



# Report to Health & Adult Social Care Select Committee

**Date:** Thursday 17<sup>th</sup> November 2022

**Title:** Buckinghamshire Healthcare NHS Trust Strategy update

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**Recommendations/Outcomes:** To note progress on delivery of the Trust's 2025 Strategy and the outcome of the CQC visit this year.

## 1. Background

Buckinghamshire Healthcare NHS Trust (BHT) presented its Trust Strategy, a main part of which is its Clinical Strategy, to the Health and Adult Social Care Select Committee (HASC) in November 2021. This report provides the Committee with an update on progress. Since then, the development of both the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) strategy and the Place Buckinghamshire Health and Wellbeing strategy has commenced. BHT is in the process of ensuring its strategic choices and resources align with the evolving priorities in the System and Place.

The Trust was visited by the Care Quality Commission (CQC) in February and March 2022 and a brief summary of the visit and outcomes of the report is included.

## 2. Main content of report: Our clinical strategies and CQC visit

The clinical strategy for BHT has five key strands:

### 1. Urgent and Emergency Care:

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

Progress to date:

- Partnership with FedBucks to deliver an urgent treatment centre at the front door of the Emergency Department at Stoke Mandeville Hospital
- Started the implementation of virtual wards (where patients can remain at home but be admitted to the care of the hospital)
- Introduced Red phones (which GPs use to access rapid info)
- Developed our Same Day Emergency Care unit to provide care for people with medical needs that do not need admission
- Implemented a new digital management system for Intensive Care Unit improving access to real-time data to better manage patient care

Next steps:

- Improving our Emergency Department estate to improve patient experience with refurbishment completing this week
- Opening our new Paediatric Emergency Department and Paediatric Decision Unit in December 2022
- Continuing to increase referrals to our Urgent Community Response service that provides a 24/7 community-based response within 2 hours

## **2. Planned Care:**

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

Progress to date:

- Met national standards on 104 and on track for 78-week targets for reducing the length of time people need to wait for surgery
- A regional provider collaborative has been set up which enables:
  - Understanding the current position and pressures across the system within the particularly challenged areas
  - Collaboration and system transformation, through learning from best practice and system successes
- A new and larger Hydrotherapy Pool has now opened for clinical use in Amersham Community Hospital

- New skin centre (dermatology and plastics) has opened in Amersham
- Introduced a new digital pre-operative assessment for patients and clinicians – reducing the time taken to complete assessments
- Ensuring people are fit for surgery when they come in for a procedure (pre-habilitation)

Next steps:

- Launch robotic surgery in Wycombe Hospital
- Create the pathways and capacity to deliver rapid cancer diagnosis and treatment in the face of rising demand whilst taking opportunities to highlight prevention to reduce the future demand

### **3. Integrated Communities:**

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

Progress to date:

- Collaborative with the Council joining up pathways
- Action plan developed with partner services for children with Special Educational Needs and Disabilities (SEND) and their families
- Development of an integrated health and care model at Chalfont & Gerrard's Cross Community Hospital that will bring together a range of services that meet the needs of the local community, involving all parts of the system including the voluntary sector
- Development of a midwifery model 'one-stop shop' bringing together a range of services for women and young children
- Published our net zero strategy and introduced an environmentally friendly waste facility to reduce carbon footprint on the Stoke Mandeville site, turning waste to flock to energy

Next steps:

- Focus on ensuring all care that can be, is delivered in the community, rather than in the acute setting
  - Work through the clinical models for both Chalfont & Gerrard's Cross Community Hospital and the midwifery one-stop shop

- Integrate pathways across community including virtual and with social services

#### **4. Diagnostics and Medicine Management:**

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

Progress to date:

- Invested in additional clinical capacity in diagnostic services across our main hospital sites
- Development of the concept of a Community Diagnostic Centre in Amersham
- Engaged in progressing the strategy for the pathology/radiology network across the region
- Implemented radiology image sharing across the Trusts in the system and developed the ability to allow radiologists to work at home (home reporting)

Next steps:

- Develop a diagnostics strategy which includes wearable devices at home and remote monitoring, to create a fully integrated diagnostic solution
- Consider how to procure imaging equipment collaboratively across the system

#### **5. National Spinal Injuries centre and rehabilitation:**

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

Progress to date:

- This concept is being developed jointly by BHT and sports disability charity Wheelpower
- Initial thinking for the vision is "an integrated community sports and therapeutic rehabilitation village which builds on and celebrates the heritage of the Paralympics at Stoke Mandeville and the legacy and ambition of Professor Sir Ludwig Guttmann". The principles the project will seek to adhere to include:

- To provide equity of access for all to help people integrate and re-integrate into society post traumatic or neurological injury
- To provide world-class facilities that will support disabled people to move more, be physically active and play sport and help develop future Paralympians
- To foster healthy and active communities

The project known as “the Village” will seek to engage and leverage expertise from several external partners.

Next steps:

- Working groups have commenced to scope the vision, the clinical model and early consideration of what the concept could look like

### **CQC visit and outcomes from the report**

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 1<sup>st</sup> July 2022.

We were delighted to be informed that the overall rating for the Trust remained Good. There were changes to two domains: the ‘safe’ domain dropped from Good to Requires Improvement, whereas the ‘well-led’ domain improved from Requires Improvement to Good.

The report highlighted positive feedback, specified outstanding practices observed and advised on areas for improvement. More details on the feedback from the CQC can be found in Appendix A.

### **3. Next steps and review**

The HASC is asked to note and discuss progress on Buckinghamshire Healthcare NHS Trust’s strategy and the outcome of the CQC visit.

## APPENDIX A: Summary of CQC report comments

A number of positive comments were highlighted in the report, which have been summarised below:

- Staffing levels were carefully monitored, and steps were taken to **maintain safe staffing levels**. Although at times, staff felt stretched. Staff understood how to **protect patients from abuse**. Medicines were managed well, in general. The Trust managed safety incidents well and learned lessons from them.
- Staff provided **good care and treatment**, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients and supported them in making decisions about their care. Key services were available seven days a week
- The staff treated patients with **compassion and kindness**, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to **meet the needs of local people**, took account of patients' individual needs, and made it easy for people to give feedback.
- In most areas, **leaders were visible and approachable**, and staff were supported to develop their skills. Staff understood the Trust's **vision and values**. In general, staff felt **respected, supported and valued**. The Trust promoted **equality and diversity** in daily work and provided opportunities for career development. The Trust **engaged well** with patients and the community to plan and manage services, and staff were committed to **improving** services continually. There were **established governance systems** with clear reporting lines from the ward and units to the trust board. The Trust collected data and analysed it. Data was used to understand performance and make decisions.
- The Trust had worked to maintain some of its elective services during the COVID-19 pandemic, and **recovery plans** were being implemented to ensure that the backlog was addressed.
- Patients were complimentary about the care they received and felt they were treated with respect and kindness.
- There was a general recognition that staff were busy and at times appeared to be short of staff, which meant sometimes patients waited a little longer than they would have liked but did get the help they needed.

### Outstanding practices noted in the report:

- **Learning disability liaison team:** The Trust's learning disability liaison team supported patients through their pathways. They supported with consent and

mental capacity assessment processes and supported patients through any procedures or interventions. They also supported staff in making any reasonable adaptations to support the well-being of patients with learning disabilities.

- **E-Stroke Suite:** In July 2020, the Trust adopted a third-party e-Stroke Suite imaging platform at Wycombe and Stoke Mandeville Hospitals. Created in Oxford, with expert clinical input from frontline NHS stroke physicians, the award-winning e-Stroke Suite leveraged cutting-edge Artificial Intelligence & Deep Learning methodology to help stroke physicians make life-saving decisions.
- **Contact with families:** The Trust staff worked hard to support patients and carers throughout the pandemic by introducing several initiatives such as the purchase of iPads and tablets, which enabled patients to keep in touch with their families via video calls and a 'Letter to a Loved One' service which allowed friends and family to email letters and photos which were colour printed and hand-delivered to patients.
- **Patient support and communication:** The Patient Advice and Liaison Service was extended to the weekend, and the Chaplaincy service offered a phone service to friends, family and carers.
- **SDEC:** The Same Day Emergency Care Service was launched in November 2020. Following a GP referral or triage in the emergency department reception, patients could be admitted to the new unit to be rapidly assessed, diagnosed and treated by a team of doctors, nurses and therapists without the need for a hospital admission or waiting to be seen in the emergency department.

Areas for improvement:

- Staff adherence to infection control guidance, and engagement in and understanding of quality improvement was variable.
- Staff were not always supported to develop through yearly, constructive appraisals of their work.
- Training in working with people living with dementia and those with learning disabilities was not mandated.
- Substances that were subject to COSHH regulations were not always managed safely.