

TRUST BOARD MEETING IN PUBLIC

28 March 2018

CHIEF EXECUTIVE'S REPORT

This report aims to highlight to Board members those areas that will benefit from focussed discussion as well as recognise the developments and achievements of the Trust since we last met. Appended to this report is a summary of the Executive Management Committee meetings, providing the Board with oversight on the significant discussions and decisions taken by the executive team over the past two months.

1. Leading BHT

I would like to thank everyone for the welcome I have received since becoming chief executive earlier this month. Being part of the senior management team and Board over the past four years, I know how far we have come in that time and I am proud to be leading the organisation as we continue to deliver our vision and strategy to become one of the safest healthcare systems in the country. I recognise there is more that we need to do to achieve that vision and I want to take the time during my first few weeks in post to identify those opportunities, with a particular focus on building our safety culture and developing as a learning organisation, making the best use of the resources available to us, and ensuring the patient voice is central to our developments.

I am sure the Board will join me in warmly welcoming Natalie Fox as the Trust's new chief operating officer. She is well known to the organisation and the wider system already, having previously led our integrated elderly and community division and been heavily involved in our community hubs programme.

2. National context

The national focus remains on the operational and financial challenges facing the NHS. Nationally there has been a 6% increase in emergency admissions, with over 2,500 flu cases significantly contributing to this demand. Financially it is predicted the NHS will end the year with a £900m deficit. I attended a chief executive event with NHS Improvement and NHS England earlier this month; both Ian Dalton and Simon Stevens emphasised the need for realistic planning for next year, especially in light of increasing emergency pressures, as well as utilising the opportunities through GIRFT and model hospital to create efficiencies. Over the coming weeks, the Board, along with colleagues from across the Buckinghamshire ICS, will want to pay particular focus to the planning for non-elective services considering the increasing demand over the past year.

3. Quality and performance

Further to the detailed update at our January Board meeting, and in line with the national picture, the Trust has continued to experience sustained and unprecedented demand on our services. This has been impacted by the severe weather disruptions experienced in February and March, and compounded by the ongoing staffing challenges we face, especially in nursing. We recognise that the patient experience hasn't always been to the standard we aspire and I apologise to anyone who has had a long wait, had their appointment rescheduled or has been impacted in any way.

We have taken a number of actions to support and ease the pressure: corporate and management teams have been working supernumerary in clinical areas to provide administrative and other support; we have reviewed and increased our bank rates to encourage more temporary nursing staff to work for us; and we are working to strengthen rostering processes to improve our forward planning, especially as we prepare for the Easter break. More broadly we are looking at what else we can do to support staff resilience and improve the staff experience at work.

I would like to thank staff for the extraordinary efforts they have made to maintain safety despite the challenges; colleagues have gone the extra mile to get to work when transport was affected by the snow, with many volunteering to support even when they were not on duty. I would also like to thank our partners for their support in discharging patients from hospital to help keep the flow going through the system. Finally I would like to thank the local community, from the 4x4 drivers who volunteered to take our staff to work, to the residents who nominated our community teams as their 'snow heroes' on Wycombe Sound radio station.

The financial impact of these challenges is still to be finalised, but we do expect that we will be further off-plan than we had anticipated due to the increase in emergency activity and the need to postpone planned activity over this period. The Board will note the reports from the chief operating officer and finance director.

4. Staff survey

The results of the annual national staff survey were published earlier this month. The Board will be aware of the rapid year-on-year improvements made by the Trust over the past two years and therefore, in light of the significant operational challenges facing the NHS over the past year, I am pleased to note that we have been able to maintain our scores even though we did not meet the ambitious targets we set. Overall we were average or above average in 23 of the 32 categories, with no statistical change in 31 categories. The strategic workforce committee will be reviewing the findings in more detail and overseeing the development and delivery of the action plan to support our improvements over the coming year.

5. Clinical strategy and planning for 2018/19

The Board will be aware of the work undertaken with each service delivery unit (SDU) over the past nine months to develop clinical service strategies to support long-term planning. The outputs from this work have now been collated to inform our clinical strategy, which supports the delivery of our Trust strategy and three strategic priorities. Alongside this, we have developed the corporate objectives for the coming year, focussing on the continued transformation required to meet our vision and identifying those areas where we believe we can have the biggest impact next year. The director of strategy will lead a discussion with the Board on both items later in the meeting.

Earlier this month we submitted the first cut of our annual business plan to NHS Improvement. The plan recognises the operational delivery of year three of our strategy and also aligns with the CCG and Buckinghamshire ICS annual plans. Developments include transforming urgent and emergency care, developing integrated and community services, developing new and innovative roles within our nursing workforce, and developing a prime provider model for elective care. The most recent BHT way session, held earlier this month, provided the opportunity to share and discuss our plans with our senior leaders across the Trust.

The Trust has also been finalising its capital plans for next year, focussing on patient safety improvements, maintaining and maximising the use of our estate, and our digital

transformation. The monies available to us next year is severely restricted and the Board will want to discuss, during the finance director's update, what else the Trust can do to secure additional funding.

6. Partnership working

The Board will note the report from the engagement and involvement activity undertaken over the past year as part of the community hubs pilot. Most recently the Trust held a series of public workshops to discuss the learning from the pilots to date and to refine and design local visions for community hubs across the county. This report, along with a full evaluation from the pilot, is being used to inform our plans for the future, ensuring that we can develop this model at scale and that our developments align with broader integration work taking place across the ICS. I, along with the medical director and GP colleagues, will be attending the County Council's Health and Adult Social Care Select Committee in April to outline our plans in more detail.

With Louise Watson in post as the managing director, the Trust and its partners have taken the opportunity to review its plans for the Buckinghamshire ICS to ensure that there is alignment, we are focussing on the areas critical to achieving our vision and we have a shared understanding of the system financial challenge. We have met as a system with NHS Improvement and NHS England to discuss our plans and we will continue to work to refine these over the coming weeks. We will keep the Board updated as this work progresses.

7. News and awards

Earlier this month chief nurse Carolyn Morrice represented the Trust and Buckinghamshire ICS when she presented on the role of nursing leadership in integrated care at the national Chief Nursing Officer's conference in Liverpool. Carolyn also attended with BHT staff on a recent visit to Portugal to meet with senior representatives from the two main nursing schools. The Board will be aware of our innovative Erasmus partnership with the University of Portugal, which has supported our nurse recruitment over the past two years. This visit provided an opportunity to further strengthen our relationship and we successfully recruited over 20 nurses to join the Trust.

I am delighted to inform the Board that we have recently had a number of national accolades. Well done to the trauma and orthopaedic team, who have been shortlisted in the 'improving value in the care of frail older patients' category of the HSJ Value awards. Our property services director Ed Macfarlane has become one of only 12 people on the Fellows' special interest group of the British Institute of Facilities Management. Finally, our chair Hattie Llewelyn-Davies has also been shortlisted in the public sector category of the Sunday Times Non-executive Director Awards. The ceremony will be taking place in March.

Neil Macdonald
Chief Executive

Appendix 1

Items discussed at Executive Management Committee 19 January to 16 March 2018

The Executive Management Committee meets formally on a weekly basis and covers a range of subjects ranging from early strategy discussions, performance monitoring, consideration of business cases and moderation of risk documentation. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors, Director for Governance, Director of Communications and other representation as required depending on the subjects under discussion.

The following provides a brief overview of some of the key areas considered at the Executive Management Committee since 19 January 2018

High Impact Areas of Focus

Organisational Development

- Alignment of clinical strategies and enabling strategies
- Business case templates and guidance – approved
- BHT Way
- Business planning 18/19
- Culture of innovation and improvement

Patient Voice

- Community Hubs engagement events

Innovation and Improvement

- 24/7 Primary Care Access

Governance

Corporate Risk Register moderation

Compliance with legislation, results from the assurance process

Health and safety including issues relating to estate

Integrated Care System Medicines optimisation report

The following policies have been approved:

- NICE
- Policy for Chaperoning of Patients during examination investigation or clinical recording
- Business Continuity Plan Policy
- Incident Response Policy
- Consent to Examination or Treatment Policy
- Policy for the Secure Transportation of patient paper records

Minutes were reviewed from the Divisional Operations Committee.

Quality

Clostridium difficile numbers

Quality Improvement Plan

CQC relationship meeting

MRSA bacteraemia

New Serious Incident process

Consultant Paediatricians business case

SAFER

People

Safe staffing and the use of temporary staff

Compliance with appraisals and statutory and mandatory training

Learning from other organisations about the issue of staff working extra hours

Recruitment and retention

Rates of pay for bank staff

Gender pay gap

Staff Survey
Flu vaccination
CARE awards

Financial and Operational Performance

Progress with Cost Improvement Programme and financial recovery and resulting actions

Cash

Capital plan

Budget setting 18/19

A&E performance

RTT performance

Liz Hollman, Director for Governance, 21 March 2018