Buckinghamshire Healthcare **NHS**

NHS Trust

TRUST BOARD MEETING IN PUBLIC

30 May 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

The executive team has been working on reviewing and updating the Trust's two-year corporate objectives as we enter the third year of our strategy. Our priorities continue to centre on quality, people and money. In terms of quality, enhancing our culture of safety is key. We have made great progress in the Trust over the last five years but we will be placing greater focus on how we measure safety and create a culture that further supports learning when we don't get things right. Whilst we actively engage with our patients, the patient's voice is not always heard loudly enough and we will be working in partnership with patients to improve their experience of discharge, outpatients, children's services and A&E. In terms of our people, our key priority is transforming the nursing workforce. There is a national shortage of nurses and we need to ensure that we recruit the best people, and through new initiatives such as the introduction of 65 Band 4 nursing roles, we offer a unique career pathway. Whilst achieving our quality and people objectives we need to deliver our Buckinghamshire system financial control total. This will be achieved by improving our operational productivity, using model hospital data to identify and realise improved efficiency, and deliver our capital plan.

The Board will be aware of the work undertaken over the last two years with each service delivery unit (SDU) 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. More detail regarding the clinical strategy will be provided to the Board in the update from our director of strategy, but key focus areas are integrating care pathways and models of care, reducing variation in quality and efficiency, innovation and improvement, sustainable service growth, enabling transformation and promoting health and wellbeing.

2. Quality and performance

Coming out of quarter four, we have continued to experience sustanained and unprecedented demand on our services. This has impacted on the quality of care we are providing and the patient experience we are delivering – neither of which are where we aspire to be and for which we would like to apologise. The focus of our quality improvement plan this year includes improving infection prevention and control, patient flow in A&E and reduce waiting times for cancer patients. One of the key areas of focus is helping people to get home as soon as it is safe for them to do so. We have launched an initiative called 'Get up, get dressed, get moving" (part of the national PJ paralysis campaign) to encourage patients to be active during their stay in hospital, to improve their mental

wellbeing as well as reducing their stay in hospital. Other actions have been put in place such as ensuring that any medication to be taken home is ready the day before and working closely with social care to ensure that transport and appropriate support is in place.

We are looking at ways we can hear more from our patients, learning from their experiences and working in partnership with them to design service changes to meet their needs. We held a recent listening event with parents who have children with complex needs. Feedback from those who attended was extremely positive and we will be using the learning from this and other sessions to improve patient experience.

The financial accounts are still awaiting sign-off by the auditors, but we do expect that our end of year position will have been impacted by the increase in emergency activity and the need to postpone planned activity over the winter period. Priorities for 2018/19 are delivering our system control total, improving our operational productivity and delivering our capital plan. The divisions have been working to develop their schemes to improve efficiency and quality, with a £20m savings plan agreed for 2018/19. The Board will note the reports from the chief operating officer and finance director.

3. Staff

As part of our people strategy, we have launched a programme called Go Engage. Go Engage has been used successfully within other NHS organisations and was developed by Wrightington, Wigan and Leigh NHS Foundation Trust which has one of the highest levels of staff engagement in the country. A random selection of employees will be chosen to take part in the survey each quarter and the results will enable us to target our resources and support at the areas which matter most to our staff.

Whilst our year-on-year vacancy rate has improved (10.2% in February 2018 v 11.2% in February 2017), there are continued staffing challenges, particularly within nursing. We are planning now to mitigate the longer-term impact of the lower enrolment to degree courses that our education providers have experienced.

Since 2017 BHT has been working in partnership with two universities from Portugal, providing newly qualified nurses an opportunity to experience a three month Erasmus placement in the National Spinal Injuries Centre and the cancer care and haematology ward. This development programme allows the individual to experience the NHS (specifically BHT), to learn new ways of working. As a result of the programme, we have successfully recruited a number of nurses to the Trust and we continue to work in close partnership with the universities.

The Board will note the first annual report from our Freedom to Speak Up Guardian (FTSUG). The aspiration is to make raising concerns part of the way we operate. Our Trust FTSUG, Tracey Underhill, is now the lead for the Thames Valley and Wessex Regional Network (TVWRN) linked to the National Guardian Office (NGO) of which fourteen NHS trusts are members, providing an excellent opportunity to network and share good practice. I would also like to congratulate Tracey on becoming a designated 'Freedom to Speak Up' trainer for new guardians via the national guardian office.

4. Partnership working

I, along with the chief nurse, GP and commissioning colleagues, attended Buckinghamshire County Council's Health and Adult Social Care Select Committee to provide a one year report on the community hubs pilot. A full evaluation report is included in the Board papers but I would like to share a few of the highlights. During the pilots in Marlow and Thame, over 300% more people were using the community assessment and treatment service compared to the previous inpatient beds. Outpatient activity during the period increased almost 50% in Thame and over 35% in Marlow and we've also demonstrated that more local people are being able to access services. It is recognized that there is more we can do to increase GP referrals and offer more services closer to home. Our plan is to continue developing the hubs at Marlow and Thame and to integrate this work into the broad community transformation programme, which includes the development of integrated teams. We also need to have similar discussions with other localities around Buckinghamshire to develop plans more bespoke to each community, taking into account feedback from recent engagement.

As previously announced, the Trust, as part of the provider collaborative, successfully bid to deliver 24/7 primary care across the county. The service commenced on 3 April 2018. Key benefits are that we can further join-up all of our NHS services, including integration with the Thames Valley Integrated Urgent Care service which handles all the NHS 111 calls from Buckinghamshire, directing patients to the right place for their needs.

We were able to share our vision for delivering 24/7 primary care and more care closer to home with Wendy Becker and Dame Moira Gibb, NHS England non-executive directors, when they recently visited the Trust as part of a fact finding visit to understand how Integrated Care Systems are working in practice. They visited Wycombe and Thame and met with colleagues across the Integrated Care System.

New funding has just been announced by NHS England to support pregnant and postnatal mothers with their mental health. I am pleased to announce that Buckinghamshire and Oxfordshire were successful in a joint bid for the funding. The additional funding will enable us to expand the health visiting team and train more professionals to be aware, detect and treat a range of mental health issues.

5. Digital transformation and innovation

On behalf of the executive team, I would like to congratulate and thank our IT team who has worked tirelessly over the last few months to deliver the switchover to the new NHS mail system. This is one step in our strategy to use technological innovations more effectively to improve processes, maximize clinical effectiveness and quality of care. For example, from September the Trust will stop the preparation of handwritten clinic notes for follow-up outpatient appointments and move to the use of e-forms. This will improve the quality of medical records, mitigate the clinical risk for patients who have a mix of paper and electronic records and will free up staff to enable us to digitise the medical records for the 12% of patients who still have a paper record.

We were delighted to welcome Dr Tony Young, national clinical lead for innovation at NHS England, to the Trust this month to talk to our staff about the amazing potential of innovation within the NHS, the fast pace of new technologies and innovations to transform care, and the importance of leadership to empower staff to make it happen. Tony led the development of one of the first science

parks in the country and we are also working with Buckinghamshire New University and the Academic Health Science Network to establish the Buckinghamshire Life Sciences Innovation Centre. This includes launching a Buckinghamshire life sciences innovation hub at Stoke Mandeville Hospital to support small and medium enterprises to develop new healthcare products and services in conjunction with our patients and clinicians early in 2019.

6.   News and awards
We are very proud of Dr Raha West, anesthetic and intensive care specialist, who has just become the first person in the Trust to be awarded a fellowship by the National Institute for Health Research (NIHR) supporting critical care portfolio research.

Well done to Adedayo Olowosale, a server and systems engineer in the Trust's IT team, has won the community engagement category in this year's Buckinghamshire County Council's Dignity and Respect Awards. Adedayo, who is also the director of Nigerian Community Organisation Aylesbury, was nominated for his commitment to community work. Congratulations also to Julie Fenwick, district nurse, who was runner up in the learning category

Good luck to communications and engagement team which has been shortlisted for three awards for its work on the community hubs pilot at the UK Public Sector Communications Awards.

Finally congratulations to nurse consultant Ghazala Yasin who, following a public vote, has been shortlisted in the rising stars innovation category in the NHS70 Windrush awards. Winners will be announced at a ceremony in Manchester on the 12 June 2018.

Neil Macdonald
Chief Executive

Appendix 1

Items discussed at Executive Management Committee 23 March 2018 to 18 May 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.

Since the last report there has been a review of the Executive Management Committee terms of reference, a newly developed work plan covering a four week cycle, and the Committee has extended its membership to key leaders within Divisions and Corporate services for two out of the four meetings each month. The revised Terms of Reference and workplan follow on from the summary.

The following provides a brief overview of some of the key areas considered at the Executive Management Committee since 23 March 2018

Strategy
Corporate Objectives
Estates Strategy
Frailty proposal
Operating Plan
Corporate Objectives
Reablement proposal
BHT Way planning
Integrated Care system

Governance
Corporate Risk Register moderation
Health and safety including issues relating to estate
Security on the Wycombe site
Governance around out of hours primary care provision and the Minor Injuries and Illness Unit
Information Governance toolkit self-assessment
General Data Protection Regulation readiness
IT governance structure
Outpatient Pharmacy opening
Internal audit update
Board standards
Annual report

The following policies have been approved:
- Management of Organisational Change Policy BHT Pol 123
- Cash & Working Capital (Treasury) Management and Associated Procedures BHT Pol 216
- Handling of Healthcare Waste BHT Pol 095
- Counter Fraud and Bribery
- Medical Devices Disposal Policy
- Social Media Policy
- Handling Reported Information Security Incidents
- Data Quality Policy
- Prevent Policy
- Interim Mental Health Act Policy
- Ionising Radiations Generic Safety Policy BHT Pol 122
- Telecommunication Policy BHT Pol 202
- Safeguarding Adults Policy BHT Pol 093
- Safeguarding Children Policy BHT Pol 149

Minutes were reviewed from the sub-groups.

Quality
Clostridium difficile numbers and actions to address risk areas, including cleaning at SMH
Quality Improvement Plan
Quality Accounts 17/18
Operational performance
PLACE assessment
Emergency Preparedness
Patient voice
CQC maternity survey
BS1008 - records

People
Workforce performance
Safe staffing and the use of temporary staff
CARE awards
Staff engagement
Freedom to Speak Up Guardian annual report
Talent management

Money
Financial performance
Year end
Transformation programme
Progress of trainee coders
Contracts
Capital Management Plan
Emergency Department outline business case

Liz Hollman, Director for Governance, 22 May 2018

EXECUTIVE MANAGEMENT COMMITTEE TERMS OF REFERENCE May 2018

Chaired by: Chief Executive Officer Reporting: Key messages shared with the Trust Board in public.

Meetings: Every week. Three hours long. Week 1 and 2, Executive membership only. Week 3 and 4, Executive and divisional representatives. Week 5, Executive development	**Purpose:** The purpose of the Committee is to provide senior organisational leadership for the delivery of organisational objectives: quality, people, and money. The Committee is also responsible for strategy development prior to board sign off.
Members: Chief Executive Officer (Chair) Executive Directors (every meeting) (or nominated deputy) 1 representative from each Division (Weeks 3 and 4) Chief Pharmacist (Weeks 3&4) Director of Property Services (Weeks 3&4) **Quorum:** three executive directors (either voting or non-voting)	**Duties:** • Recommend strategy for discussion and approval by the Trust Board and the strategic and annual objectives to deliver the strategy, ensuring that regard has been given to the interests of stakeholders. • Develop the Trust's business plan and supporting budgets for presentation to, discussion with, and approval by the Board and following their adoption, the achievement of the associated budgets and underpinning clinical, operational, financial, risk management, workforce, capacity, IM&T and capital plans • Performance monitor the delivery of organisational objectives, including quality, people and money
Success Criteria: Tight agenda management and chairing to complete the business within allocated meeting time. Effective leadership communication through every level of the organisation.	• Approve all revenue business cases at the level of £100k or above • Agree the rating of risks on the Board Assurance Framework and Corporate Risk register and the mitigation of those risks. • Monitor the current and future workforce needs and trends of the Trust and take action when required. • Make provision for management development and succession, including executive development.
Inputs: Rolling 4 week programme (Appendix 1) Minutes of sub-groups (Quality and Safety, Risk and Compliance Monitoring, HR and Workforce, Strategic Transformation) Corporate Risk Register and Board Assurance Framework Business Cases Performance information Strategy information (This list is not exhaustive)	• Safeguard the information systems of the Trust to confirm that all person identifiable data is properly protected and the integrity of management information and financial reporting systems. • Monitor that systems and processes are in place to comply with the Health and Safety at Work Act and take action as required. • Approving the terms of reference for groups reporting to the Committee and receive reports as described within their terms of reference.
Outputs: Record of actions; Record of decisions; EMC action tracker.	• Approve policies and operational and management procedures which affect the whole Trust or more than one division and where necessary recommending them to the Board for approval.
Method of working Culture of openness and frank discussion and challenge with a solution focus; Trust values will be adhered to and the group will be mutually supportive; Commitment to delivery of agreed actions.	• Take a corporate and co-ordinated approach to the implementation of Trust policies and review their effectiveness. • Monitor the progress of the internal audit programme and that actions are completed within agreed timescales. • Obtain assurance from minutes of sub-groups (as per the structure diagram Appendix 2) and be the route of escalation from those groups

EMC 4 week cycle 18/19

	WEEK 1 A.M.	WEEK 2 A.M.	WEEK 3 P.M. (including Divisional Representation)	WEEK 4 P.M. (including Divisional Representation)	WEEK 5
Area of focus	**Quality** • Patient voice • Quality Improvement Plan • Quality dashboard • Serious Incidents • Learning • Complaints	**Workforce** • Talent Management • Leadership • Safe Staffing • Executive team / early conversations	**Finance** • I&E • CIP • Capital • Cash	**Strategy** • Business cases • Business case benefits realisation • External environment • Innovation and Improvement • Operating Plan Oversight • Progress against Corporate Objectives (quarterly)	**Executive Develop-ment**
Other regular items	Minutes of Quality and Safety Group Estates	Minutes of HR and Workforce Information Technology	Integrated Performance report Health and Safety	Minutes of Risk and Compliance Monitoring Group Corporate Risk Register BAF Policy approval Summary of Internal Audit work	
Week when sub-group meets	**HR and Workforce**	**Divisional Operational Committee**	**Risk and Compliance Monitoring Group**	**Quality and Safety Group**	
Last EMC before papers have to go out for Board/Committee		**Finance and Business Performance Committee** **Trust Board**	**Quality Committee** **Strategic Workforce Committee**	**Audit Committee**	