will be in place for Buckinghamshire by end of March 2024
- Specific funding has been provided to PCNs in most deprived areas of ICS to support population health interventions
- Updated guidance for Joint Forward Plans was issued in Dec 2023 – no change was required as a result of this except for defining a small number of priorities where potential for greatest benefits of system working; other goals in the Joint Forward Plan may need to be deprioritised

2.1.2 In response to the unsustainable financial position of the system, the BOB ICB is establishing a System Recovery and Transformation Board. This will oversee delivery of the BOB System Goals for 2024/25, detailed below:



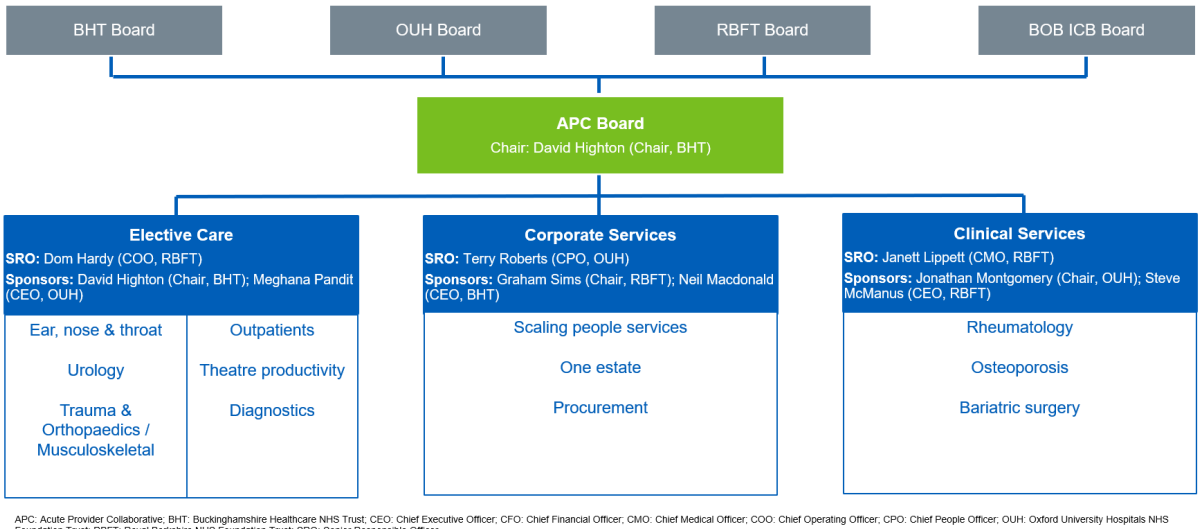
2.1.3 A Terms of Reference for the System Recovery and Transformation Board (SRTB) is appended to this report (Appendix 1). The SRTB membership includes Chief Executives of all providers in the system.

2.1.4 The Board also considered its annual Public Sector Equality Duty report for 2023/24, which colleagues may be interested to read directly here. The report sets out in detail the inequalities challenge across the areas within the BOB ICS, as well as a summary of the three place-based partnerships, acute provider collaborative, and mental health provider collaborative.

2.1.5 The BOB Voluntary Community and Social Enterprise (VCSE) Alliance was referenced in a couple of the reports this month, an alliance which represents 7,500 organisations and 162,300 volunteers.

2.2 Acute Provider Collaborative (APC)

The structure of this collaborative between the three providers of acute secondary care services within the BOB ICS has this month been established as the following:

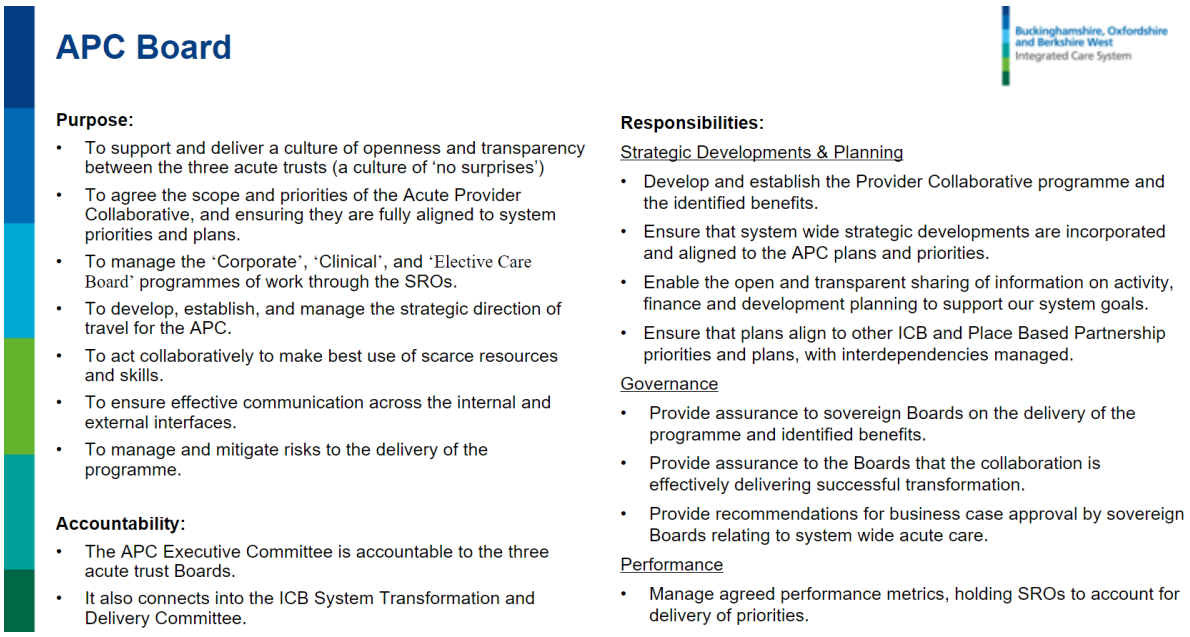


APC: Acute Provider Collaborative; BHT: Buckinghamshire Healthcare NHS Trust; CEO: Chief Executive Officer; CFO: Chief Financial Officer; CMO: Chief Medical Officer; COO: Chief Operating Officer; CPO: Chief People Officer; OUH: Oxford University Hospitals NHS Foundation Trust; RBFT: Royal Berkshire NHS Foundation Trust; SRO: Senior Responsible Officer

2.2.1 *Governance*
The APC Board has delegated authority to take decisions on behalf of each trust and will report to the respective Trust Boards bimonthly and to the BOB ICB SRTB.

2.2.2 *Membership*
In addition to the Chairs and Executive Directors listed in paragraph 2.2 above, membership includes: Jon Evans (Chief Financial Officer, BHT) as representative of System Chief Finance Officers, and Naomi Radcliffe (Director of APC).

2.2.3 The following slide summarises the purpose and responsibilities of the APC Board:



3.0 Place

3.1 Buckinghamshire Health & Care Strategy
Work has started on developing a Buckinghamshire Health & Care Strategy with input from across Place partners, including several of our clinicians and consultants representing all areas of medicine, representatives of VCSE organisations and Healthwatch Bucks. This approach is in recognition that the part we play at BHT in delivering healthcare is just one component of a wider experience of health and care services for the population of Buckinghamshire, and therefore what would historically have been our 'clinical strategy' should change to reflect this.

3.1.1 To date, four strategic priorities have been drafted, and population health data for the county reviewed. The role the VCSE sector is already, and could in the future, play in health and care has also been considered. Public engagement and further development of the strategic plans will take place over the coming months.

3.2 Buckinghamshire Executive Partnership (BEP)
The BEP meets bimonthly, chaired by Neil Macdonald (CEO) and attended by Executive-level partners from the Council, BOB ICB, primary care, and mental health. Meetings within the last quarter have discussed the following progress against its three priorities, and service and strategy updates:

3.2.1 *Priority 1: Transforming Special Educational Needs & Disabilities (SEND)*

- Challenges in current reporting in providing consistency and clarity on progress in relation to access, and the approach to transformation
- Revised approach to monitoring and indicators to track
- Members also highlighted challenges of shared care arrangements and interface between private and NHS provision and the need to consider both access and follow up provision
- Detailed discussion on SEND investment in 2024/25 took place and members agreed for the Place Executive Director to prepare a summary of the BEP's position, make a case for investment in SEND, and send to the BOB ICB

3.2.2 *Priority 2: Joining up care*

- Progress in Home First performance and efficiency
- Increased length of stay in hub beds; a focus on this and how the model can be improved has been initiated
- Funding arrangements for 2023/24 have been negotiated; the Care Home hub model has been extended, including primary care cover arrangements

3.2.3 *Priority 3: Tackling health inequalities*

- The funding position for 2024/25 was not yet confirmed; if funding permits, members expressed a desire to work together on one larger project
- Members acknowledged the need to develop a more coordinated governance approach
- Request to provide greater clarity on progress, direction and key performance reporting

3.2.4 *Pause in ADHD service*

Grant Macdonald (Interim CEO, Oxford Health NHS Foundation Trust) advised members that adult ADHD referrals to Oxford Health have been paused to enable them to implement a triage process. National guidance is coming soon and local systems have been advised not to initiate significant transformation prior to receiving this guidance. Young people in full time education who require access can receive support. This is being managed through BOB ICB and Oxford Health governance and no action from BEP was required at this time.

3.2.6 *ICB Operating Model and System Goals*

Members raised concerns about several aspects of the proposed changes, with Buckinghamshire Council, Oxford Health NHS Foundation Trust and BHT agreeing to develop a proposal on what the place-based partnership function could look like in Buckinghamshire within the new operating model. The ICB were asked to provide greater clarity on joint commissioning arrangements, risk transfer arrangements, and resourcing numbers.

3.2.7 *2024/25 Financial planning*

A report on Urgent & Emergency Care allocation for Buckinghamshire which was discussed by members at the February meeting.

3.2.8 *2024/25 Buckinghamshire Place priorities and governance proposal*

Members discussed the Buckinghamshire Health & Care Strategy work towards a 5-year vision that the BEP would align its annual priorities to. Agreement that integrated neighbourhood working would underpin the BEP's approach to delivering its priorities. Members also agreed to develop a stronger connection with the Mental Health Place Board.

3.3 Buckinghamshire Health & Wellbeing Board

The Board last met on 21 March and papers are available here. Alongside regular updates from the BEP, BOB ICBs, and Healthwatch Bucks, the Board reviewed: the Buckinghamshire

Healthy Ageing Strategy, Joint Local Health & Wellbeing Strategy, and a review of Winter planning.

3.4 Buckinghamshire Growth Board

The Growth Board is chaired by Martin Tett (Leader, Buckinghamshire Council) and includes representatives from the Council, Pinewood Group, BHT, Buckinghamshire Business First, Buckinghamshire New University, and the Enterprise & Investment Board. The Growth Board met on 25 March and discussed the following:

- Local Enterprise Partnership integration
- Buckinghamshire Enterprise Zone programme
- Economic development investment fund
- UK shared prosperity fund / rural England prosperity fund
- Housing strategy

4.0 Conclusion

4.1 The Board is asked to note this update and discuss the implications of activities at Place and System for the trust, in particular the developments at System level.

Appendix 1: System Recovery and Transformation Board Terms of Reference

BOB System Recovery and Transformation Board

Terms of Reference

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1. Purpose

The purpose of the System Recovery and Transformation Board is to provide oversight and direction to system planning, financial controls and turnaround across the NHS Trusts and the Integrated Care Board in Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

2. Reporting and accountability

The Board is accountable through the Chief Executive Officer members to the Boards of the statutory NHS organisations within the system. Each Provider Board and the Integrated Care Board will receive a monthly report on the System Recovery and Transformation Board's priorities and progress.

3. Duties and oversight

The Board will provide system oversight of the following key streams of work:

- **System Financial position** – oversight of system financial position, emerging risks and mitigation
- **System Controls** – peer oversight of system controls, including clear approach for reporting and discussion any exceptions.
- **System Turnaround** – development of system turnaround programme to deliver short and medium term recovery through the following workstreams, all reporting through common governance to this Board:
    - Acute Activity
    - Mental Health Activity
    - Prescribing (Primary Care) & High Cost Drugs (Secondary Care)
    - Complex Care (CHC; S117; Community Equipment)
    - Workforce
    - Procurement

4. Ways of working

The Board will agree a set of operating principles which set out the key behaviours and processes required for a functional system board. These will include:

- Agreed system behaviours.

- Shared financial principles including approach to open book accounting and transparency of information.
- Approach to shared accountability.
- All workstreams will be subject to their own Quality Impact Assessment Process and the Board will be responsible for the development of any additional quality oversight required.

5. Membership and Logistics

Chair	CEO of BOB ICB
Membership	CEOs of all BOB NHS Trusts BOB Finance Improvement and Turnaround Director
Attendees	Turnaround PMO
Frequency	The Board meets monthly
Location	The Board will meet at ICB headquarters or in one of the NHS Trusts. Teams links will be provided for virtual joining by exception
Agenda	The agenda is set by the Chair in agreement with members and will be circulated to members 5 working days before the meeting
Secretariat	A secretariat will be provided by the ICB PMO and will provide consistent programme reporting and documentation along with meeting action notes. All Board materials will be shared on the shared drive with open access for all organisations.