

**TRUST BOARD MEETING IN PUBLIC**  
**28 November 2018**  
**CHIEF EXECUTIVE'S REPORT**

This report aims to highlight to Board members areas that will benefit from focused discussion, and to 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, to provide the Board with oversight of the significant discussions of, and decisions taken by, the executive team over the past two months.

**1. Learning**

As a Trust we strive to be transparent about our performance and clinical care, identifying areas for improvement as well as celebrating examples of best practice, to support the continued evolution of our learning culture.

During September, 62 people passed away whilst in our care; this number rose to 85 in October. In each of the months of September and October there were 4 cases of *clostridium difficile*, with no cases of hospital acquired MRSA bacteraemia. During September, 80 of our inpatients recorded a fall during their stay with us; in October 102 falls were recorded. I am pleased to say that none of these falls resulted in severe harm. In September none of our patients developed Grade 3 or 4 pressure ulcers; in October two incidences were reported and we continue to give this area our focused attention. I am disappointed that there was one serious incident in October which met the criteria for a never event. It is of the utmost importance that we understand and learn from this event, and specific actions have been identified for immediate improvement and for spreading the learning Trust-wide.

The Trust received 61 formal complaints from patients in September and 46 in October. The complaints team have achieved a speed response of 93% responded to within 25 days, above the target of 85%. We received 1179 and 1029 accolades in September and October respectively, and 98% of patients would be likely or extremely likely to recommend our services to their friends and family. We also received 45 excellence reports in September and a further 49 in October.

I am delighted to see one example demonstrating the evolution of our learning culture: "... has revolutionised our clinical governance feedback. We now get a written report via email as well as a discussion in the monthly meetings. Issues and themes are highlighted learning is shared and debate encouraged."

Listening to the patient voice is fundamental to our learning culture, and I am pleased to share a number of recent patient engagement initiatives. As part of the Delivering Better Births in Buckinghamshire programme, 835 women across the county have given their views on how our maternity services should develop. Continuity of care and good communication were seen as crucial to a good experience of the service. We will be holding workshops with service users in November to explore the findings in depth and to develop service models.

Our National Spinal Injuries Centre (NSIC) staff have worked with the Head of Involvement to develop a full response to the ten recommendations made by patients to improve the patient experience of the NSIC. All patients who took part in the engagement process in August have received the response, which includes a number of commitments to work in partnership with patients. Patients have been invited to apply to join a new NSIC patient group who will meet quarterly with staff to take forward the recommendations. Nearly 20 patients have applied and the first meeting is scheduled for December.

The Trust Patient Experience Group met in October. The meeting focused on patients' experience of admission to hospital with members taking part in an exercise to consider what information patients should be given when they come into hospital. We also held the Thame Community Hub stakeholder workshop. The workshop brought together a range of stakeholders, including, staff, GPs, patients, CCG and social services to inform an implementation plan for the next stage of the development of the community hub in Thame. The workshop participants highlighted the need to be more proactive in targeting potential patients, and the need to address issues arising from bordering Oxfordshire, providing more information to GPs on the hub. They also discussed clinics they felt it would be appropriate to have in the hub including ulcer, and palliative care.

### **Quality and performance**

All NHS systems in the country, including Buckinghamshire, are preparing for a very challenging winter. We are anticipating high levels of demand and have been working with our partners in the Buckinghamshire Integrated Care System (ICS) on measures to deal with the increased pressures on healthcare during the winter months, to make sure that patients receive the most appropriate care for their needs. We have appointed an ICS Winter Director, put in place a robust workforce plan, and are providing additional support to help keep our frontline staff fit and well. We are also designating more beds for A&E patients, to meet the anticipated elevated demand over winter, and are providing more diverse care options in the community, such as extra support for patients in their own homes and further care home beds. Our priority is to ensure all patients receive the right care in the right place and are not delayed unnecessarily in hospital.

The proportion of A&E patients seen within the national 4 hour target was 89.4% in September, a slight increase since August against an increase in attendances and emergency admissions; this reduced to 88.6% in October. I am pleased that we are now reporting 85.3% against the cancer 62 day standard, with 93.7% against the two week wait for first appointment, and 96.4% against 31 days to treatment.

Key to delivering our corporate objective for people is attracting and retaining high calibre people and enabling teams to innovate and develop their services. Recruitment to clinical apprenticeships continues to support the development of nursing staff through a developmental pathway from Band 2 Healthcare Support Worker (HCSW) to Advanced Clinical Practitioner (ACP). In September, 20 Nursing Associate Trainees started a two year programme, and we look forward to welcoming a further 20 in December. Despite this, the number of nurse vacancies remains a risk, with our nurse vacancy level at 16.8% at the end of October; we continue to adapt our approach to improve this position. Vacancies are the main driver of temporary staffing and although we remain above our internal target, we are now below the NHSI monthly target. As always, we are continuing to review use of our agency staff across the organisation.

We are proud that over half of our staff have already received their flu vaccination, but we recognise that we still have more to do to continue to protect our patients at this time of year; we continue to hold regular drop-in clinics and communicate the importance widely with our staff.

Listening to our staff is critical to driving the changes that will be most impactful to staff and therefore to the care we deliver to our patients. We launched Go Engage earlier this year, an initiative used successfully in other Trusts, and we are well into our first quarter of the programme. I look forward to providing updates on the outputs of the programme in future Reports. We also launched the Staff Survey, a national initiative that provides invaluable feedback from the staff perspective; in the first few weeks over 40% of staff have already completed this and we will be reviewing the insights in detail to drive excellence for our staff and the quality of our care.

The Trust's year to date deficit at month seven is £12.7m, £13.3m variance to plan. Drivers of the deterioration include urgent care demand, Cost Improvement Programme gap, increased Medical Staffing costs, drugs, and temporary staffing. In addition to our ongoing financial recovery plan, we have sought

expert external review and guidance from PricewaterhouseCoopers; NHS Improvement has also supported the Trust by conducting a detailed review of our financial governance and recovery plan and provided recommendations. It is our collective responsibility to bring this Trust back into a financially sustainable position for the longevity and quality of our services, and as such, all divisions have committed to their own viable contributions to drive this change throughout our organisation.

### **Strategic view**

We held our second Quarterly Clinical Strategy conference in October on Reducing Variation in Quality and Efficiency. The conference was attended by over 50 colleagues and was a mixture of speakers, case studies and interactive workshops. Sir Muir Gray and Professor Mike Horrocks as external speakers supported the event. The feedback has been positive as a way of networking, learning and improving our services together. Our next conference will be on Innovation.

We also held our quarterly BHT Way event in October, which provided dedicated time for staff in leadership roles across the organisation to think about improving their services by sharing inspiring examples of service improvement. Continuously advancing our service is a key part of the learning culture in our organisation and we are developing a Service Improvement strategy to build on the momentum of this event.

A bid has been approved in principle from NHS England for £2.2m IT capital resource to support additional mobile devices and data sharing mechanisms in 2018/19. This will improve integrated working across the ICS.

The NHS 10 year plan is due for publication at the beginning of December 2018. Priorities are likely to include; cancer screening, mental health, children's services, reducing health inequalities and cardio-vascular disease. The Trust will be working collaboratively with Buckinghamshire ICS colleagues over the next six months to reset our five years plans. This will involve engagement both with our health and social care partners and our patients. The NHS national Planning timetable has been published for 2019/20 with submissions of 'first cut' plans by 14th January. The Trust is working collaboratively with the Bucks ICS to ensure alignment of our plans for next year.

In November we presented to the Health and Adult Social Care (HASC) Select Committee our plans to maximise the utilisation of our two existing community hubs in Thame and Marlow; in parallel we are considering options for development of other community sites to meet the growing demands of our evolving population across Buckinghamshire, and our ambition to offer care closer to home throughout the county.

## **2. Outstanding practice**

I am delighted that we had a successful visit from Anaesthesia Clinical Services Accreditation (ACSA). ACSA is a voluntary scheme run by the Royal College of Anaesthetists for NHS and independent sector organisations, and offers quality improvement through peer review. The ACSA standards are considered "above and beyond" the Guidelines for Provision of Anaesthetic Services (GPAS) that the Quality Care Commission uses as its benchmark. The overall aim is to improve and standardise the provision of anaesthetic services across the UK. The reviewers praised the overall culture of safety and quality across the whole Trust, the level of managerial support, the involvement of and support of SAS grade anaesthetists and the pre-operative assessment service. We will be the first accredited department in the region.

One of the areas which received praise by ACSA was our Medical Examiners. We now have a national model of adoption linked to the learning from deaths programme. With the roll-out of national Medical Examiner (ME) into secondary care in April 2019, we are receiving expressions of interest from across the country. In September we were the first Trust to be visited by the Implementation Lead for National Medical Examiners, we have published a case study in the first national Mortality Report collated by the Royal College of

Physicians, and our revised mortality review process was presented at the National Medical Examiner Conference; the ME model has been awarded HSJ finalist for the category of patient safety.

I am also delighted to announce that we are a partner site in the National Consortium of Intelligent Medical Imaging (NCIMI). This exciting new venture led from Oxford University with funding from Innovate UK, aims to develop new artificial intelligence (AI) tools to help speed up diagnosis of cancer, heart disease, genetic disorders and other conditions.

Our Obstetrics and Gynaecology unit has ranked 29th in the country (and best in Thames Valley), up from 73rd in 2017 by 85.8% of trainees recommending the unit as a place to work in their Trainee Evaluation Feedback collected by the Royal College of Obstetricians and Gynaecologists.

The pathology state of the nation report gives each trust an engagement score within their network. We have 100% engagement. The report gives an update on where each of the 29 proposed pathology networks are in their implementation. It is also setting the expectation that all 29 networks should be fully implemented by 2021 to ensure that benefits to patients and £200m efficiencies are delivered.

Congratulations to Jim Forsyth and all members of the Trust procurement team for achieving Level 1 accreditation in the NHS Standards of Procurement. These standards allow us to benchmark our procurement capability and service against the standards set by the NHS, and against other Trusts.

### **3. Proud to be BHT**

- October was Freedom To Speak Up (FTSU) month. Our FTSU Guardian, Tracey Underhill, was at various events in October, talking to staff about how they can #speaktome (a national campaign) if they have any concerns about patient safety or their own staff experience. Every Trust in England now has a FTSU Guardian and last year they handled over 7000 cases brought to them by NHS workers.
- October was also Black History month; we launched our Black Asian Minority Ethnic (BAME) staff network, pledging to help us “value all differences”, and we are now in the midst of launching our reverse mentoring scheme ‘Building Bridges: Help make BHT inclusive for both staff and patients’.
- Congratulations to Helen Mehra, Lead Nurse in the Integrated Elderly & Community Care Division, who has been successful in securing herself a place in the Executive Leadership course starting in December. This is the first National Executive programme and will be a fantastic opportunity for Helen to develop her role even further in our Trust.
- We are proud of a number of poster prizes awarded to our staff recently: Dr Pok Tin-Tang won first prize at the 5th National Quality Improvement Conference; Lizzie Thomas-Davies was awarded with the most innovative presentation award at the Berlin spinal cord injury nurses conference; Dr Sara Law won the Poster Presentation prize at the NHS England South Region Annual Conference this week; and the Trust’s poster was voted the best at NHS England’s Leading the Way conference on Medical Revalidation.
- We had a great turnout for our BHT Bake-off competition across four Trust locations raising over £2000 for Macmillan Cancer Support. Congratulations to midwife, Hannah Dominey, for her maple and pecan Black History Month inspired cake.

Neil Macdonald  
Chief Executive

Items discussed at Executive Management Committee 21 September to 16 November 2018

The Executive Management Committee meets formally on a weekly basis and covers a range of subjects including 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 21 September 2018.

**Quality**

Flu plan, including launch  
 Urgent care weekly update  
 Linking together Quality approach (safety culture, human factors, quality, learning framework)  
 Integrated performance report and exception report  
 Outpatient waiting list management  
 E-obs monthly update  
 24/7 service update  
 NHS Learning Disability Improvement Standards data collection  
 Clinical accreditation proposal  
 Cancer Thames Valley Cancer Alliance update  
 Waiting list initiatives  
 Quality Impact Assessment update  
 RTT Data Assurance Action Plan  
 Health & safety  
 National Audit for End of Life Care  
 Paediatrics emergency setting gap analysis results  
 CQC insight report

**People**

Nursing transformation  
 Retention plan  
 Bank rates  
 Nursing apprenticeships  
 Sickness absence  
 Workforce planning strategy  
 Talent management  
 Clinical Excellence Awards  
 Security at Wycombe  
 General Medical Council feedback  
 CARE award nominations  
 HSJ value award nominations  
 Freedom To Speak Up  
 Education, learning and development quarterly update report – July to October  
 Lone working and community staff

**Money**

Monthly I&E summary  
 Cost Improvement Programme  
 Capital report  
 Cash report  
 Four Eyes executive feedback  
 Procurement – specialised services  
 Sleep studies business case  
 Monthly CHKS report  
 Financial Recovery Programme  
 Outpatient pharmacy report  
 NHSI financial governance report  
 Finance communications plan

**Strategy**

Planning 2019/20  
 Estates strategy  
 Winter plan  
 A&E rebuild update  
 Brexit  
 Estates weekly update  
 Organisational redesign

**Governance**

Corporate risk register and Board Assurance Framework  
 Standing orders, standing financial instructions and limits of delegation  
 Data Security and Protection Toolkit baseline submission reports

External reviews register

The following policies have been approved:

- Outpatient parenteral antimicrobial therapy policy
- Allergy policy
- Working time regulations policy
- Adult elective access policy
- Violence and aggression policy
- Overarching information sharing protocol policy
- Production, approval, registration and implementation of trust-wide strategies and policies
- Guidance on information disclosures and sharing decisions
- Information governance confidentiality code of practice
- Information governance policy
- Lockdown policy
- Policy for management of incidents and serious incidents
- Corporate bed management policy
- Medicines policy Annex 4
- IT serv policy for the procurement/implementation of new IT systems
- Equality and diversity policy
- Flexible working policy
- Smoke free policy
- Personal and professional boundaries policy

Meeting minutes of the following:

- Resilience Committee
- Risk & Compliance Monitoring Group
- Caldicott
- Quality & Patient Safety Group
- Research & Innovation Committee
- Divisional Operational Committee
- Capital Management Group
- HR and Workforce Group