Your community Your care
Developing Buckinghamshire together

Delivering Health & Social Care in our Hospitals & Communities

07 February 2020

Buckinghamshire

Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS)

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Buckinghamshire Integrated Care Partnership (ICP)

Your community Your care
Developing Buckinghamshire together

NHS Buckinghamshire Clinical Commissioning Group
NHS Buckinghamshire Healthcare NHS Trust
FedBucks
Buckinghamshire County Council
NHS Oxford Health NHS Foundation Trust
NHS South Central Ambulance Service NHS Foundation Trust

Buckinghamshire Healthcare NHS Trust

NHS Buckinghamshire Healthcare NHS Trust

Every year we care for:

- 600,000 members of our community
- 460,000 in our outpatient units
- 100,000 in our inpatient units

the BHT way our improvement journey 2014-2020

Care Quality Commission – ratings against 5 key questions:

Are services:	2019 rating
SAFE?	GOOD
EFFECTIVE?	GOOD
CARING?	OUTSTANDING
RESPONSIVE?	GOOD
WELL-LED?	Requires improvement

Thank you! To all our staff, volunteers and supporters for helping us on our improvement journey

Inspected and rated Good
Care Quality Commission

#ProudToBeBHT GOOD #Outstanding For Caring

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Care Quality Commission Inspection 2019

Outstanding practice

- Emergency care
  - Consultant admission
  - Patient flow coordinators
  - Staff intranet
- End of Life Care
  - Purple Rose model
  - Medical Examiner
  - Culture of talking about death and dying and providing support to staff
  - Evolving, inclusive model of chaplaincy, available 7 days/week
- Outpatients
- Community adult services
  - 'Better Balance' classes
  - 'Feeding for comfort' guidelines
  - Community nutrition nurse
  - Consultant competency training
  - Community Head Injury Service 'Working Out' specialist brain injury programme

Work to do

- Well-led
  - Proactive approach to governance
  - More effective risk identification
  - Information used more robustly to monitor performance and drive change
- Surgery
  - Medicines management
  - Storage of emergency medicines
  - Surgery checks
  - Risk assessments for patients
  - Equipment properly maintained
- Emergency care
  - Suitable environment for vulnerable patients including those with mental health needs
  - Fully completed patient records
- Community inpatients
  - Safer staffing levels are appropriate
  - Processes in place for describing impact of safer staffing levels on patients' rehabilitation journeys
- Community health for children, young people and families
  - Reduce waiting times

NHS Buckinghamshire Healthcare NHS Trust

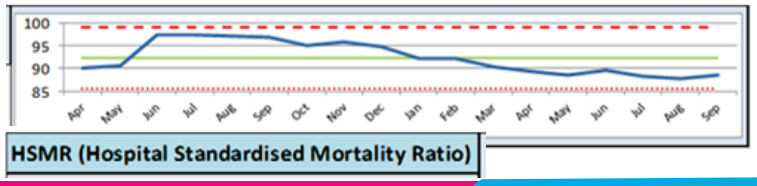
Safe & compassionate care, every time

Quality – achievements

- Cardiac arrests reduced from 40 last year to 21 this year
- BHT audiologist nominated as National Paediatric Audiologist of the Year 2019 (awarded by the British Academy of Audiology)
- BHT Children and Young Peoples' services rated 8th out of 66 Trusts surveyed by Picker; six of the seven above BHT in ranking for overall positive score are specialist children's hospitals
- New diagnostic pathway for patients presenting with vague symptoms that could indicate cancer (low risk, but not no risk)

	Cardiac arrests	Peri/met calls	False alarms
2019	21	200	82
2018	40	138	73

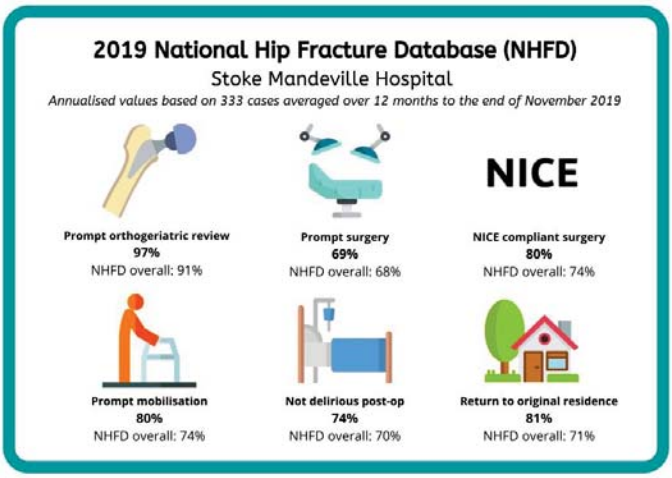
- Single Sign On – access to multiple systems using one password
- Medical Examiners contact over 95% of bereaved families
- Signed Armed Forces Covenant, our commitment to local people and staff from this community
- Hospital Standardised Mortality Ratio: steady improvement over last 12 months



HSMR (Hospital Standardised Mortality Ratio)

Quality – achievements

- Listening event held on the neonatal unit to hear and act on views of parents
- 41 patients took part in three workshops to review pathways for minor eye conditions, cataracts and glaucoma
- 18 staff trained in 'Listening to the Patient Voice'; staff reported an average of three point increase in confidence on 10 point scale
- Launch of our first two continuity of carer teams on 27 Jan (teams of midwives providing continuity for women on the midwifery-led care pathways)
- Better than the national average in all six measures of the National Hip Fracture Database
- Envoy Friends and Family Test digital platform; pilot in Emergency Department: increased response rate from 8% to average of 32% (national average is 12%)



Quality – challenges

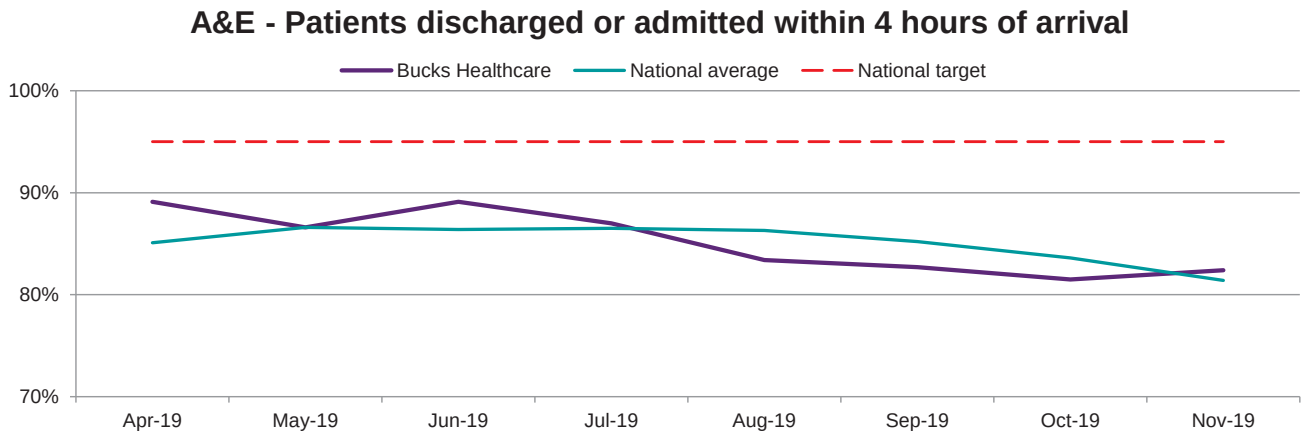
- Operational pressures, including rising numbers of children
- Staffing – doctors/physios/nurses/community nurses
- Influenza and norovirus
- Environment
- Pressure ulcers:

PRESSURE ULCERS (deep tissue damage)		
Dec-19		Compared to last period
2		Deterioration
		0

Quality – new approaches

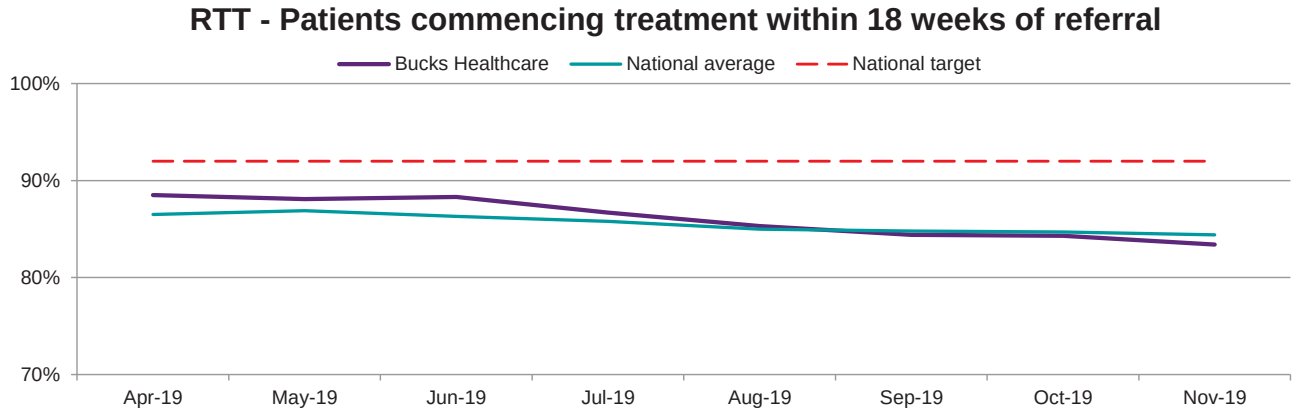
- Use of digital technology:
  - electronic observations
  - electronic prescribing
  - using Perfect Ward (app) for quality rounds with patient assessors
- Innovation:
  - cancer transformation funding for urology one stop clinics
  - point of care testing in Emergency Department (ED) for influenza
  - paediatric GP streaming and waiting room guardians in ED
- New staffing models:
  - community case managers
  - increased physiotherapy on Stoke Mandeville site at weekend
  - seven consultant nurses, including one in ED
  - psychologists in Intensive Care Unit
- Phase 1 building works in ED: entrance and signage improved
- Preventing pressure ulcers:
  - Review of pressure ulcer documentation and introduction of revised gold standard national care bundle for assessment, prevention and management of pressure injuries
  - Design and roll out of an improved mechanism for flagging vulnerable patients
  - Further preventative initiatives such as possibility of purchasing evidence-based devices

Accident & Emergency (A&E) 4-hour performance



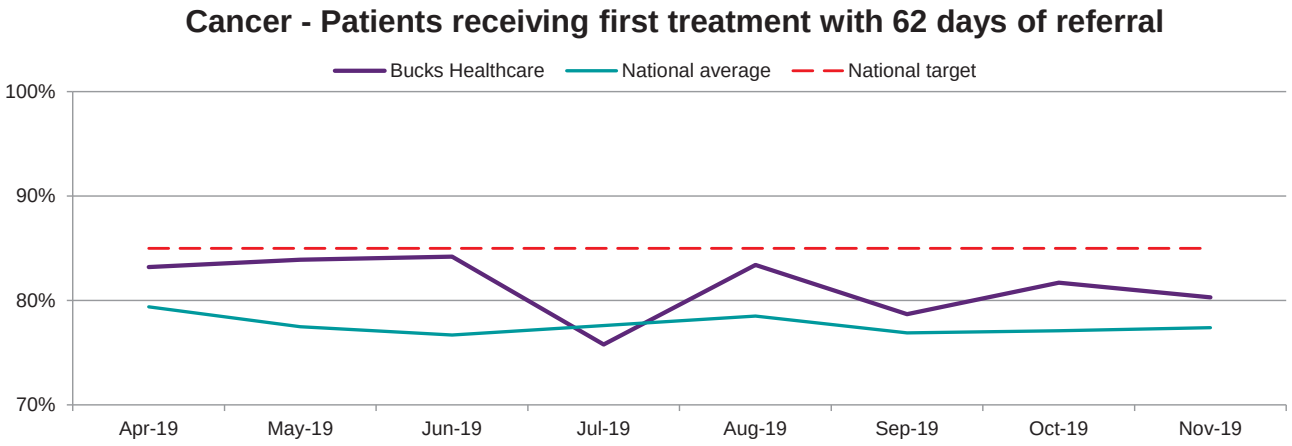
- Higher than anticipated attendances at A&E during the last two quarters
- Performance against 4-hour standard trend similar to the national average
- Received support from NHS Improvement during December to support identified areas of improvement, including additional out of hospital capacity, escalation beds for patients who are medically fit for discharge at Wycombe Hospital and other smaller projects

Referral To Treatment (RTT) waiting times



- Waiting lists have increased; cancellation of routine activity due to emergency demand has had a negative impact on waiting times; particularly pertinent to the winter season; specialities are working to reduce the impact
- Demand for ophthalmology remains high; discussing potential options for resolution with partners
- Receiving support from NHS England & Improvement for waiting list validation review
- Performance following the national trend

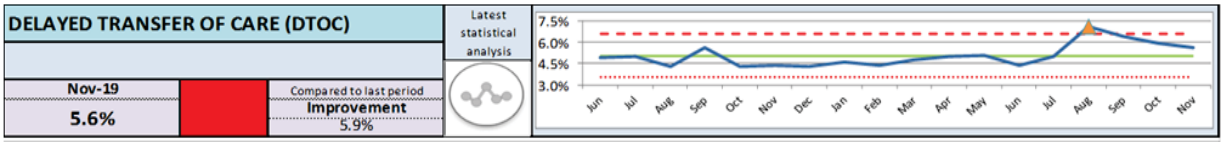
Cancer 62-day target



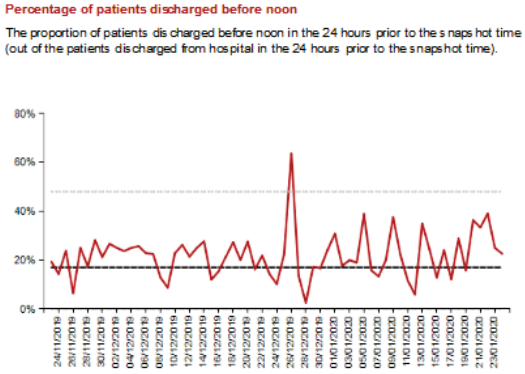
Although we are performing above the national average, achieving the cancer 62-day target has been challenging; the reasons behind this are complex and include: diagnostic capacity (both within BHT and externally; particularly endoscopy and radiology); patients needing more complex diagnostics or requiring a change in treatment plan; and patients who were unfit, were on multiple tumour pathways, or chose when to have their diagnostics.

We have a range of actions to help improve this during the last quarter of the year, including a one-stop clinic for patients, and electronic requesting for endoscopy. There is also a new MRI scanner due to be available at Wycombe Hospital in quarter 4.

Delayed Transfer of Care (DTOC) and discharge performance



- Six 'non-weight-bearing' beds procured by BHT in a nearby care home to increase capacity
- Six reablement beds procured by Bucks County Council to help reduce reablement waiting times
- Daily reviews of medically fit patients by BHT acute and community teams, adult social care and reablement teams, and Clinical Commissioning Group (CCG)
- *Ad hoc* placements via CCG to support delirium pathway; now supported by dedicated nurse
- 4 beds procured in local nursing home to support reducing length of stay until end of January
- Training for Rapid Response and Intermediate Care staff to enable them to support with medications

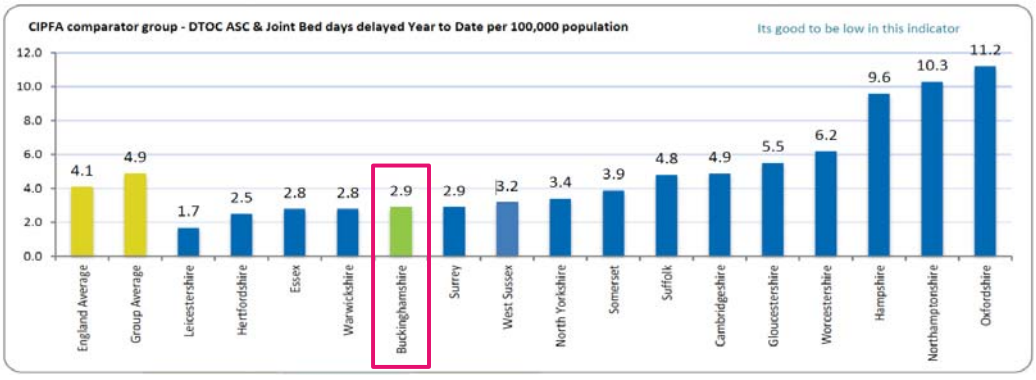


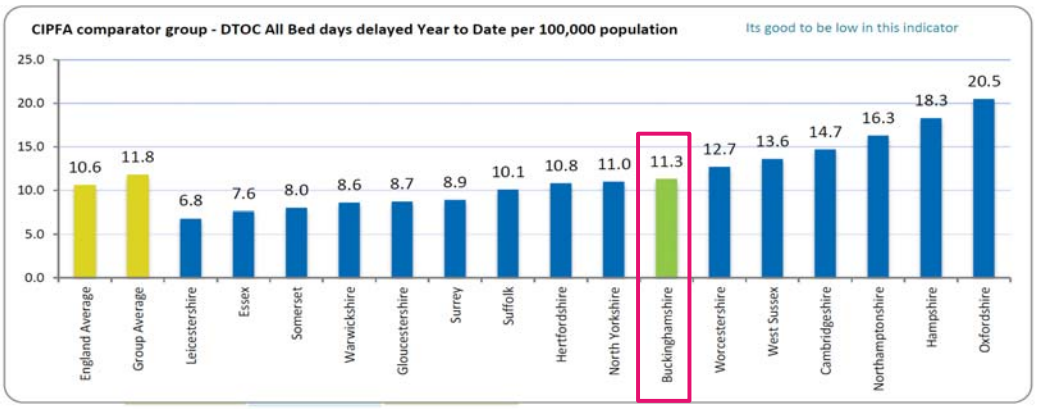
- Discharge workshop for all staff
- "Golden Discharge" challenge – identifying morning discharges before 10:00 and celebrating them
- Welcome & discharge pack
- Weekend Discharge doctor, weekend discharge tracker
- Patient Choice policy
- Seated discharge lounge
- Introduction of Red2Green on two ward areas – making each day count
- SAFER – patient flow bundle developed by NHSI

Adult social care

- Bucks County Council Adult Social Care has co-location alongside health teams at: Stoke Mandeville, High Wycombe, Wexham, Amersham, Milton Keynes (2/3 days a week), Whiteleaf (Oxford Health Foundation Trust)
- We also receive referrals from the community hospitals, Oxford and many of the London acute sites
- Working together:
  - All partners attend daily discharge meetings at the relevant hospital
  - Social Care and nurses work collaboratively in A&E towards hospital avoidance
  - Joint Assessment forms are currently being used on wards in Stoke Mandeville Hospital and will be rolled out across all sites
  - Weekly meetings with all partners across Buckinghamshire to review patients with a long length of stay
  - Multi Agency Discharge Events (MADE)
  - Intermediate care beds x 4 step down from hospital (independent sector)
  - 7-day working
  - Red cross home from hospital (third sector)
  - Trusted assessor for continuing healthcare with the CCG
  - Joint Integrated Care Partnership medication policy in progress
  - Discharge to assess in the south of the county

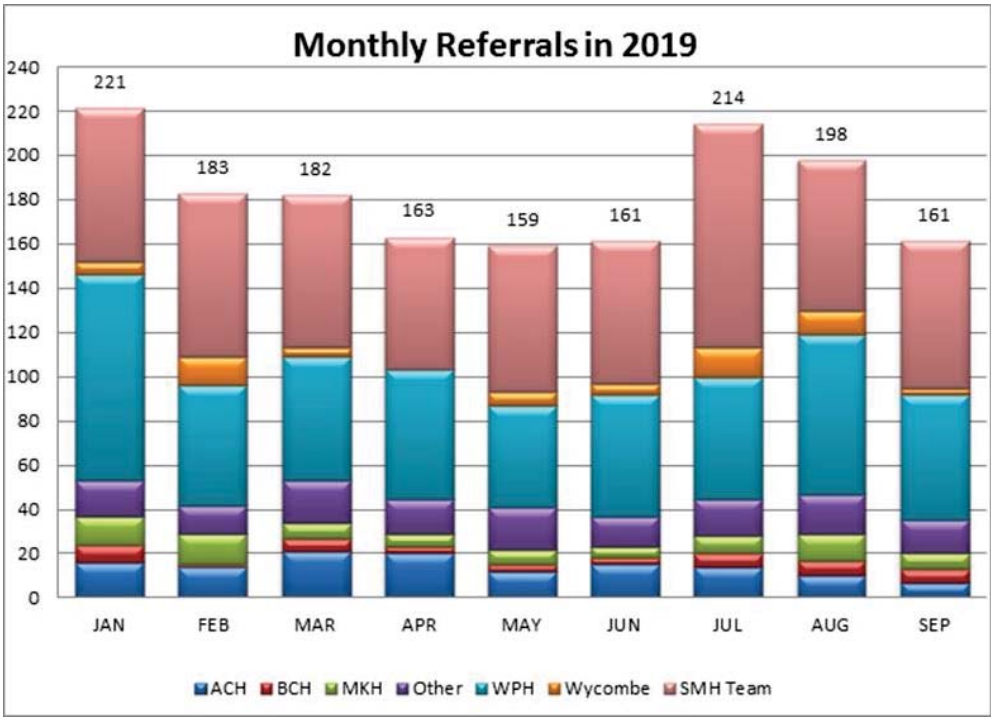
DTOC performance





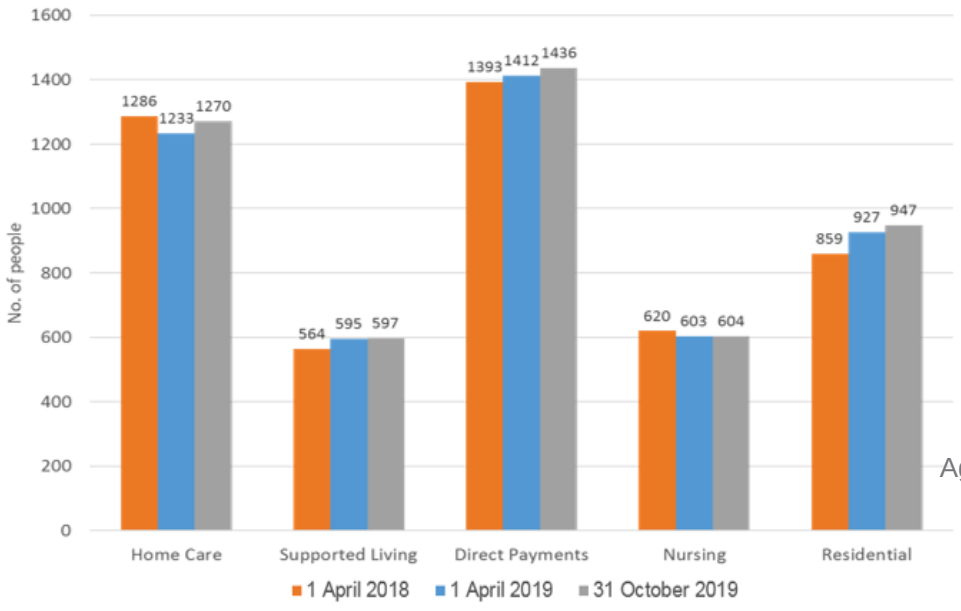
Data are from April to November 2019 from the Chartered Institute of Public Finance and Accountancy (CIPFA)

Hospital referral to Adult Social Care

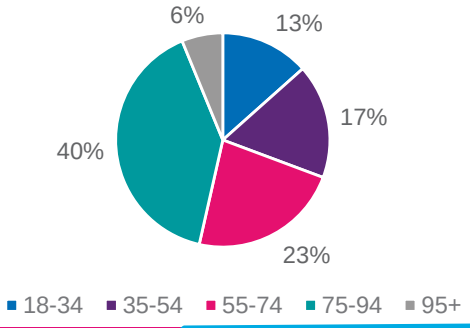


ACH: Amersham Community Hospital; BCH: Buckingham Community Hospital; MKH: Milton Keynes Hospital; WPH: Wexham Park Hospital; SMH: Stoke Mandeville Hospital

Long-term Client Numbers



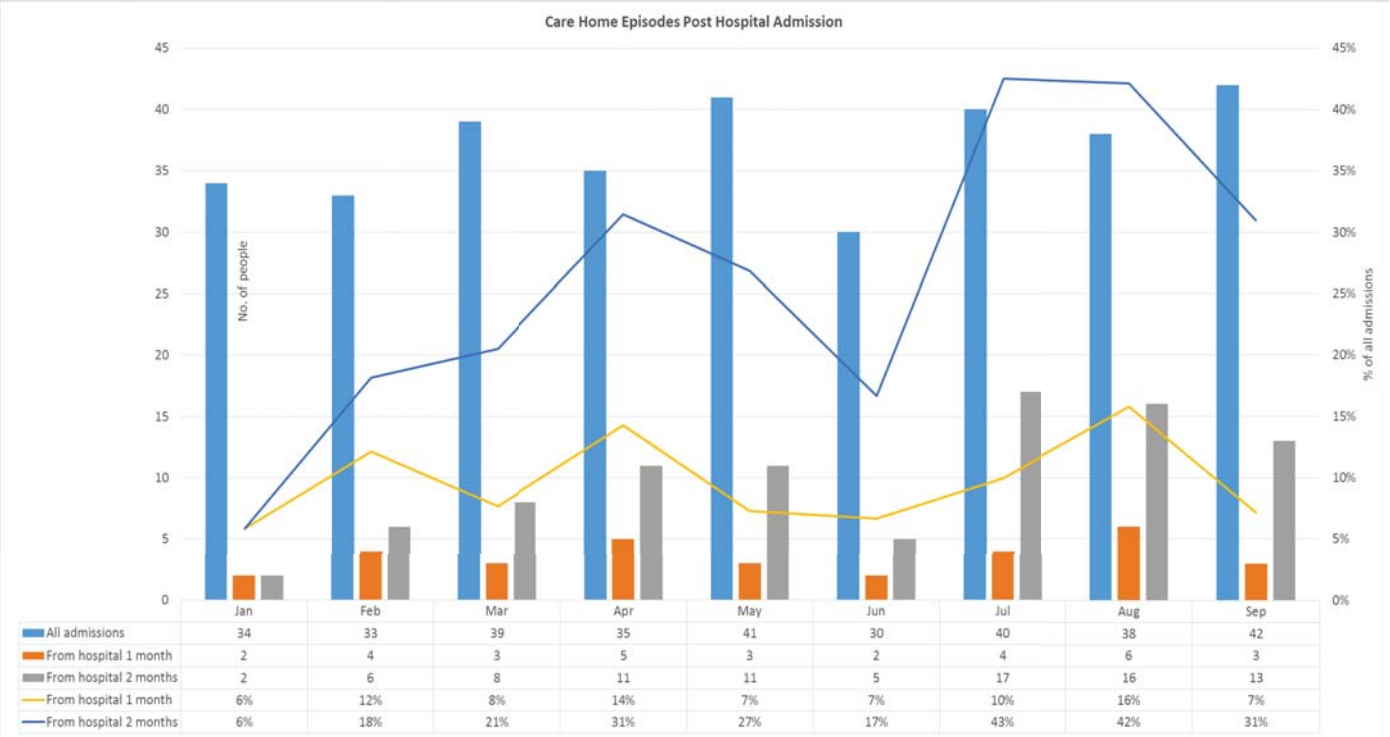
Age Profile of Adult Social Care Clients (December 2019)



Number of clients:

	18-64	65+
Learning disability support	982	106
Mental health support	451	220
Physical support	504	2183
Sensory support	13	8
Social support	95	31
Support with memory cognition	29	220

Care home episodes after hospital admission



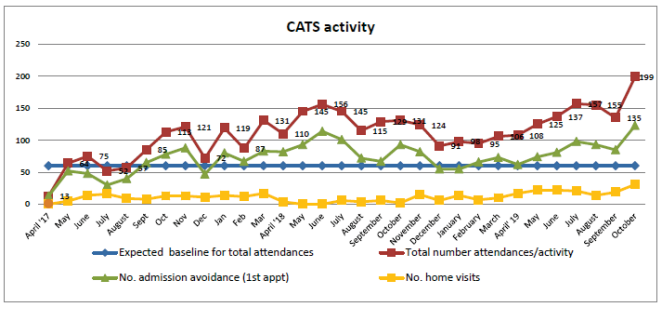
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
All admissions	34	33	39	35	41	30	40	38	42
From hospital 1 month	2	4	3	5	3	2	4	6	3
From hospital 2 months	2	6	8	11	11	5	17	16	13
From hospital 1 month	6%	12%	8%	14%	7%	7%	10%	16%	7%
From hospital 2 months	6%	18%	21%	31%	27%	17%	43%	42%	31%

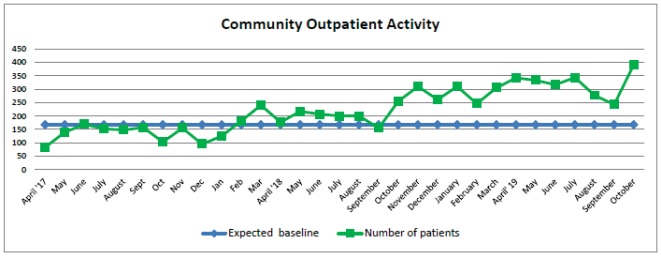
Integration / Community

- Multidisciplinary Day Assessment Service (MuDAS) activity:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MUDAS - First appointments	137	162	131	141	153	157	180	144	136
MUDAS - Follow Up appointments	70	84	64	66	73	65	84	79	86

- Community Assessment and Treatment Service (CATS) activity and total outpatient activity in Thame and Marlow
  - Additional site at Amersham





- Expansion of clinics and services provided in the community hubs
- Dedicated support for elderly or frail patients:
  - Elderly Care Physician of the Day (ECPoD) in ED
  - Consultant geriatrician supporting general surgery
  - Extended ‘silver phone’ – consultant support for GP decision-making
- Community nutrition specialist nurse to help manage malnutrition
- Complex care managers: senior district nurse dedicated to patients with complex needs
- Close working with council to provide rehab beds in care home
- 7-day therapy service in community inpatient
- Therapy and nursing led unit in Stoke Mandeville

Mental Health – performance

Standard	Service area	Threshold	This month	Year to date performance
Children & Young People (CYP) access indicator: number of CYP receiving their second contact within the 3 months of referral	Child and Adolescent Mental Health Services (CAMHS)	242	279	322 (mean)
% of routine referrals to CYP eating disorder service that are seen within 4 weeks	CAMHS	90%	100%	76.7%
Referral to treatment target of 6 weeks for psychological interventions	Perinatal	95%	100%	80%
Improving Access to Psychological Therapies (IAPT) access: the proportion of people with depression/anxiety (as per national public health data) that have entered psychological therapies	IAPT	Local target 19% National target 22%	18%	20%
% of referrals where the patient is deemed fit for interview by A&E staff will be seen for assessment within 1 hour of referral	Psychiatric In Reach Liaison Service (PIRLS)	95%	98%	98%
Out of Area Treatments: number of new patients placed in an out of area mental health bed per month	Adults and Older Adults	0 inappropriate	4 (vast improvement vs 2018/19)	25 (cumulative)
Early Intervention in Psychosis (EIP): >50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral	EIP	50%	100%	95%

Mental Health – achievements from 2020-21

Children & Young People

Buckinghamshire identified as Trailblazer for CYP Transformation

2 multi agency Mental Health Support Teams now live covering 30 schools and colleges

Tier 4 CAMHS provider collaborative established, greater access to more local beds

Perinatal Mental Health

Uptake of specialist perinatal mental health service in line with anticipated demand

Launched peer support online forum across Buckinghamshire, Oxfordshire and Berkshire

Enables current and previous service users to connect online

Improving Access to Psychological Therapies

Some of the best IAPT recovery rates in the country

Delivery model incorporates Relate, Richmond Fellowship and Ieso

Further development of wider system working across long term conditions pathways and primary care

Acute & Crisis

Urgent care pathway transformation underway

Night Response Team in place to offer alternative to A&E for those experiencing Mental Health Crisis

Safe Haven in Aylesbury delivered alongside Buckinghamshire Mind

Adult and Older Adult Serious Mental Illness

Individual Placement & Support in place to help patients get back into employment

Positive engagement with Primary Care Networks to align current services and plan implementation of community mental health framework

Dementia & Frailty

Greater system working in relation to dementia diagnosis and memory clinics

Improved delirium identification in collaboration with acute hospital

Dementia Strategic group formed to coordinate delivery plans for coming financial year

Mental Health – future ambitions

Deliver priorities and objectives outlined in the NHS Long Term Plan for mental health:

- Increase timely access to mental health services to ensure that people can get the most appropriate help and support at the most appropriate time
- Eliminate inappropriate out of area placements by providing inpatient care locally or alternatives to admission
- Working alongside system partners to roll out new community mental health framework to help bridge the gap between primary care and secondary care services
- Further develop partnerships with third sector, local authority, schools, emergency services and other NHS and non-NHS care providers (primary care, care homes etc.)

Our current workforce

HEALTH AND SOCIAL CARE STAFF IN Buckinghamshire Healthcare

5,354 FTE 19/20 health staff in provider Trusts

Source – ESR as at Oct 19

4,140 of these patient-facing, 1,214 non-patient facing

7,900 FTE 18/19 adult social care staff

Source: Adult SC analysis by SE STP, HEE National Data Library

218.2 children's services

Source: Dept for Ed, Children & family social workforce in England Sep 2018 (N.B. Experimental Statistics)

1,163 FTE Sep 2019

15.1 FTE pharmacists

Source: National Workforce Reporting System

360 vacancies are **nursing** posts

NB – Based on variance between Establishment and Staff in post

Source – HEE Strategic Plan (eWorkforce) Nov 19 (Bucks HC only)

32% turnover in social care, with

37% turnover in direct care

Source: SfC Workforce Intelligence LA Comparison

Roles (Bucks HC only)

12% of the trust based health workforce is medical

32% of the non-medical trust based health staff are registered nurses; **8%** are allied health professionals; **6%** are scientific, therapeutic and technical (including healthcare scientists)

Nearly 72% of the social care workforce is employed in roles providing direct care

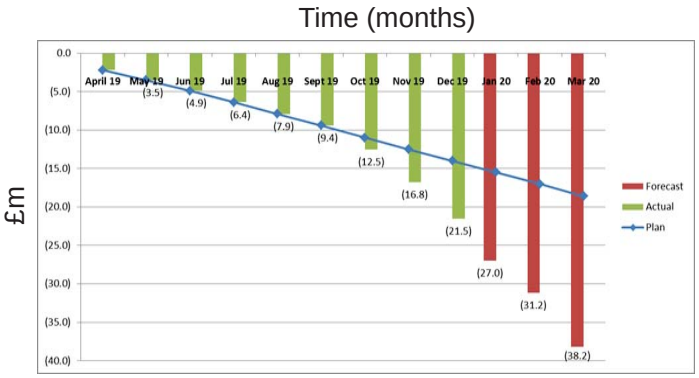
61% of practice nurses and 36% of all non-medical staff are over 50

Workforce – achievements

- Comprehensive programme for staff wellbeing
- Partnership working:
  - University of Bedfordshire Stoke Mandeville teaching and learning facility
  - Bucks New University site in Aylesbury; placements for 29 Nurse Degree students and 9 Nursing Associate apprentices
  - 16 nurse cadets joined in November; additional cohort in quarter 4
- Internship programme for 7 students with learning disabilities from Stoney Dean School
- International recruitment supported by Erasmus programme
- Freedom To Speak Up Guardian, Tracey Underhill
  - Operational Support Worker of the Year (south east region) at Our Health Heroes awards
  - Monthly 'concerning conversations' workshops
- National Inclusion Week, November 2019
  - Plenary from Yvonne Coghill, director of the NHS Workforce Race Equality Standard (WRES), at BHT Inclusion Conference
  - Launch of NHS rainbow badges
- Apprenticeships: 16 different programmes, incl. nursing
- Trainee Leadership Board Quality Improvement outpatient programme

Money

- 2018-19 outturn: £33m
- 2019-20 forecast: £29m
  - Critical IT infrastructure upgrades
  - Winter operational pressures
  - Backlog maintenance & PFI
  - Medical pay award shortfall
  - Drug prescribing changes
- Small Change, Big Difference campaign
  - Efficiencies of £74.5k



- Capital challenges to fund essential digital and estates upgrades – exploring options with NHSE/I and partners in Bucks
- Use of resources
  - BOB ICS procurement:
    - early pilot projects have so far yielded annualised savings of around £510k across all participating Trusts, with more than £150k in BHT
    - starting to identify opportunities in a number of more clinically complex product areas, including orthopaedics, cardiology, wound care, cardiothoracic, energy devices and sutures
  - Use of estates: cost per m^2 now rated green on Model Hospital

Drivers of deficit

£60m system* underlying, recurrent deficit

- 30 ‘drivers’ defined across four themes
- Not expected to review every driver
- Senior team reviewed and identified 13/30 key drivers for further analysis
- Performed analysis and benchmarking
- Fed into System Recovery Plan

*BHT & Bucks CCG only

Theme	Low	High
Structural Outside the control of the system, e.g. geographical isolation or stakeholder service requirements	£22.7m	
Strategic Outside the control of a single organisation but within the control of the system, e.g. capacity and/or quality of community care	£2.8m	£6.6m
Operational Within the control of a single organisation, e.g. poor historical CIP achievement	£21.8m	£44.5m
Total	£47.3m	£73.8m

Other achievements

- Anaesthesia Clinical Services Accreditation for anaesthetic team
- Launched pilot Children’s Community Hubs in Aylesbury
- Investments in paediatricians and plastics consultants
- Improving waiting times for paediatrics
- First BHT Organ and Tissue Donation Conference
- First BHT Burns Symposium; Consultants from the Plastics and Burns unit at the Trust have been involved in research with Oxford University
- National Optometry Conference held at Stoke Mandeville Hospital site
- Open Day and joint Annual General Meeting with Bucks CCG (September 2019)
- Charlotte Windsor, one of our health visitors, was awarded the Dora Roylance Memorial Prize 2018
- A&E buddy, Trevor Hudson, was shortlisted for HelpForce Volunteer of the Year
- CATS team was highly commended at HSJ Awards; BHT was also shortlisted for Freedom To Speak Up Organisation of the Year

Your community Your care
Developing Buckinghamshire together

Discussion

Future challenges

Population growth

- Population 635k by 2039
- Large amount of housing and infrastructure growth
- People >65y increasing by 60,000
- Working age increasing by 16,000
- People living longer but not all years in good health
- Social and climate impacts of these changes

Public Health, Buckinghamshire County Council

Demand

- More A&E attendances and emergency admissions, especially for people who are frail or living with more than one long term condition
- More elective admissions and day cases for age-related conditions, and ophthalmology
- Increasing demand on diagnostics, especially for early detection of major conditions such as cancer, stroke and cardiovascular disease; mental health services; maternity; and children's services

Inequalities

- Some wards have the worst health outcomes across BOB ICS for emergency admissions for certain conditions
- Poorest have 60% higher prevalence of long term conditions than richest and greater severity
- In our more deprived areas:
  - Higher prevalence of low birthweight and infant mortality
  - Lower levels of children developing well
  - Higher levels of Children in Need and Children Looked After
  - Higher prevalence of long term conditions & multimorbidity
  - Lower update of screening
  - Higher emergency admissions for all causes
  - Higher premature mortality

Public Health, Buckinghamshire County Council

Workforce

- GPs – particularly out of hours
- Band 5 nurses – acute, mental health, learning disability community, practice
- Occupational therapists, diagnostic radiographers, allied health professionals, medical physicists, infection sciences, endoscopists
- Direct Patient Care Workers

Vision for community

- Continued development of integrated 'home first' model to do everything practicable to ensure residents return to or remain in their preferred place of residence
- Formal integration of services with Bucks County Council, including discharge, linking with Community Boards and Primary Care Networks
- Rapid response community model – national pilot site from 2020
    - Community response time of two hours (alternative to A&E)
    - 48-hour rehabilitation support – to enable more rapid discharge after a hospital stay
- Use population health data to anticipate and provide support for patients earlier in care pathway
- Single support offer to care homes

Integrated discharge service

The Integrated Discharge Service will bring together all staff in the system who are integral to achieving a streamlined and effective transfer of care planning process for patients and carers, supporting wards and multidisciplinary teams when there are factors that could lead to delay

- Discharge planning process needs to strengthen the capability to handle simple discharge in a streamlined and timely way
- Teams and services focus on patients returning home, ensuring patients have the correct follow up assessment and care planned after an admission
- Strong links with Primary Care, community services and locality teams, to ensure services reflect patients' needs and are informed by a picture of their baseline needs at home prior to admission

- Improve patient and carer experience
- Provide clinical leadership and direction around discharge and transfer of care for staff working across a range of provider organisations
- Provide the integrated health and social care support required to discharge patients with social and/or complex medical needs
- Minimise delays arising from problems with inter-agency liaison
- Decision-making with the patients and carers at the centre of processes
- Work with system partners to analyse trends e.g. frequent attenders, locality trends, reduction in bed use, increase in community care support packages
- Identify end of life patients who wish to be looked after at home and ensure that they receive expedited discharge with the right health and care support
- Ensure effective use of community services capacity and capability to manage patient need and risk at home
- Reduce the need for on-going packages of health and care through better use of reablement services and assessment of long term needs in the right place at the right time i.e. at home or in the community

The Buckinghamshire Integrated Care Partnership will develop a model of acute services that ensures:

- High quality, safe and compassionate care every time for every patient
- Delivery of the aspirations of the NHS Long Term Plan
- Our people can work in an environment where they have the skills and values to deliver excellent care
- Best use of resources and is financial sustainable

Our vision for 2025 and beyond

What new models of care can we implement to deliver the best outcomes at sustainable costs with a satisfied workforce.

Redesign Urgent and Emergency Care	Consolidate Rehabilitation Services	Partner in Diagnostics Services	Transform Outpatients

Workforce

Health & Social Care Academy

Mission: to be the de facto provider of training, education and career development for all health and social care workforce in Buckinghamshire

Started July 2019

Support recruitment and retention in the health and social care sector and give Bucks a unique selling point for workforce destination

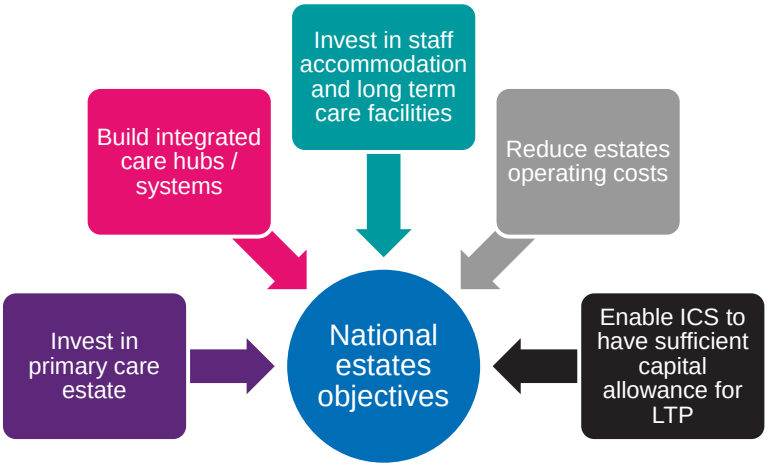
Faculties:

- Nursing
- Allied Health Professionals
- Primary care
- Population health & prevention
- Social care
- Medical
- Leadership and management
- Research, development and innovation

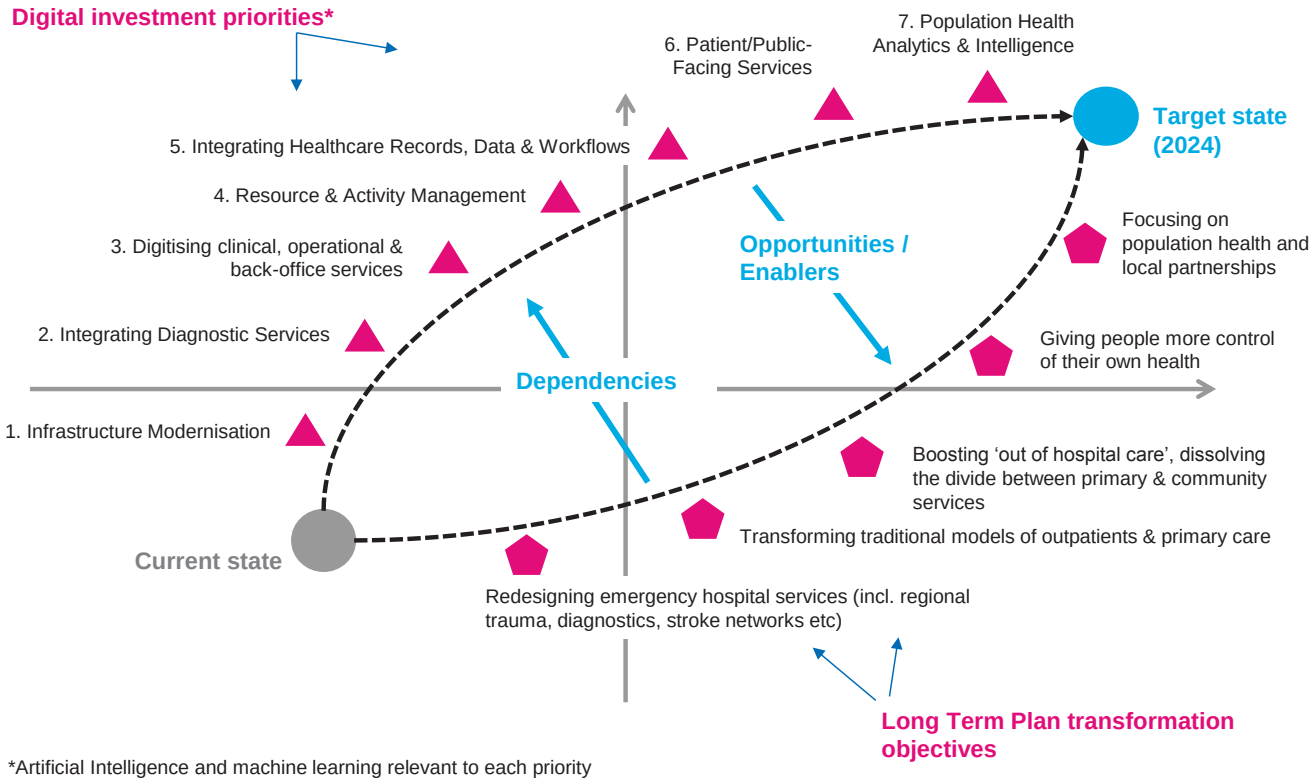
Estates strategy

Aims:
- Meet national estates objectives
- Good quality safe environments
- Estates and workforce operating as efficiently and ergonomically as possible
- Clinical buildings are in most appropriate locations to meet clinical need
- Opportunities for key worker housing
- Release capital for reinvestment
- Agile working

Bucks ICP needs 15x the level of capital spending to deal with the long term impact of under investment in estates and digital



Digital opportunity



*Artificial Intelligence and machine learning relevant to each priority

One Buckinghamshire

With funding we will deliver …

2 UK firsts

Single integrated voice and data network across ICP

Single digital front door – one point of access for all public and voluntary services

A mobile workforce accessing information from any location, enabling operational efficiency and improving the patient experience

Consultation & engagement

- The Buckinghamshire Integrated Care Partnership will engage in a conversation about the future of healthcare in the county with patients and communities in quarter one 2020/21. This is based on principles of engagement in service change agreed through the Buckinghamshire Health and Wellbeing Board. This will:
  - Share the health and population opportunities and challenges over the next five years linked to the NHS Long Term Plan
  - Seek contributions on how we can improve the health and wellbeing of our communities by redesigning community and hospital services
  - Explore how we are moving to a digital environment, using our buildings and developing our workforce to improve care
- This will be the start of a process to transform care in Buckinghamshire by shaping future services with the involvement, engagement and consultation of staff and local residents.

Your community
Your care
Developing Buckinghamshire together

Discussion