

**TRUST BOARD MEETING IN PUBLIC**  
**26 September 2018**  
**CHIEF EXECUTIVE'S REPORT**

This report aims to highlight to Board members those areas that will benefit from focused 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. Learning**

As a Trust we want to be transparent about our performance and clinical care, highlighting areas for improvement as well as areas of best practice as we continue embedding a learning culture.

During July 94 people passed away whilst in our care, rising to 104 in August. The number of Clostridium Difficile cases reduced from 6 in June to 2 in July and 3 in August, with no cases of hospital acquired MRSA bacteraemia. During July, 101 of our inpatients had a recorded fall during their stay with us rising to 110 in August. Although these numbers are higher than we would like, and below our target of reducing falls by 25%, I am pleased to say that none of these falls resulted in severe harm. I am really disappointed that two of our patients developed pressure ulcers which were avoidable and further work is being done in this area. There was one serious incident declared in August which met the criteria for a never event - further details can be found in the Board report. On behalf the Trust I would like to sincerely apologise for this incident and assure those concerned that actions have already been put place to ensure risks of this reoccurring are minimised.

During August, it also came to light that a genuine human error resulted in Trust staff being paid 24 hours later than they should be have been. Once the error became apparent, swift action was taken to address the issue including establishing helplines for staff. I apologise unreservedly for any problems this caused. An investigation is already underway and our processes are being reviewed to see how this mistake happened and prevent a reoccurrence.

51 formal complaints were received from patients in July and 50 in August bringing the total for this financial year to 175. The complaints team continues to work extremely hard to ensure the Trust meets its target of 85% of complaints being responded to within 25 days. I'm delighted to tell you that for the month of July it achieved 95%. They have also reduced the number of over 90 day cases to five which is at its lowest since 2016.

In July 2018 there were 675 recorded accolades and in July 90.5% of patients would be likely or extremely likely to recommend our services to their friends and family. This figures dropped slightly to 88.7% in August. We also received 54 excellence reports in July and a further 46 in August. Here's just one example:

*"Amazing communication and integrated working. Everybody worked together to keep theatre moving. Outside of the box thinking enabled us to clear recovery and keep the lists moving by changing orders according to bed situation. Recovery staff supporting theatre by catheterising patients. Day surgery*

*supported by taking patients awaiting beds enabling lists to continue in new wing. Very positive can do attitude!"*

Ensuring that we don't just listen to but act on what our patients are telling us is a key priority. The Trust has commissioned Healthwatch to conduct a series of five 'On the Spot' reviews over two years. The reviews follow the same format as the Healthwatch 'Enter and View' reviews and aim to give a patient view of services and make recommendations for improvement. The first review of GP streaming within the A&E department at Stoke Mandeville was completed in August and the report is currently being finalised. The second review of outpatient clinics at Stoke Mandeville, Amersham and Wycombe Hospitals will be conducted in October.

In July we held our first clinical strategy conference for leaders, both clinical and non-clinical, across the Trust to discuss our strategy for delivering integrated care. We were delighted to welcome Dr Karen Kirkham, assistant clinical chair at Dorset Clinical Commissioning Group, to share Dorset's journey to becoming an Integrated Care System.

## **2. Outstanding practice**

We continue to try and extend a learning culture across the Trust. In 2017, Buckinghamshire Healthcare NHS Trust was only one of five organisations that has consistently appeared every month in the national Top 20 list of organisations with the most ELearning completions.

Brexit is high on the news agenda at the moment and in a recent NHS Employers podcast, Bridget O'Kelly, our Director of Workforce and Organisational Development, highlights some practical ways that the Trust is supporting EU staff when they join the Trust and why we continue to recruit from the EU. On Friday 7 September we welcomed 15 new Erasmus nurses from Portugal. They are newly qualified nurses on a three month placement based in specialist services, spinal, ward 5 and integrated elderly and community care, ward 8/9.

Our maternity team works tirelessly to provide safe care for expectant mums and it is testament to the quality of the service it provides that NHS Resolution has confirmed that the team has met 10 out of 10 of the safety actions set last year as part of the Clinical Negligence Scheme for Trusts. From July, the Trust became part of the second phase roll-out of the Department of Health strategy for safer maternity care. What this means is that any maternal deaths and any baby meeting Each Baby Counts reporting criteria will be investigated independently by the Health Safety Investigation Bureau.

A video created by our endoscopy team to let patients coming in to hospital for a gastroscopy know what to expect has won a highly commended from the British Medical Association in the annual patient information awards. The film features a patient volunteer and follows his journey from receiving an appointment letter at home, coming in for the procedure and his care following the procedure.

Two of our services have attracted high profile media attention over the last two months. Geraldine Tasker and Julia Phillips were interviewed in the BBC programme Matron, Medicine and Me which told the story of how Geraldine and Julia cared for TV celebrity Fern Britton at Stoke Mandeville Hospital after she developed sepsis. Our Lead Chaplain, Lindsay Vandijk, and her team, were featured on the BBC News website as well as on the Sunday Morning Live programme which is also on BBC.

Four of our services have received external accreditation. I would also like to congratulate our cellular pathology team on its successful United Kingdom Accreditation Service (UKAS) accreditation. UKAS is the sole national accreditation body for the UK which assesses organisations that provide certification, testing, inspection and calibration services to ensure that they meet internationally agreed standards.

Meanwhile the National Spinal Injuries Centre at Stoke Mandeville Hospital has just achieved CARF reaccreditation for a further three years. CARF is an independent international body and only those organisations that can demonstrate that they provide a service that conforms to internationally accepted standards receive CARF accreditation.

Our mortuary service recently underwent a Human Tissue Authority inspection and was successfully reaccredited as a result of the hard work and commitment of the team. The inspection showed that the team and the service has really good working practices including the use of a spreadsheet for specimens collected during PM examination which is accessible to staff on both sites and detailed competence training of porters at both Wycombe and Stoke Mandeville Hospitals.

Last, but by no means least, I am delighted that our occupational and health and wellbeing service has achieved Safe Effective Quality Occupational Health Service (SEQOHS) re-accreditation demonstrating that it has delivered against standards. The scheme is managed by the Royal College of Physicians of London on behalf of the Faculty of Occupational Medicine.

### **3. Quality and performance**

I am disappointed to report that the number of A&E patients seen within the national 4 hour target was 87.4% in July and 87% in August compared to 91.1% in June. This was the result of increased pressures during the summer, with increased attendance at A&E along with an increase in the number of emergency admissions. The cancer 62 day standard has dropped from 82.2% in May to 78.9% in June and 77.1 % in July. This is reflective of the number of long waiting breach patients being treated in month, a continuation from the previous month, and I would like to apologise to those who have had to wait longer than they should at what is a very anxious time. However, I am pleased to tell you that the RTT Open Pathway performance remained steady at 90% in June at 90% and improved in July to 90.5%.

Ensuring that we are a great place to work, where our people have the right skills and values to deliver excellence in care is our key people objective. The number of nurse vacancies remains a risk, with our nurse vacancy level of 18% at the end of August; we continue to review and refresh actions to improve this position. Vacancies are the main driver of temporary staffing and although there has been a reduction in agency spend in month five, we remain outside of our NHSI set agency cap trajectory. Work continues across the organisation to review usage of all agency staff.

The Trust's year to date deficit at month five is £10.2m, £10.6m variance to plan. This compares to an underlying deficit of £7.9m for the 2017/18 financial year. Drivers of the deterioration include:

- Urgent care demand driving higher service costs;
- Reduction in elective inpatient activity due to non-elective pressures;
- Estates maintenance costs regarding the backlog, infection control costs and compliance costs;

- Temporary staffing – vacancies driving increased agency and locum costs; and
- Cost improvement programme gap.

The Trust recognises the seriousness of the deterioration in the financial position and has initiated a finance recovery plan which is subject to rigorous internal and external scrutiny. In compiling this plan, actions will be subject to a quality impact assessment. Updates will be provided on a monthly basis to the Board and its committees.

### **Strategic View**

As part of our focus on developing our senior team, we were delighted that Dr Richard Bohmer, a Senior Visiting Fellow at the Nuffield Trust, came to talk to clinical leaders from across the Integrated Care System about leadership. We were also honored that Professor Jane Dacre, President of the Royal College of Physicians, visited Stoke Mandeville Hospital to lead an insightful discussion with our clinicians on doctors in management and the importance of training the physicians of the future.

Digital transformation is a key focus area for the Trust so we are pleased to welcome Balvinder Heran to the team, who has commenced work this month as Joint Strategic Director Information Assets and Digital Development for the Buckinghamshire system. This is a joint post between Buckinghamshire County Council, Buckinghamshire CCG and Buckinghamshire Healthcare NHS Trust and the first such appointment. She will assume responsibility for Information Technology and Information in the Trust and for moving forward the digital transformation agenda.

As an Integrated Care System, we are continuously seeking opportunities to avoid duplication and share best practice so I am delighted to welcome our first delegates from Buckinghamshire County Council and Buckinghamshire Clinical Commissioning Group to the Trust's Leadership Programme.

Earlier this month saw the launch of Bucks HSC Ventures which is a partnership between the Trust, Buckinghamshire New University, Oxford Academic Health Science Network, Buckinghamshire County Council and Buckinghamshire Clinical Commissioning Group. Bucks HSC Ventures is a virtual health and social care innovation programme encouraging small and medium-sized businesses and entrepreneurs, with new and exciting ideas to tackle health and social care challenges. The aim is to give people the support and access they require to ensure their innovation can make a difference. Successful applicants will receive a series of lean workshops, expert masterclasses, access to health and social care providers, the opportunity to speak with patients and prototyping facilities.

### **4. Proud to be BHT**

- Larry Benjamin was named as one of the best cataract surgeons in the country in the Daily Mail's "Good Doctors Guide".
- The age-related macular degeneration team at Amersham Hospital has been shortlisted for one of the Macular Society's Awards for Excellence.
- In the Nursing Times Awards, Tracey Geddis and Jane Stanbridge, from the National Spinal Injuries Centre (NSIC), have been shortlisted in the "Continence Promotion and Care category" and Nicola Bowers, senior cardiac research nurse, has been shortlisted in the "Clinical Research Nursing category".
- In the Nursing Times Workforce Awards, the NSIC practice development nurse team has been shortlisted in the "Best Workplace for Learning and Development – up to 1,500 staff Category".

- The mortality review team (led by Dr Helen Pegrum our lead Medical Examiner) has been shortlisted in the HSJ “Patient Safety category” for their work in the use of enhanced mortality review to improve patient safety for future populations.
- Well done to Chris Cleaver – Memorial Award, Kim Davenport – Research Rising Star, Jamil Razzaque – Outstanding Research Practitioner and John Smith- Patient Research Champion for winning their categories in the Thames Valley Health Research Awards.
- We’re very proud of Tayla Williams, one of our health care assistants, for winning the Apprentice of the Year Award at Buckinghamshire College Group’s Student Awards Ceremony.
- Well done to David Williams, Director of Strategy, who has just started the Aspiring Chief Executive programme.
- Congratulations and thank you to the team at Horatio’s Garden on completing the fantastic garden for our spinal injury patients.
- We’re delighted that broadcasting legend, Ken Bruce, has just become the official patron of Stoke Mandeville Hospital Radio.
- Well done to Kate Bulbeck who proved that as a trained healthcare professional you’re always on duty when it comes to matters of life and death. Kate was taking part in the Linford Wood Park Run when a fellow runner collapsed ahead of her. Fortunately, for the runner concerned, Kate and her friend were able to begin CPR immediately and we’re pleased to say the runner is recovering well.
- Congratulations to the six strong team from our National Spinal Injuries Centre who took part in the London to Paris cycle challenge in aid of the charity Back Up and to Ben Collins, Dan Leveson and Justin Mandeville who took part in the Boulter’s to Bray Swim raising money for local sports and physical recreation projects.
- Thank you to everyone who came along to our AGM and Open Day. It was a great success thanks to the staff and performers who supported the event. We’re planning an even bigger and better one next year!

Neil Macdonald  
Chief Executive

## Appendix 1

### Items discussed at Executive Management Committee 20 July to 14 September 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, and other key leaders within Divisions and Corporate services. The following provides a brief overview of some of the key areas considered at the Executive Management Committee since 20 July 2018.

#### **Strategy**

Winter Planning  
A&E rebuild update report  
Integrated Care System transformation  
Brexit  
Corporate Objectives Quarter 1 progress  
Procurement strategy

#### **Governance**

Paper Switch off / Electronic Referral System  
Preparation for CQC inspection  
Serious Incident relating to estates compliance  
Outpatient Pharmacy quality report for Quarter 1  
Primary care out-of-hours quality report for Quarter 1  
Estates assurance  
Internal audit  
Corporate Risk Register  
Board Assurance Framework

The following policies have been approved:

- Car Leasing Scheme Policy
- MHPS Conduct, Capability, Ill Health and Appeals Policies and Procedures for Practitioners
- Grievance Policy BHT Pol 043
- Commercial Research BHT Pol 248
- Patient Identification policy
- Point of Care testing policy
- Medical appraisal revalidation policy

#### **Quality**

Quality Improvement Plan – delivery of Quarter 1  
Challenges on the urgent care pathway  
Infection control including cleaning  
Integrated performance report

- Patients with fractured neck of femur
- Assurance around sickness absence rate
- Outpatient performance
- Retention plan
- Cancer performance

Reducing length of stay  
Serious Incident report  
Clinical Audit Programme  
Getting It Right First Time Programme

CQC Insight report  
Clinical Accreditation Proposal  
Minutes of Quality and Safety Group

#### **People**

Medical pay rates  
Non-medical pay rates  
Bank rates  
Safe staffing  
Security at Wycombe  
Nursing transformation  
Nursing apprenticeships  
Care Hours Per Patient Day  
CARE awards  
Minutes from HR and Workforce Group

#### **Money**

Monthly Trust I&E summary- performance against plan

- pay report
- non-pay
- drugs
- cash report
- ICS recovery

#### **Payroll**

#### **Capital report**

- Capital management plan
- STP capital process

Transformation/ Cost Improvement programme  
Four Eyes Insight Theatre Productivity  
Medical School business case  
Lone worker policy and business case  
MRI business case  
Bed contract  
Memorandum of Understanding for Pathway Improvement Funding  
E-observations roll out  
Sterile Services procurement process  
Mobile endoscopy unit

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Mortuary Manager  
Mortuary,  
Wycombe Hospital,  
Queen Alexandra Rd,  
High Wycombe  
HP11 2TT

Date: 20/07/2018

Dear Mortuary Manager,

Ref HTA inspection report –06/09/2017

Your establishment underwent a HTA inspection this year. The published report on the HTA website demonstrated that you were observed to have the following good working practices:

- **The enthusiasm and dedication of the teams in all the Departments and Units inspected.**
- **There are well lit, spacious and discreetly decorated viewing rooms on both sites.**
- **The involvement of the treating clinician, a bereavement nurse or bereavement officer and a pathologist in the consenting process.**
- **The detailed consent training process for adult and paediatric consent.**
- **The detailed competence training of porters on both sites.**
- **The use of a spreadsheet for specimens collected during PM examination which is accessible to staff at both sites.**
- **The SMH mortuary security arrangements, where the hospital's security department holds an electronic record of everyone entering the mortuary premises, which operates via staff identification cards.**
- **The use of colour coded magnets on refrigerator and freezer doors at SMH and colour coded wristbands to indicate if a specimen has been taken during PM examination and to confirm if the specimen is to be returned prior to releasing the body**

The Association of Anatomical Pathology Technology (AAPT) would like to pass on our congratulations to the entire team for your excellent achievements, hard work and commitment to the running of the Mortuary service. The AAPT are advocates for good working practices and education for all APT's. Every mortuary should perform to high standards, and we work towards achieving this goal.

We are collating all the good working practices (establishments remain anonymous) commented on by the HTA for a full calendar year and will be sharing this with our members on the AAPT website [www.aaptuk.org](http://www.aaptuk.org) in January 2019.

Best wishes

Ishbel Gall BSc, FAAPT, FRSPH, MIBMS (CHAIR, AAPT)