Agenda item: 9
Enclosure no: TB2018/076

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
WEDNESDAY 25th JULY 2018

Details of the Paper

Title	Integrated Performance Report
Responsible Director	Natalie Fox, Chief Operating Officer
Purpose of the paper	To present to the board the integrated performance report for June 2018
Action / decision required (e.g., approve, support, endorse)	To note the report and review the relevant exception reports

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	***Financial Performance***	***Operational Performance***	***Strategy***	***Workforce performance***	*New or elevated risk*
Legal	***Regulatory/ Compliance***	***Public Engagement /Reputation***	***Equality & Diversity***	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?
High Quality Care, safe and compassionate care in patient's home in the community or one of our hospitals.

Please summarise the potential benefit or value arising from this paper:

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: Operational Performance against key access standards, including emergency access, referral to treatment and 62 day cancer standard. Workforce and Quality measures.
	Financial Risk: Delivering of statutory financial requirements.

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Quality, Safety, Effective, Responsive and Well-led. *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Natalie Fox, Chief Operating Officer
Presenter of Paper: Natalie Fox, Chief Operating Officer
Other committees / groups where this paper / item has been considered:
Date of Paper: 17th July 2018

Buckinghamshire Healthcare
NHS Trust

Integrated Performance Report

July 2018

Safe & compassionate care,
every time

Executive summary

This summary outlines the operational performance of the Trust for the month of June 2018 and identifies key successes and risks for the organisation in its agreed operational indicators against People, Quality and Money.

Emerging/Emerging Risks

Whilst pressures on the urgent care pathway have continued in June, performance against the 4 hr standard has improved in month from 89.1% to 91.1%.

The cancer 62 day standard has improved in month from 74.5% in April to 82.2% in May.

RTT Open Pathway performance improved again in month, with May performance of 90.2%.

Quality

A national spotlight on learning disability deaths leading to BHT initiatives with representation at deteriorating patient group and learning disability nurses inputting into Mortality & Morbidity review and our regional partners are adopting the BHT model for mortality review

There has been a reduction of Clostridium difficile cases from 6 last month to 2 this month.

89% response rate for complaints received within 25 days in May and continuing to deliver above the target rate of 85%.

Workforce

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 rising to 17.2% at the end of June; we continue to review and refresh actions to improve this position. Vacancies are the main driver of temporary staffing and we have seen an increase in Month 3 of agency spend. Work is ongoing across the organisation to review usage of all agency staff.

Finance

The Year To Date deficit is £5.8m, £4.5m variance to plan. The drivers are Income £3.4m, relating primarily to lost Provider Sustainability Fund as a result of not delivering financial plan and A&E delivery £1.8m, and under delivery of Cost Improvement Programme (CIP); and Pay £1.1m, under delivery of CIP and increased Medical Staffing costs. The Trust is currently breaching its Agency Cap by £0.6m. The operational finance performance is putting pressure upon cash balances and impacting working capital management.

Improved Metrics	Deteriorated Metrics
A&E performance , whilst still below target, has improved in month 91.1% meeting the 4 hour standard.	1 case of MRSA Bacteraemia in June
Cancer performance has improved across both 62 days to first treatment and 104 day waits (down to 6 from 7).	1 avoidable pressure ulcers(3/4) reported for June.
Cdiff has continued to improve with 2 instances in June compared to 6 in May.	Shifts breaching Agency Cap deteriorated in June to 829 (from 712). The Nursing vacancy rate also went up to 16.8% from 16.3%; as did % staff temporary spend at 13% from 12.2%.

Trust integrated operational floodlight report – June 2018

CQC RATING	-	REQUIRES IMPROVEMENT

Key to trend arrows :	⇧ Improvement	⇨ No change	⇩ Deterioration

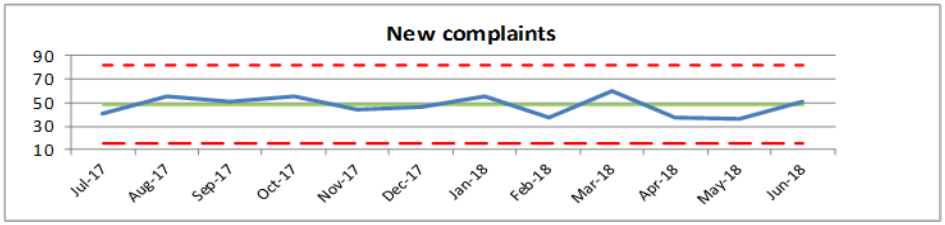
QUALITY							
HSMR	90.0 Apr17 to Mar18		⇩ 88.1	SHMI	0.97 Oct16 to Sep17		⇨ 0.97
A&E - 4 hour target	91.1% Jun-18		⇧ 89.1%	A&E - 12 hour trolley waits	0 Jun-18		⇨ 0
Cancer - 104 days wait	6 May-18		⇧ 7	Cancer - 62 days (first treatment - 2ww)	82.2% May-18		⇧ 74.5%
CDiff	2 Jun-18		⇧ 6	MRSA Bacteraemia	1 Jun-18		⇩ 0
Never Events	0 Jun-18		⇨ 0	% Harm Free Care	93.1% Jun-18		⇨ 93.1%
Falls (causing severe harm)	0 Jun-18		⇧ 1	Medication errors (with severe harm)	0 Jun-18		⇨ 0
Avoidable pressure ulcers (3/4)	1 Jun-18		⇩ 0	Mixed sex breaches	0 Jun-18		⇨ 0
Trust acquired thrombosis	under development			Outstanding patient safety alerts	0 Jun-18		⇨ 0
RTT - Open Pathways	90.2% May-18		⇧ 89.9%	RTT - 52 week waits	0 May-18		⇨ 0
Statutory Training	89% Jun-18		⇨ 89%	FFT % positive (inpatients)	94.9% Jun-18		⇧ 94.6%
Complaints - response in 25 days	89% May-18		⇩ 96%	Complaints - response o/s > 90 days	14 Jun-18		⇧ 16
EFFICIENCY							
Delayed transfer of care (DTOC)	5.3% May-18		⇩ 5.1%	Theatre Utilisation	87.3% Jun-18		⇧ 85.0%
SMH - Medical length of stay (days)	7.4 Jun-18		⇧ 8.0	CAT activity (outpatient appointments)	154 Jun-18		⇧ 151
% staff temporary spend	13.0% Jun-18		⇩ 12.2%	Shifts breaching Agency Cap	829 Jun-18		⇩ 712
CIP Plan delivered	77% Jun-18		⇧ 65%	Overall Finance Score (as per NHSI)	3 Feb-18		⇨ 3
Clinical Coding within target	95% May-18		⇧ 92%				
PEOPLE							
Sickness rate (Trust overall)	3.2% May-18		⇧ 3.4%	Appraisals completed (2018 cycle)	41% Jun-18		⇧ 15%
Nursing vacancy rate	16.8% May-18		⇩ 16.3%	Staff Turnover (in last 12 months)	15.4% Jun-18		⇧ 15.7%
Staff FFT (recommend place to work)	60% Apr18 to Jun18		⇩ 61%	Go Engage	not currently available		

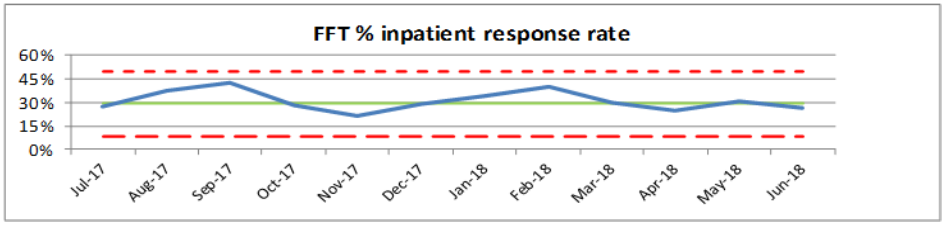
Quality: patient experience

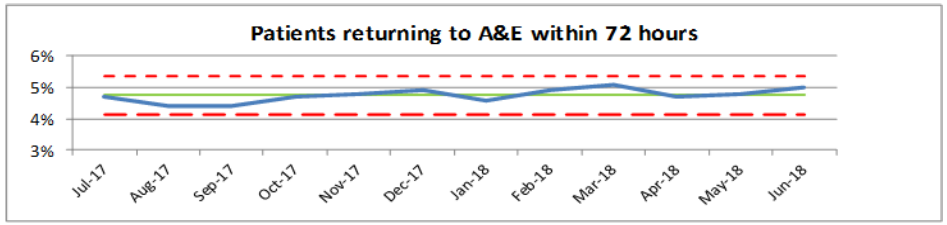
PATIENT EXPERIENCE - LEADING INDICATORS (SPC)

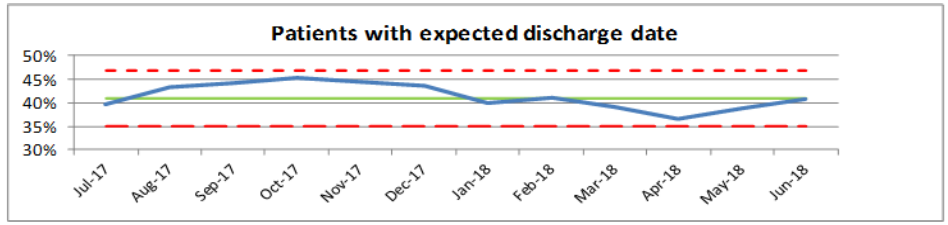
Lead - Quality Committee

Information derived from internal sources







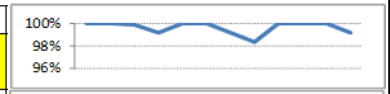
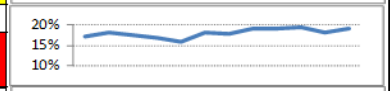
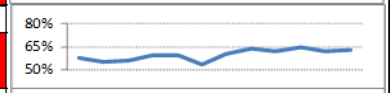
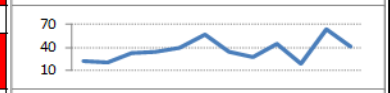
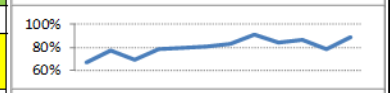
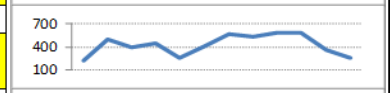
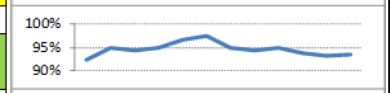
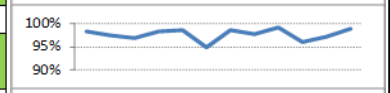
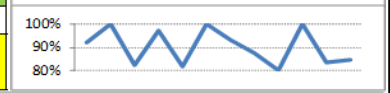


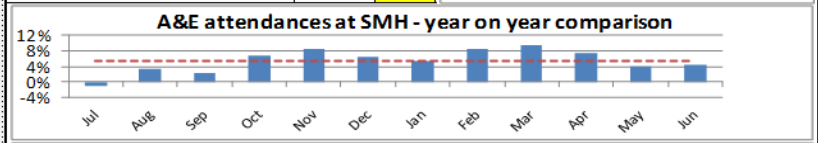
Pharmacy TTO

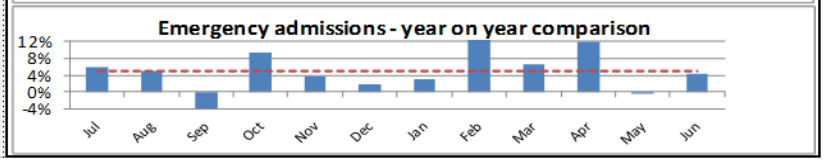
Currently in development

PATIENT EXPERIENCE - TREND INDICATORS

Information derived from internal sources

Diagnostic waits - patient seen within six weeks	This period 99.2% May-18	
Outpatient appointment disruption	This period 19.0% Jun-18	
Outpatient letters to GP within 14 days	This period 63% Jun-18	
Elective operations cancelled on the day	This period 41 Jun-18	
Friends and Family - % positive (Maternity)	This period 95.6% Jun-18	
Friends and Family - % positive (A&E)	This period 89.2% Jun-18	
Patients over 12 hours in A&E	This period 261 Jun-18	
Cancer - two week wait for first appointment	This period 93.5% May-18	
Cancer - 31 days to treatment	This period 98.8% May-18	
Cancer Screening - 62 days to treatment	This period 84.6% May-18	





Quality: patient experience

Accolades

In 2017/18 our compliments and accolades outnumbered our complaints by a factor of 25:1. In May 2018 there were 219 recorded accolades and they were distributed amongst the divisions as can be seen below.

Integrated Medicine	74
Specialist Services	44
Women & Children	44
Surgery	9
IECC	47
Corporate/Non-Clinical Support Services	1

Complaints

89% response rate for complaints received within 25 days in May and continuing to deliver above the target rate of 85%.

Over 90 day cases at their lowest at 14 (4 of which are Serious Incidents s and 2 of which are ombudsman cases).

Q1 2018/2019 saw 125 new cases which is a similar picture for this Quarter compared with the two previous years in the same months.

Activity

12 new local patient experience surveys registered with the Clinical Audit and Effectiveness Team . Two from the specialist services division, two from the women and children's division and one from the Integrated elderly and community division. Five of these have been completed with supporting action plans.

Key Achievements

- Face to face sharing of A&E patient feedback to clinical staff with actions taken immediately relating to department temperatures and disabled toilet access.
- FFT comments / free texts prepared and sent to each division showing key themes and recommendations to celebrate and improve service areas.
- Presented Patient Experience feedback at SEAP and Healthwatch collaboration event with positive feedback and recognition of the work being undertaken at BHT
- Internal trial of a FFT SMS survey run within outpatients with initial findings demonstrating that SMS gave 1,178 responses in May 2018 compared to 536 card responses in April 2018 including a richer text feedback

Key Priorities

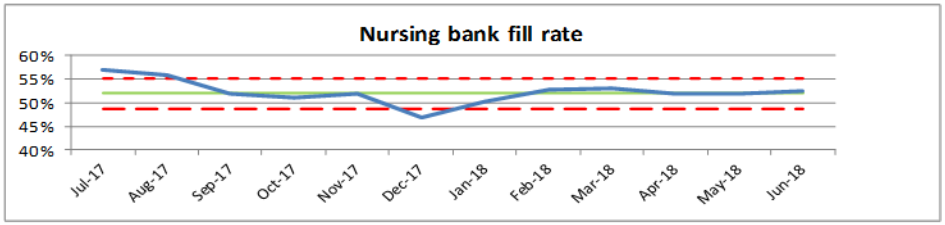
- Monthly ward walk-arounds across all sites to commence meeting with each ward team to increase visibility and to support them with ideas to improve the patient experience on the ward areas
- Linking with Clinical Audit Team to review monthly local patient experience surveys , reviewing the draft reports / action plans and making contact with the services to support any identified pieces of work and sharing of best practice
- Healthcare Communications IT management system to be implemented for a 6 month pilot using A&E, maternity and community services July/August 2018

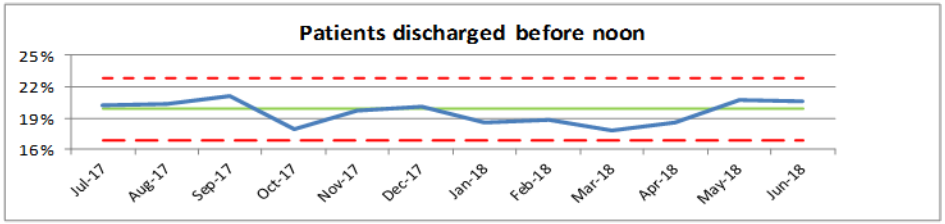
Quality: patient safety

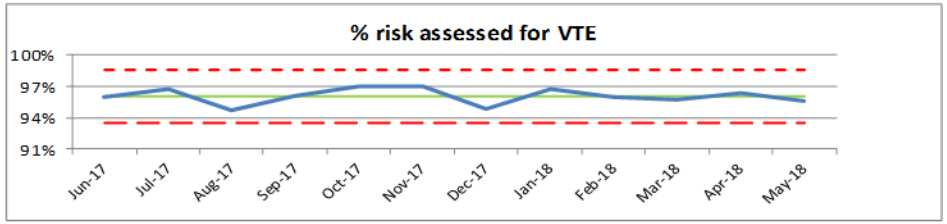
PATIENT SAFETY- LEADING INDICATORS (SPC)

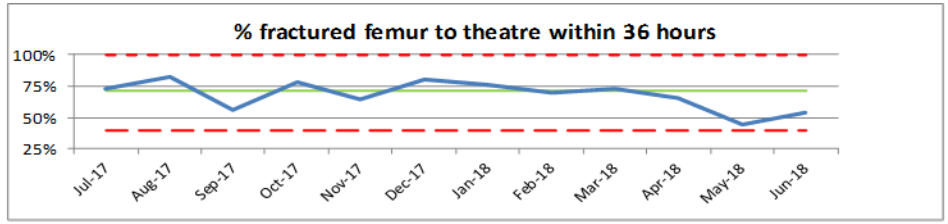
Lead - Quality Committee

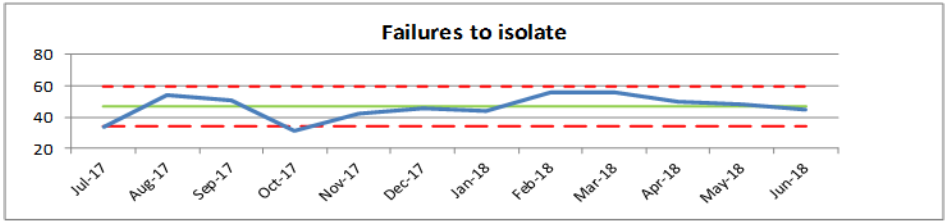
Information derived from internal sources





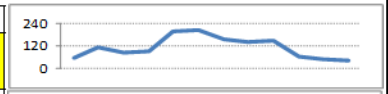
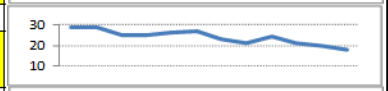
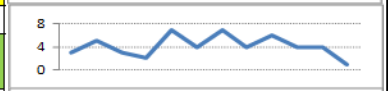
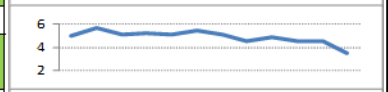
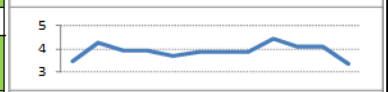
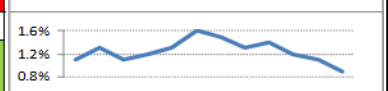






PATIENT SAFETY - TREND INDICATORS

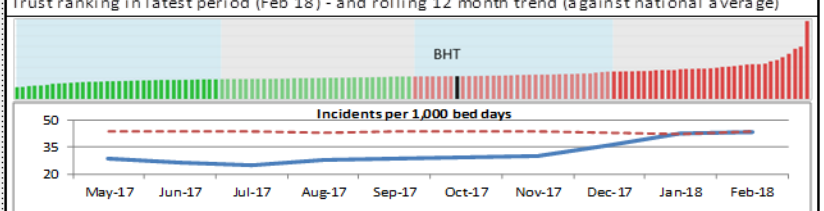
Information derived from internal sources

Ambulance handover delays	This period 43 Jun-18	
A&E - Median time to triage (minutes)	This period 18 Jun-18	
Avoidable cardiac arrests	This period 1 Jun-18	
Extended perinatal mortality (per 1000)	This period 3.5 Jun-18	
Stillborn babies - at 24 weeks or later (per 1000)	This period 3.3 Jun-18	
Outstanding clinical audits causing concern	This period 15 Jun-18	
Safeguarding training - children and young people	This period 82% May-18	
Line infections	This period 4 Jun-18	
Crude mortality	12 month average 0.9% Jun-18	
Medical Examiner screens selected for further review	This period 14% May-18	

Information source is NHSI Model Hospital - for benchmarking nationally

Potential under-reporting of incidents

Trust ranking in latest period (Feb 18) - and rolling 12 month trend (against national average)

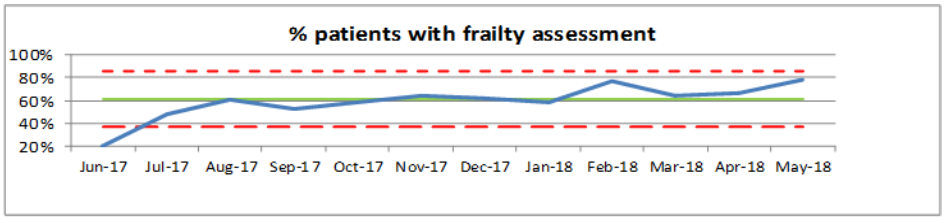


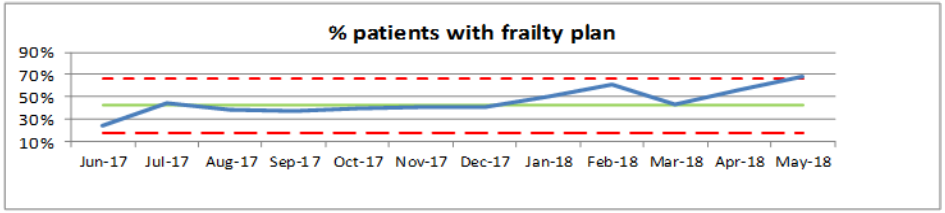
Quality: patient safety

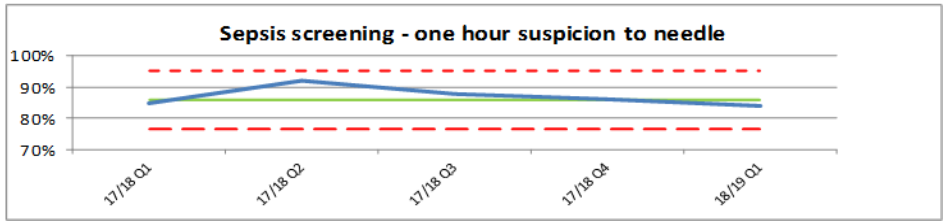
PATIENT SAFETY- LEADING INDICATORS (SPC)

Lead - Quality Committee

Information derived from internal sources

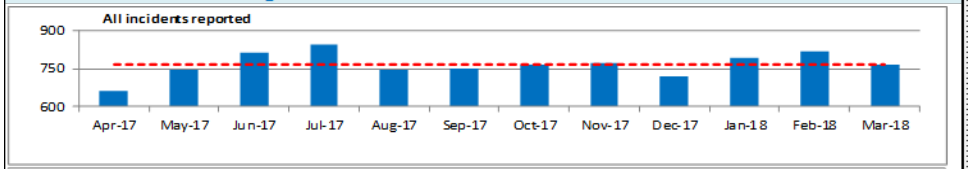


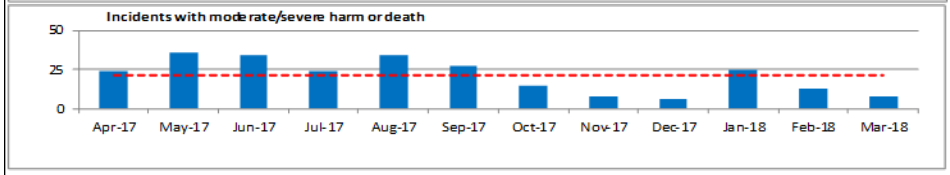




Safety incident reporting

Information source is CQC Insight



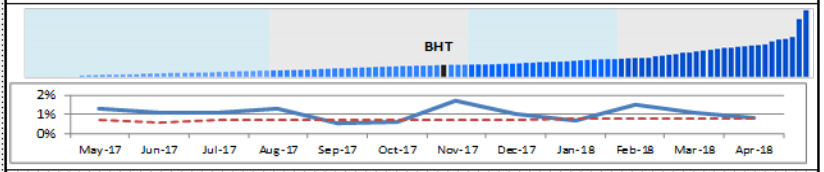


PATIENT SAFETY - TREND INDICATORS

Information source is NHSI Model Hospital - for benchmarking nationally

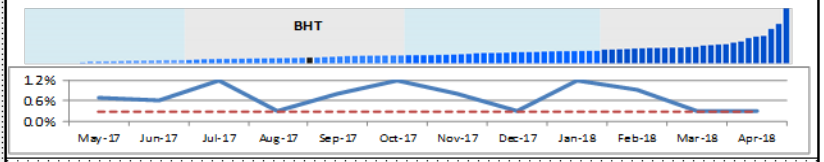
New pressure ulcers per patient

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



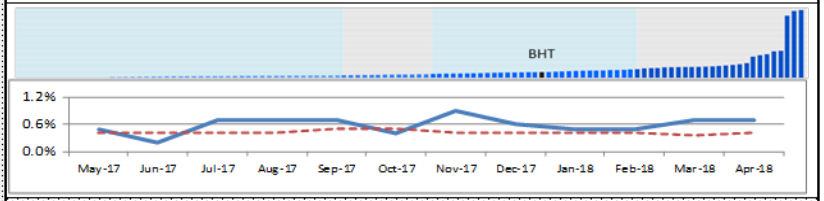
Falls per patient causing harm

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



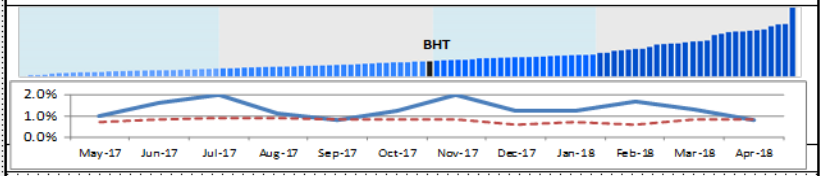
New VTE per patient

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



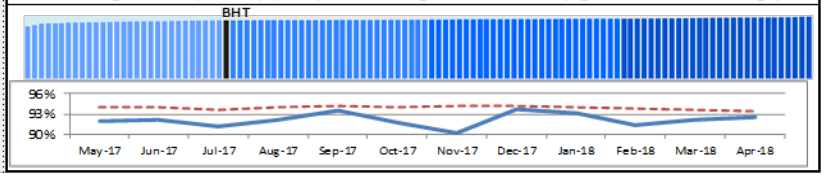
UTI/Catheter per patient

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



Proportion of patients with harm free care

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



Quality: Key Issues and Learning

Key lessons learned and actions from serious incident reports this month

Missed diagnosis of myocardial infarction/Acute Coronary Syndrome

The patient was admitted to hospital and due to the complexity of their history and presenting symptoms, together with the original investigation results which were not supportive of a cardiac event, it led to investigations into other causes of the patients chest pain. Learning included:

✓ The Trust's guideline "*Diagnosing Cardiac Event Tool*" has been updated following the findings of the Serious Incident

✓ Where there is ambiguity between PEs and myocardial infarctions, an urgent echocardiogram can be helpful in establishing the right course of action. Cardiology is based on another site to ED. This may have caused a delay in seeking cardiology opinion. Out of hours echo is not available at SMH but might have been arranged urgently during the day if the diagnosis had been considered.

Mortality review and alerts

•All objectives of the Learning from Deaths Quality Standard (2017) were met; to independently scrutinize all deaths, ensure meaningful engagement with bereaved relatives and use the Royal College of Physicians (RCP) structured judgement review (SJR) methodology in selected cases for learning and subsequent actions. In line with RCP recommendations SJR review is on average 12% of all cases.

•Medical Examiners provide support to junior doctors in improving accuracy of certification, DOCGEN GP notification, and referral to coroner. Local agreement with the coroner has led to a reduction of 25% in referrals speeding up the process for bereaved relatives.

Learning so far includes:

- Improvements to end of life care supported in the hospital and the community
- Medical Examiner screens leading to identification of inherited disease
- SJR review resulting in increased awareness of timely DNACPR decisions and treatment escalation plans

Service Improvements

Recent Key Achievements and key priorities:

- The new 2WW lung cancer pathway has been well received by patients/staff
- The Intranet Service Improvement page is now live
- The STP-wide QSIR training programme is being rolled out to BHT staff
- The Service Improvement team are currently supporting the following projects:
  - Mental health frequent attenders – review of initiatives across the Sustainability Transformation Partnership/ recommendations for future projects
  - Paediatric speech & language therapy - workshop and service review
  - Continence service – to optimise resources. Pending business case.
  - Clinical coding – to maximise timely and complete access to coding information
  - Urgent care – 'Get Up, Get Dressed, Get Moving', 'Moving to Good' campaigns and Urgent Care Workshop (27 June)

CQC insight (latest published 8th July 2018)

Two indicators showing as Much Better than national average

Inpatient response rate (%) NHS England - Friends and Family Test (07 Jun 2018)	**22.3%** **Apr 16 - Mar 17**	31.0% Apr 17 - Mar 18
Patients recommending the trust - A&E (%) NHS England - Friends and Family Test (12 Jun 2018)	76.8% Jan 17 - Mar 17	86.0% Jan 18 - Mar 18

Two indicators showing as Much Worse than national average

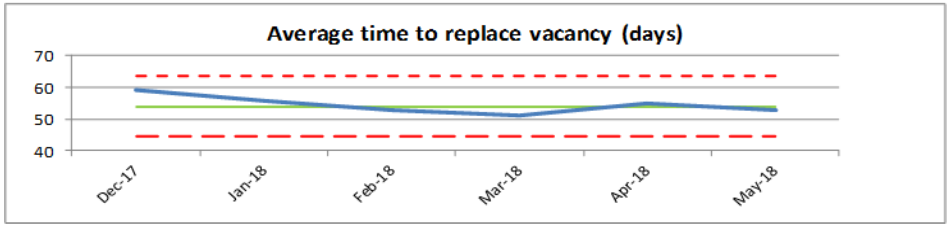
Admissions waiting 4-12 hours from the decision to admit (%) target 10%	6% May 17	15% May 18
Patients spending less than 4 hours in major A&E, target 95 (%)	86.3% May 17	80.0% May 18

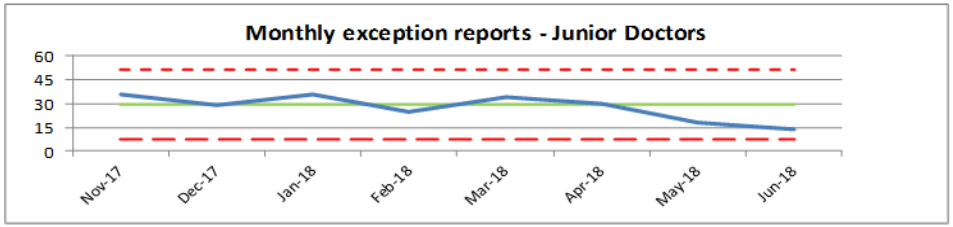
Workforce indicators

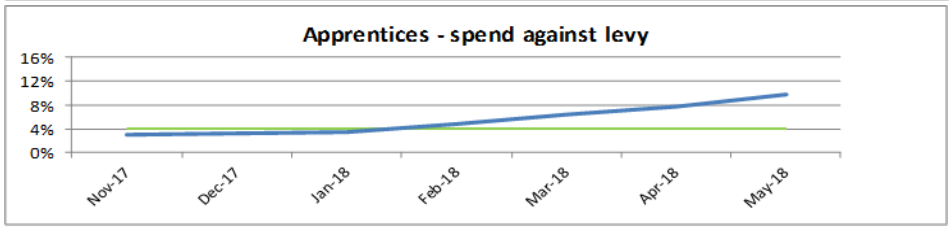
WORKFORCE - LEADING INDICATORS (SPC)

Lead - Workforce Committee

Information derived from internal sources







WORKFORCE - TREND INDICATORS

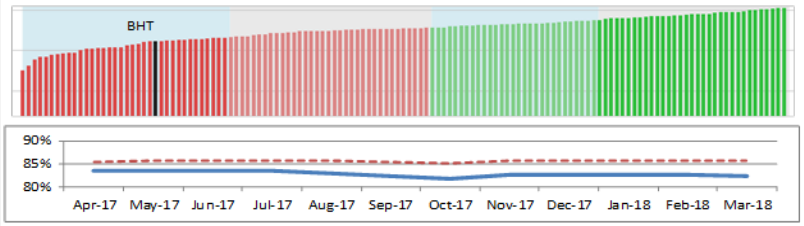
Information derived from internal sources

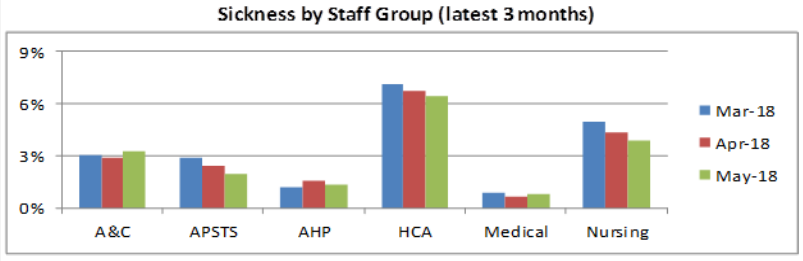
Agency staff - spend against plan	This period 125% Jun-18		130% 100% 70%
Wards with > 30% nursing vacancies	This period 15 May-18		16 8 0
Occupational Health referrals for stress	This period 38 Jun-18		60 30 0
Medical locums for longer than one month	This period 18 Jun-18		40 20 0
Apprentices - recruitment against plan	For 2017/18 76% 17/18 Q4		Trend line will become available as financial year progresses

Information source is NHSI Model Hospital - for benchmarking nationally

Staff retention

Trust ranking in latest period (Mar 18) - and rolling 12 month trend (against national average)





Workforce

Strategic update

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.

Key risks and mitigating actions are in place for areas where delivery of floodlight performance indicators is not meeting target and indicators are rag rated red: nurse vacancy rate, turnover levels of all staff, appraisal levels for non-medical staff and number of shifts outside of NHSI cap rates.

Apprenticeships

Since May 2017, employers who have a salary bill of over £3m each year pay an 'Apprenticeship Levy' (0.5% of the annual pay bill) into a 'digital account' which can then be drawn down by the organisation to fund apprenticeships.

Public sector organisations with 250 or more staff in England have a target to employ at least 2.3% of their staff as apprentices in the period April 2017 to March 2021. In BHT our target over this period is 140 apprentices. 72 apprentices started training programmes during 2017/18. In 2018/19 we have plans to recruit 227 individuals onto apprenticeship programmes - nurse degree, nursing associates and advanced clinical practitioner apprenticeships are a focus; in Q1, 27 individuals started programmes.

The ability to utilise the levy will grow rapidly as new apprenticeship standards are developed/approved and courses that are linked to specific job roles are mapped by Higher Education Institutions to standards – we have plans in place for using the levy mapped over the next 24 months.

Nurse vacancy rate

The registered nurse vacancy rate increased by 0.4% to 17.2% at the end of June. Cumulative recruitment year to date is 6 full time equivalent (fte) off target (37 fte joiners with NMC registrations compared to a target of 43 fte). We have seen some success in retaining nurses with a reduction in the number of nurses leaving in the last two months.

The key actions in place to mitigate this risk including innovative recruitment, retention including the development of career pathways through using apprenticeships. Particular actions are in place for those areas with nurse vacancy levels higher than 30%.

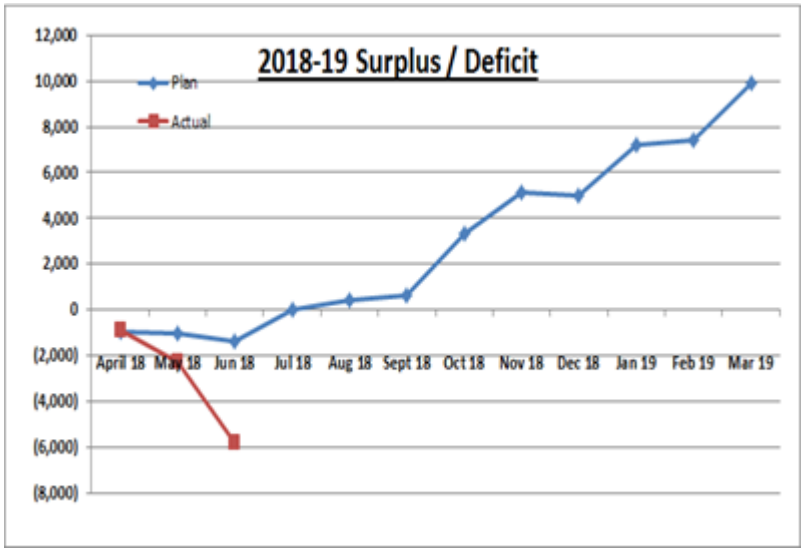
Spend on agency staffing

We have committed to delivering the NHSI set target of an agency spend for f/y 2018-19 of under £10.471m.

However, spend in Month 3 is over plan, with spend of £1.2m in month.

Urgent work is therefore underway to bring spend down across all staff groups – in particular a review of high cost agency usage for medical and Prof & Tech staffing alongside tightened controls for booking A&C agency usage.

Finance: income and expenditure



Expense Type £'000	Monthly Actuals	Variance	YTD Actuals	Variance	Forecast	Variance
Contract Income	31,579	(757)	95,746	(544)	382,413	0
PSF Income	(1,194)	(1,791)	0	(1,791)	11,938	0
Other Income	2,821	(325)	7,874	(1,038)	38,552	0
Total Income	**33,206**	**(2,873)**	**103,620**	**(3,373)**	**432,903**	**0**
Total Pay	**(21,637)**	**(497)**	**(64,610)**	**(1,108)**	**(251,256)**	**0**
Total Non Pay	**(13,061)**	**38**	**(38,658)**	**(237)**	**(146,021)**	**0**
TOTAL EBITDA	**(1,492)**	**(3,332)**	**353**	**(4,718)**	**35,626**	**0**
Total Other Adjustments	**(2,083)**	**61**	**(6,176)**	**258**	**(25,733)**	**0**
TOTAL	**(3,575)**	**(3,271)**	**(5,823)**	**(4,460)**	**9,893**	**0**

Income

1. Income is £3.3m behind plan at month 2. The main variance against plan is not receiving the PSF monies, £1.8m and non delivery of income CIPs, £1.0m worse than plan.
2. Bucks CCG is included at contract value. Other commissioners are based on month 2 SLAM and plan for month 3.
3. The 18-19 Income CIP target is £6.9m. This target has been allocated at divisional level but has not been allocated to individual cost centre budgets or income types.
4. Income Risks – Key risks relating to income include:
    - Delivery of Income CIP schemes
    - Delivery of 17-18 CIP plans including delivery of increased private Patient targets
    - Income risk from final 17-18 outturn position
    - Receipt of PSF funding

Pay

1. Pay is £1.1m behind plan at month 3. Key pressure areas continue to be medical agency usage in Anaesthetics within the Surgery & Critical Care Division, agency and locum Medical staff usage within the Integrated Medicine (Emergency and Acute Medicine) and additional pay costs incurred to meet operational performance targets (primarily with the Surgery & Critical care Division).
2. The month 3 substantive pay position (excluding Medical Staff) continues to be uplifted by 1% to align actuals to the 18-19 budgets set which included 1% for the potential pay award. The new pay award will be paid next month and arrears in August for which the Trust should receive external funding. Bank costs have also been uplifted as at month 3 to cover the pay award.
3. The 18-19 Pay CIP target is £6.6m. This target has been allocated at divisional level but has not been allocated to individual cost centre budgets or staff group budgets.
4. Pay Risks – Key risks relating to pay include:
    - Delivery of pay CIP schemes
    - Agency usage controls
    - Costs of delivering operational targets
    - 18-19 Agency inflation costs

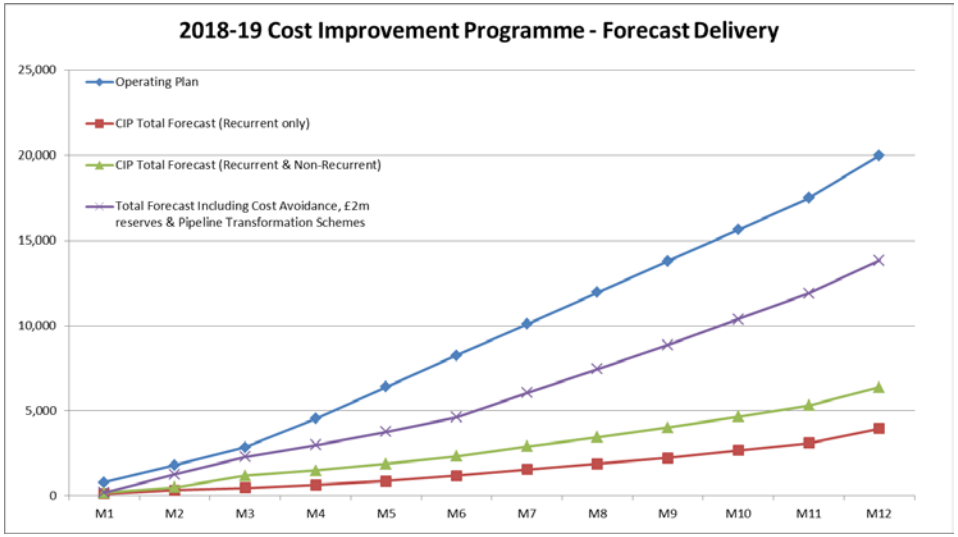
Non Pay

1. Non Pay is £0.2m adverse to plan at month 3. Key reasons for this include PBR excluded drugs, (see next slide) and premises and plant spend.
2. Actual 17-18 Utility charges received being above estimated values is the key pressure area within premises and plant spend.
3. The month 3 position includes a number of non recurrent non pay costs. These include purchase of paediatric cots, £0.1m, Vanguard Endoscopy Theatre costs, £0.1m (offset with additional income), Endoscopy outsourcing costs, £0.1m and HPV decontamination costs, £0.1m.
4. The 18-19 Non Pay CIP target is £6.5m. This target has been allocated at divisional level but has not been allocated to individual cost centre budgets or expense categories. The income risk reserve has been allocated to budgets in month 3 reducing the miscellaneous spend budget and corresponding non pay CIP target.
5. Non Pay Risks – Key risks relating to non pay include:
    - Delivery of Non Pay CIP schemes
    - Costs of delivering operational targets
6. Non Pay reserves includes the contingency reserve totalling £2.5m which is spread across the year in equal 12th.

Finance: Savings and Transformation

Headlines: savings

- In M3, £0.13m recurrent savings have been delivered (YTD £0.47m), a recurrent shortfall of £1.0m (YTD £2.4m) against plan. This is partially off-set by the use of £0.33m reserves (YTD £1.0m) and £0.55m of non-recurrent schemes (YTD £0.72m)
- £5.3m of schemes are in delivered or Green rated, with a further £1.2m of schemes Red rated and £3.2m requiring implementation plans.
- The Interim Transformation Director has been asked to focus on elements of the transformation plan (set out below)
- Savings plans are back-ended increasing the level of risk of delivery.



Areas of focus for transformation/bridge the gap

- Estates – rate of return on asset base
- Medical pay and productivity (project established)
- Nursing agency (revised annual leave policy, driving the benefits from Allocate and sharing best practice for rota management)
- Quality – efficiency and productivity
- Private patients
- Repatriation
- MSK
- Back office

Actions to address current performance

- Increased focus on implementation planning
- Revised governance and operational approach – reviewing expenditure, productivity and implementation plans
- Improved clarity of roles with greater clinical leadership and involvement
- Re-establish control centres, with savings schemes allocated at Divisional level (e.g. draft surgery turnaround plan)
- CEO- led communications programme
- PMO establishment now recruited to 6 WTE
- Grip and control action plan in place
- Improved contract management controls and associated actions
- Financial Recovery Plan being drafted

Finance: business performance

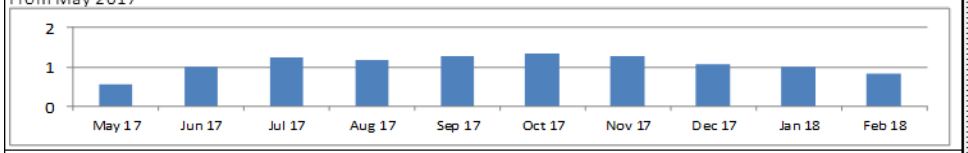
USE OF RESOURCES - TREND INDICATORS

Lead - Finance and Business Performance Committee

Information source is NHSI Model Hospital - for benchmarking nationally

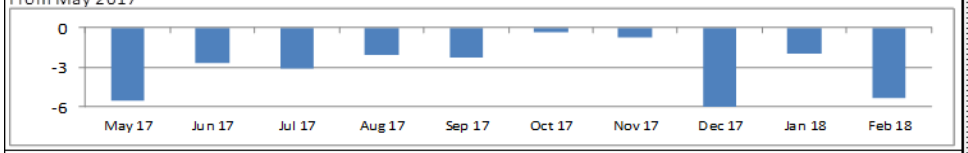
CAPITAL SERVICE CAPACITY

From May 2017



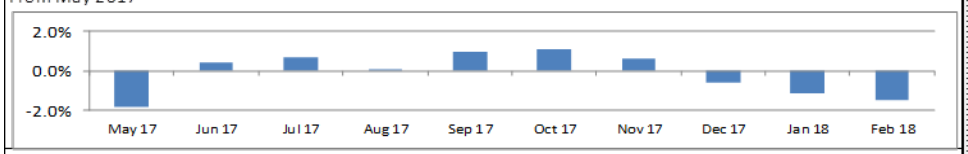
LIQUIDITY (days)

From May 2017



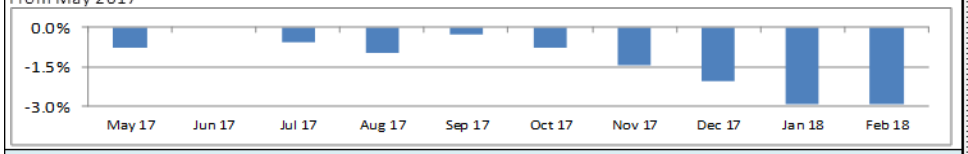
I&E MARGIN

From May 2017



DISTANCE FROM FINANCIAL PLAN

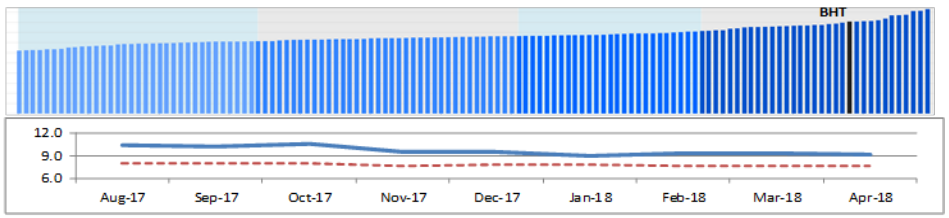
From May 2017



Information source is NHSI Model Hospital - for benchmarking nationally

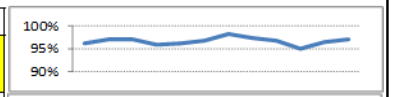
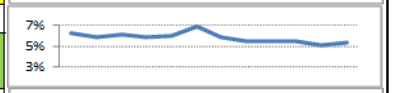
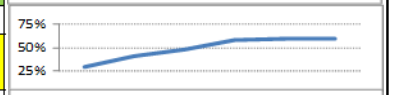
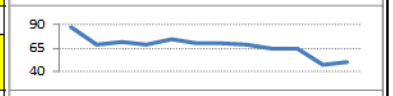
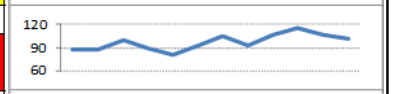
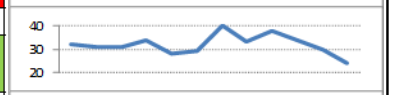
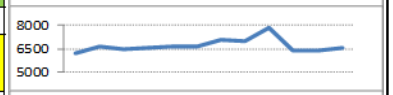
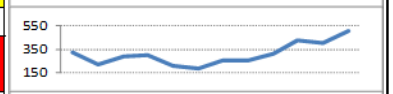
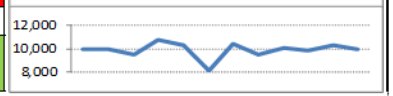
NURSING CARE HOURS PER PATIENT DAY

Trust ranking in latest period (Apr 18) - and rolling 12 month trend (against national average)



USE OF RESOURCES - TREND INDICATORS

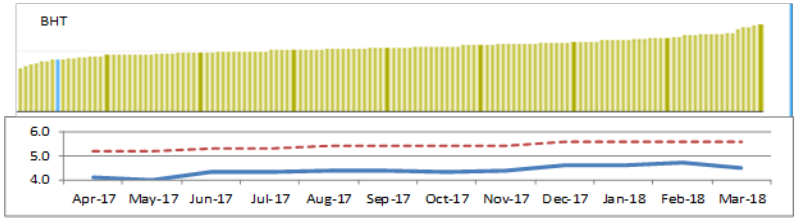
Information derived from internal sources

Outpatient appointments - cashing up	This period 97.0% Jun-18	
Outpatient appointments - DNA's	This period 5.3% Jun-18	
Job Plans completed	This period 60% Jun-18	
Impact of non compliance with Best Practice Tariff (potential lost income)	This period £50K May-18	
LoS > 21 days - patients in acute hospitals	This period 101 Jun-18	
LoS > 21 days - patients in community hospitals	This period 24 Jun-18	
Temporary shifts requested	This period 6,543 Jun-18	
Receipts without a purchase order	This period 504 Jun-18	
GP referrals	This period 9,937 Jun-18	

Information source is CHKS

AVERAGE DIAGNOSES PER CODED EPISODE

Trust ranking in latest period (Mar 18) - and rolling 12 month trend (against national average)



Finance: capital and cash

Capital Schemes	PLAN	YTD M3	FORECAST	VARIANCE
	£000's	£000's	£000's	£000's
PROPERTY SERVICES	**13,962**	**3,807**	**12,815**	**1,147**
PFI Lifecycle	4,049	3,710	4,049	-
A&E Phase III	4,172	-	4,172	-
Theatre Infrastructure	4,000	-	2,500	1,500
SM Site HV/LV Systems Upgrade	520	-	520	-
CAFM	60	-	-	60
Lifts	37	-	-	37
Innovation Hub	707	-	707	-
Horatios Gardens	-	19	19	- 19
Car Park Rectification	-	-	30	- 30
Capital Project Pay Costs	-	77	330	- 330
Fire Trustwide	-	1	1	- 1
A&E Shute System	-	-	70	- 70
Security Doors	-	-	-	-
Upper Limb Lab	417	-	417	-
INFORMATION TECHNOLOGY	**2,256**	**537**	**2,538**	**- 282**
Anti Virus	325	311	335	- 10
Medisoft (Ophthalmology EPR)	175	56	175	-
Web Appliances	130	-	-	130
Single Sign On (SSO)	92	33	92	-
Evolve and e-forms BS10008	66	26	66	-
Cyber Security	66	8	66	-
Infrastructure	45	-	45	-
PAS	-	74	273	- 273
NHS Mail	-	6	6	- 6
Blood Trac Solution	-	3	75	- 75
Electronic Reporting	-	15	28	- 28
2018/19 Ipads	-		20	- 20
E-Obs	1,357	5	1,357	-
MEDICAL EQUIPMENT	**755**	**103**	**879**	**- 124**
Scope Washers	172	35	172	-
Dental Equip AGH	-	-	124	- 124
Laparoscopic Camera Holder	17	-	17	-
Ultrasound & Adjustable Couch	68	68	68	-
FEES Equip	18	-	18	-
Donated	480	-	480	-
OTHER	**903**	**72**	**1235**	**-332**
CMG Salaries	0	72	285	- 285
Balance for Prioritisation	903	0	950	- 47
TOTAL	**17,876**	**4,519**	**17,467**	**409**

Capital Headlines

Financing:

- The capital plan is based on annual depreciation of £11.9m of which £3.7m is dedicated to the payment of the PFI loan, finance leases and capital loan repayments. This leaves £8.2m to be utilized on the capital programme. In addition the Trust is anticipating drawing down the remainder of its capital loan of £2.5m, which is to be used on theatres as well as receiving additional funding to support A&E Phase iii and the innovation hub. The Trust is estimating that a further £1m will be funded through donations which is consistent with previous years. E-Obs was approved by Trust Charity this month hence an increase of £1.3m Capital this month

Programme:

- The three capital sub groups collectively met to agree priorities for recommendation to CMG on the 11th July. CMG prioritised spend within affordable limits at that meeting.
- A joint IT / MEP / PS sub group will be piloted in Q3.

Cash Summary

	June Actual	July Forecast	August Forecast	September Forecast
	£'000s	£'000s	£'000s	£'000s
Opening Balance	4,290	2,352	1,976	1,958
Receipts	**39,318**	**42,059**	**35,590**	**35,610**
Service Level Agreements	36,341	31,528	29,507	30,337
Other Income	2,977	7,997	6,083	5,273
STF	-	2,534	-	-
Payments				
Payroll	- 21,686	- 23,082	- 22,722	- 21,936
Monthly pay	- 19,492	- 20,944	- 20,922	- 20,136
Nhs Professionals - Agency	- 1,068	- 743	- 800	- 800
Nhs Professionals - Bank	- 960	- 1,204	- 800	- 800
Temporary Medical	- 166	- 191	- 200	- 200
Creditors	- 19,570	- 19,353	- 12,886	- 20,466
Pharmacy	- 4,747	- 2,448	- 2,800	- 2,800
Other Revenue Creditors - AP	- 10,744	- 12,588	- 5,683	- 13,333
Bunzl - Supplies	- 338	- 350	- 350	- 350
PFI - Enterprise	- 1,653	- 1,800	- 1,800	- 1,800
PFI - United Health	- 2,088	- 1,317	- 1,350	- 1,350
Capital creditors	-	- 850	- 903	- 833
Borrowings	-	-	-	6,775
DH - Capital Loan Repayment	-	-	-	- 361
DH - Loan/RWCF repayment and interest				- 1,191
DH - Loan drawdown				11,000
PDC Dividend payable				- 2,673
Closing Balance	2,352	1,976	1,958	1,941

Cash Headlines

- £5.5M of cash was received from Bucks CCG in June for settlement of the 2017-18 contract position. The Q1 SLAs were invoiced on anticipated values, adjustment to agreed contracts will be recovered in August with payments adjusted in month. This results in a £0.8m reduction to cash in for Q1.
- The receipt of the cash from the CCG has enabled some of the AP creditor backlog and pharmacy to be cleared, and working balances managed through June.
- Receipt of £2.5m 17-18 STF will assist cash management through July.
- AP balances will need to be curtailed in August to manage working cash balances.
- The I&E performance adverse to plan continues to put pressure on cash and to meet the working capital demands and the September loan and interest payments a loan will be required to be drawn down in September.

Finance: departmental performance

1. Late Purchase Orders

Division	Late Purchase Orders - count				Late Purchase Orders - Value			
	Valid PO	Late PO	% Late	% of Total Late	Valid PO	Late PO	% Late	% of Total Late
Bht - Assets	40	0	0%	0%	210,233	-	0%	0%
Chief Executive	10	4	29%	1%	3,986	21,195	84%	1%
Finance Directorate	975	107	10%	21%	1,227,849	671,117	35%	32%
Human Resources	84	21	20%	4%	36,706	57,386	61%	3%
Integrated Elderly Care	613	61	9%	12%	140,129	67,159	32%	3%
Integrated Medicine	1003	28	3%	6%	378,703	38,405	9%	2%
Medical Director	14	1	7%	0%	5,198	51	1%	0%
Nursing Director	19	4	17%	1%	35,355	1,289	4%	0%
Specialist Services	1251	242	16%	48%	713,192	361,061	34%	17%
Strategy And Business Dev.	2	0	0%	0%	13,130	-	0%	0%
Surgery And Critical Care	3033	30	1%	6%	793,783	845,436	52%	41%
Women & Children	156	5	3%	1%	37,020	845	2%	0%
Chief Operating Off-Management	2	1	33%	0%	3,825	1,539	29%	0%
Grand Total	7202	504	7%	100%	3,599,109	2,065,483	36%	100%

Key Highlights

- There have been 7,202 orders placed year to date, 504 (7%) of which were retrospective. The value of late orders was £2065k (36%).
- The areas with highest value of retrospective ordering are in line with previous trends. Educational work is being undertaken with these areas to ensure they understand the process, and ongoing monitoring will be undertaken to observe improvement. All other areas will be educated over the next two quarters.
- Of the £6.2m orders fully approved and matched, there are no significant invoices over due. Additional to this however is approximately £5m of invoices on register awaiting matching / approval.
- There are 936 disputed invoices, but as this includes credit notes, has a very low net value of dispute £53k.

Debtor / Creditor Balances & Better Payment Practice Code

INVOICED RECEIVABLES AS AT 30 JUNE 2018

	Current	30-60 days	60-90 days	90-120 days	> 120 days	Total
NHS	2881	2083	415	1973	1643	8,995
NON NHS	1287	1234	164	149	1862	4,696
% of Total	30%	24%	4%	15%	26%	

INVOICED RECEIVABLES AS AT 31 MAY 2018

	Current	30-60 days	60-90 days	90-120 days	> 120 days	Total
NHS	9130	1689	2147	485	1276	14,727
NON NHS	2382	252	169	414	1755	4,972
% of Total	58%	10%	12%	5%	15%	

INVOICE PAYABLES AS AT 30 JUNE 2018

	Current	30-60 days	60-90 days	>90 days	Total
NHS	502	431	40	308	1,281
NON NHS	1,420	3,333	77	-	4,830
% of Total	31%	62%	2%	5%	

INVOICE PAYABLES AS AT 31 MAY 2018

	Current	30-60 days	60-90 days	>90 days	Total
NHS	611	782	108	275	1,776
NON NHS	4,914	3,458	1,366	106	9,844
% of Total	48%	36%	13%	3%	

BETTER PAYMENT PRACTICE CODE

	Count Total	Count Pass	% Pass	£'000s Total	£'000s Pass	% Pass
NHS	466	276	59%	9,552	6,463	68%
NON NHS	40455	10734	27%	53,945	44,372	82%
TOTAL	40921	11010	27%	63,497	50,835	80%

Validated Invoices Awaiting Payment

2. Validated Invoices Awaiting Payment (Due Pre 1st June, 2018)

Count of Gross Value

Row Labels	Awaiting Payment	Disputed	Grand Total
Due	841	894	1735
Not Due	4223	42	4265
Grand Total	5064	936	6000

Sum of Gross Value

Row Labels	Awaiting Payment	Disputed	Grand Total
Due	29,720	- 80,045	- 50,325
Not Due	6,161,620	27,457	6,189,077
Grand Total	6,191,340	- 52,588	6,138,752

Communications and engagement

OUTPUTS

Communications and engagement delivered

	This month	Last month
Press releases	5	6
Enquiries dealth with	8	7
Statements	4	5
Social media posts	109	181
Media mentions	398	399
Staff bulletin/BHT today	5	4
BHT Connect issued	0	1
Events held	2	2
Events supported	1	1
Projects led	1	2
Projects supported	1	8
FOIs received	31	53

OUTTAKES

Audience reach

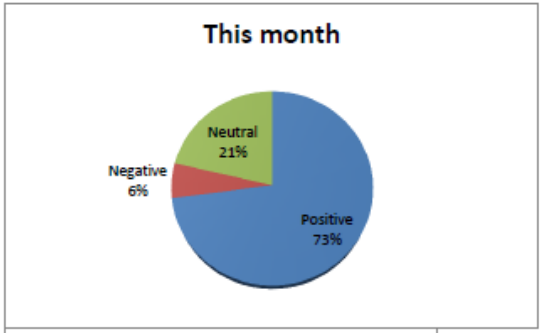
	This month	Last month
Ext. events attendance	19	40
Staff events attendance	30	46
Page views (web and social)	148,541	149,128
People reached	57,574	48,492
Impressions	172,336	155,408

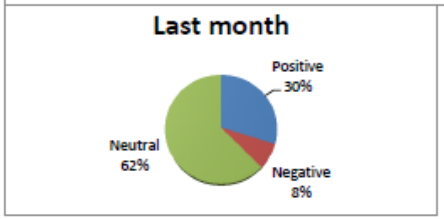
Engagement

	This month	Last month
Click throughs	3323	1760
Likes	435	477
Retweets	148	193
New followers	42	79
New members	1296	0

OUTTAKES

Sentiment





Significant increase in positive coverage in releation to NHS70 press releases issued and enquiries dealt with.

Key stories:

Quality

- Community hubs providing more care closer to home
- Cardiologists perform first His Lead implant
- Spinal Injuries Centre celebrates 70 years of ground-breaking work at open day

People

- Raha West appointed research fellow for NIHR
- A&E nurse Debbie Lawson is finalist in national poetry competition
- Pioneering nurse shortlisted for NHS70 Windrush Awards
- Pioneering nurse wins Windrush Awards
- A&E nurse wins national poetry competition
- Spinal Unit's family counsellor takes home Rising Star award

What people are saying about BHT:

Sunflowerz @existential_1
We hear so many negative #NHS stories. I feel fortunate that my family and I have had so many positive experiences, all from within @BucksHealthcare Thank you to all the much appreciated, hard working doctors, nurses and other staff. #NHS70

Jackie Rainford @JackieRainford1
@BucksHealthcare - I tweeted about Stoke Mandeville A&E last week - great care, but the team in Ward 4 have given Mum wonderful, kind and compassionate attention - which can't have been easy! Thank you

Outcomes

	This month	Last month
% patients feel listened to	*not yet available*	
% staff feel supported	*not yet available*	
FOI compliance	*not yet available*	

Additional stats from forthcoming perception surveys

Campaign/Project updates

NHS70:
- Organised live BBC3 Counties radio broadcast from Stoke Mandeville Hospital for 5 July - productions team meeting , pre-records of staff and patient interviews
- Confirmed entertainment for open day: jazz band, indian dance group and performance poet
- Confirmed agenda for AGM
- Recruited addditional internal and external stall holders and hospital tours
- Printed open day flyers, posters and NHS70 bunting and banners

Key projects:
- BHT World Cup competition
- BHT Way leadership event
- Jeremy Hunt's visit
- Urgent care workshop video
- Planning for National Spinal Injuries Centre patient engagement
- Co-design of Better Births review
- 1296 public and patients signed up to new membership scheme

Notes on this month

- Please note that some of last month's figures have been adjusted

Performance against KPIs - Quarterly

	Baseline	Target	QTD
20% increase in digital engagement*	9,132	10,958	12,003
10% increase in participation	95	105	121
7% increase - staff agree senior manager communication is effective	*not yet available*		
Increase % of staff recommending Trust to friends and family	*not yet available*		

Additional KPIs to be tracked through perception surveys

*no. of times user interacted with our tweets, Facebook or blog posts or BHT Connect articles


NHS
Buckinghamshire Healthcare
NHS Trust

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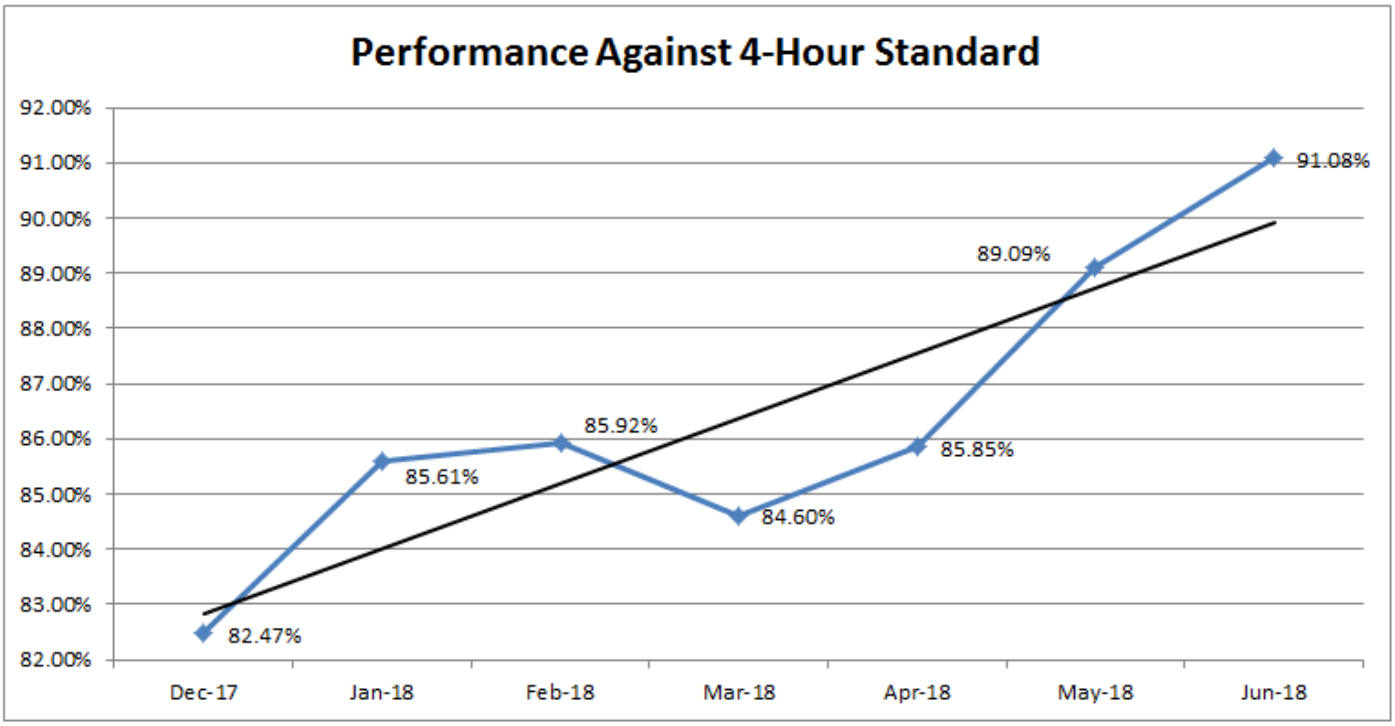
Performance Exception Report - June 2018

Standard:	**A&E Four Hour Target**
Definition:	**95% of patients to be seen within four hours.**

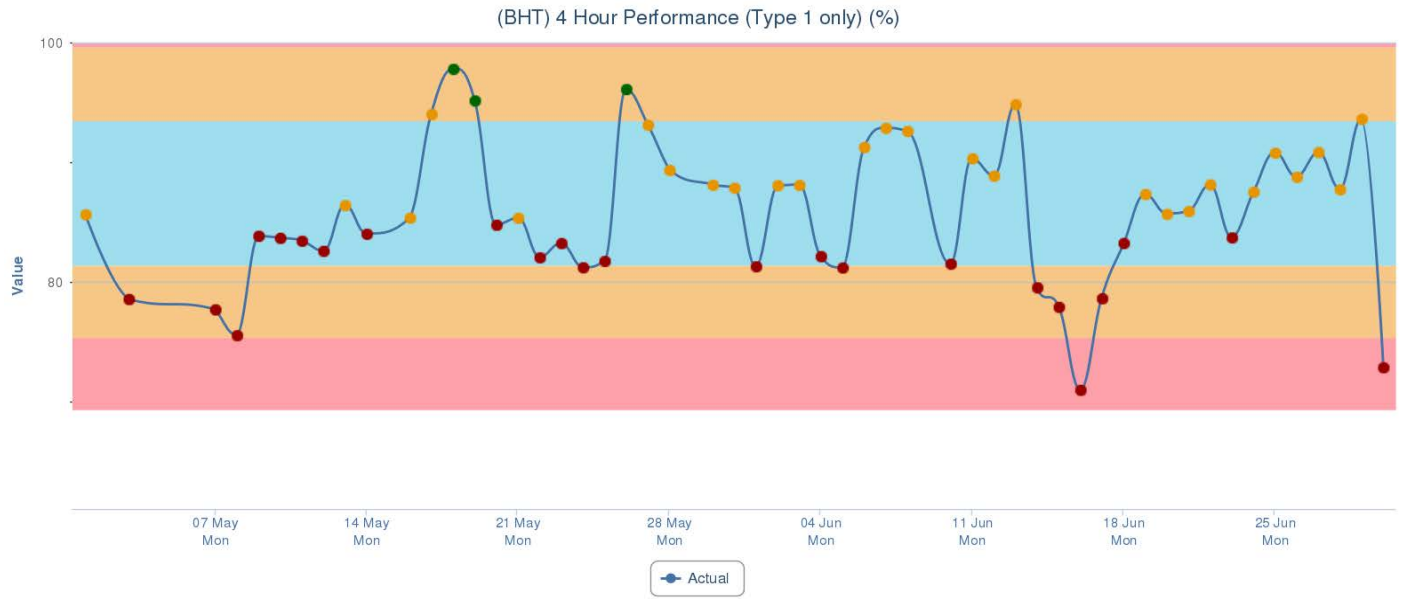
Performance against the 4 hour standard for June 2018 was 91.49% (a 2.4% improvement against a performance of 89.09% in May 2018). This maintains an overarching improvement trend seen through from December 2017 to June 2018. However, 91.49% represents a marginally adverse position against the June 2018 trajectory of 91.91%.



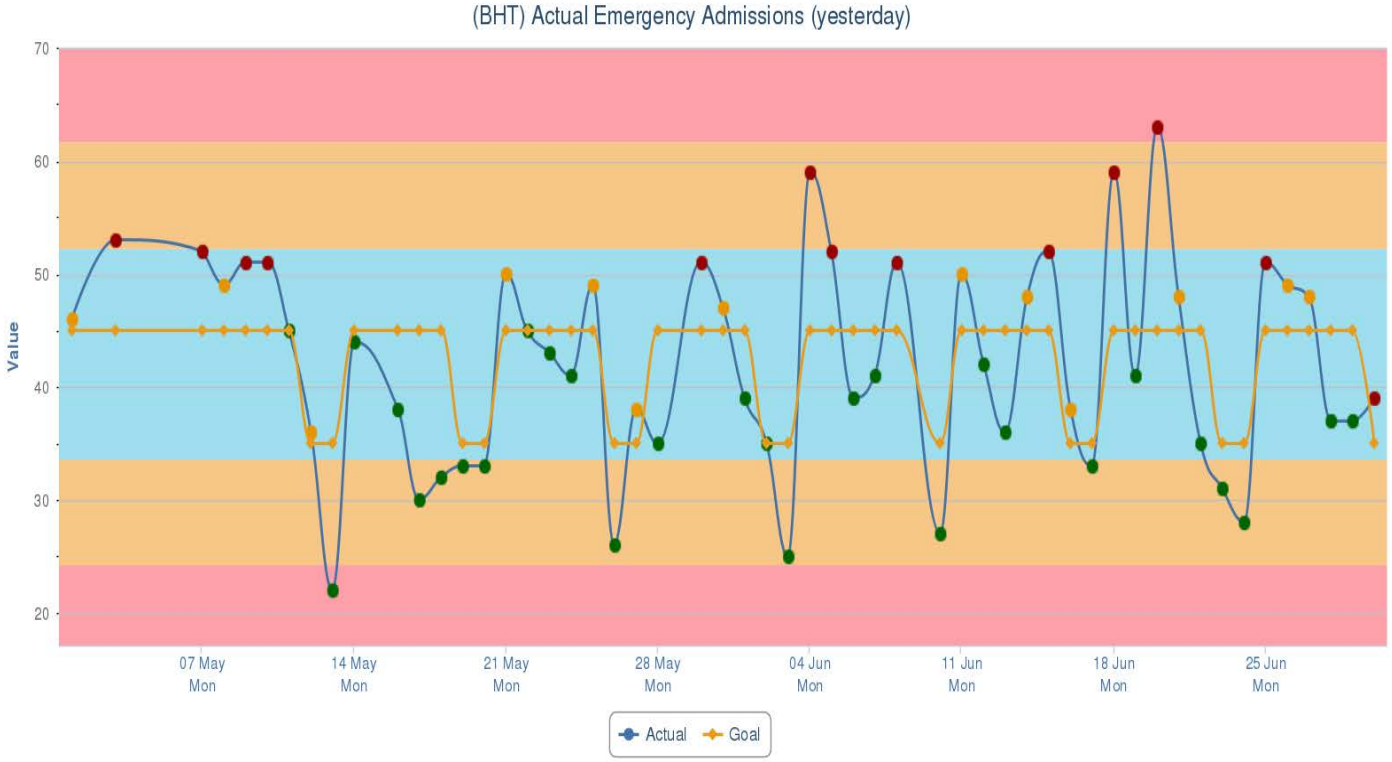
Highlights & Achievements in June 2018:

- Launch of #Acute Care Hub initiatives including 'medical take' going directly to Acute Medical Unit
- NHSI visit identified 'RAT' model and Ambulance Handover process as 'best-in-class' and have asked that other Trusts visit A&E at BHT to understand how the successful model works.
- Provision of chaired area has improved flow within Ambulatory Care in order to increase capacity and see more patients safely
- Trust Wide Urgent Care Event with over 80 attendees.

Attendances to A&E at SMH:



- Attendances to SMH A&E in June 2018 = 7621
- 12,772 to all sites against a plan of 12,317 (3.7% increase against planned activity)
- An average of 254 attendances each day - an increase from an average of 243 in June 2017 and 231 in June 2017
- Forecasting allowed SMH to plan in advance for anticipated demand. However, significant variability by day (between 225 and 303 attendances) made this challenging



GP Service:

- Service now well embedded at SMH
- Saw an average of 47 patients each day for the month of June
- Fill-rate of shifts stabilising at around 80% with unfilled shifts occurring on evenings and weekends
- Appropriate paediatric patients now seen by GP service (average of 8 per day in June)
- Recruitment remains challenging though most GP's work via internal staff bank

GP Service - Average Daily Performance Figures								
Month	No. of pts streamed to GP	Paeds seen by GP	% of pts seen by GP that were Paeds	Attendances:			% Fill-Rate of shifts (GP)	% Seen by GP
				All sites	Stoke Mandeville	Stoke Mandeville Between (08:00 - 23:00)		Between (08:00 - 23:00)
Jan	44	0	0%	384	231	197	80%	22%
Feb	44	0	0%	398	239	204	75%	22%
March	43	7	19%	411	251	218	80%	18%
April	40	7	19%	405	248	210	74%	19%
May	44	7	19%	427	257	221	83%	19%
June	47	8	18%	426	254	215	78%	22%

Work streams:

Workstream	RAG Status	Risks	Mitigation
ED & Acute	Green	Increased attendances & demand	Close working with CCG, community and partner organisations
Site Operations	Amber	Capacity to enable changes	New Head of Site in post
Safer & Outflow	Red	Ward Staffing	Re-Launch of initiatives with NHSI 'Moving to good' programme

Key areas of focus for July 2018:

Key areas of focus for the coming month include:

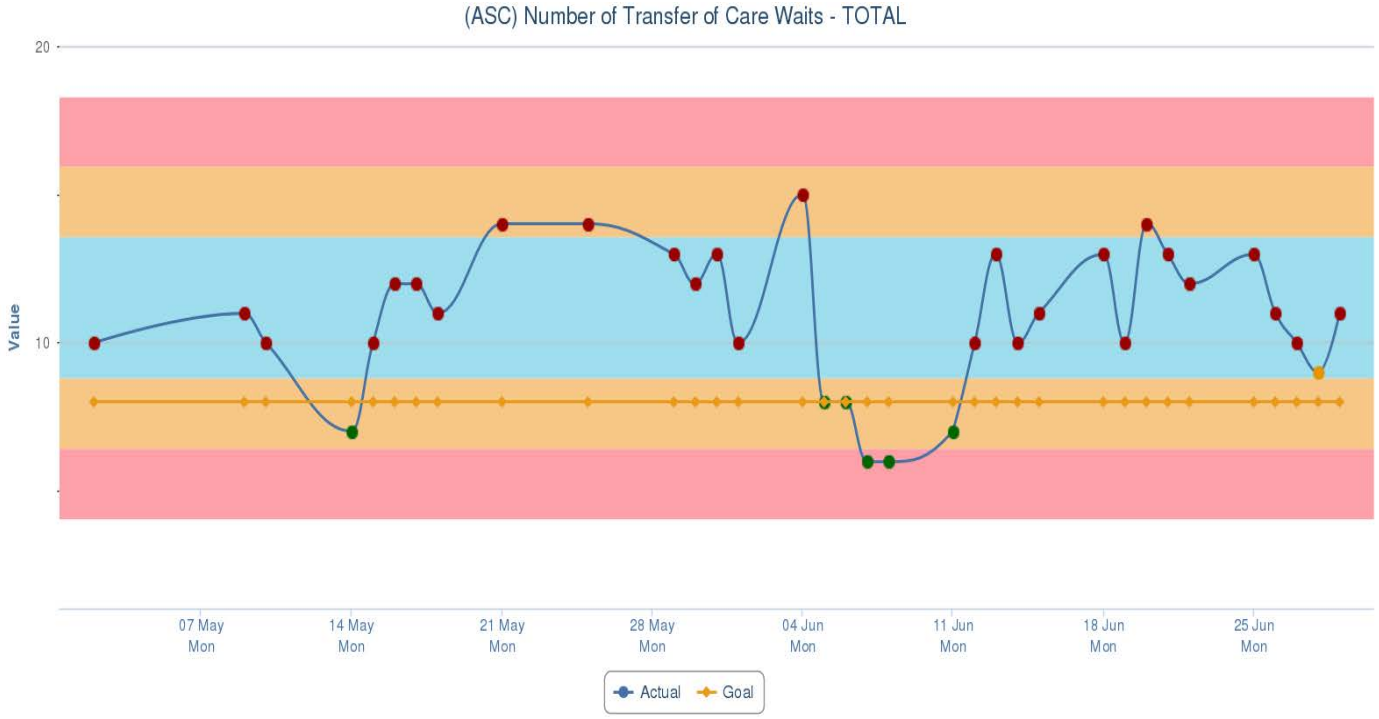
- Fill-rate of shifts – July and August are challenging months to fill nursing and medical rotas across ED, Urgent Care and the wider Trust.
- Launch of Care-Fully Programme – Trust and system wide programme on improving urgent and emergency care

- Delivery of several ‘High-Impact’ actions as part of the programme including increasing capacity in AEC, initiating a discharge lounge on SSW and redirecting the medical take to AMU.

- SAFER initiatives around improving patient ownership of LOS and increasing mobilisation and a focus on over 21 day length of stay patients and flow in partnership with NHSI.

Challenges in the month of June 2018:

In June the ‘Transfer of Care’ waits decreased significantly within the second week against a backdrop of increased activity. In mid-June demand on services has continued to increase across the whole CCG system. Towards the end of the month a recovery position was achieved and through the project streams of Care-Fully programme we continue reducing delays of patients being discharged.



Buckinghamshire Healthcare NHS
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Performance Exception Report June 2018

Standard:	NHSI Cap breaching agency shifts at 829 shifts for June 2018
Definition:	NHSI Capped rates are Agency Rates set nationally above which, a Trust should not pay when engaging a worker from an agency. The rates are set out in the Performance section.

The Issue:
In June, 829 agency shifts were paid at a rate above the capped rates set by the NHSI. This is out of a total of 2940 agency shifts worked. This is an increase of 117 compared to May. The proportion of breaching shift (as a % of total agency shifts) has increased for the 2nd month from 26% last month to 28% in June.

Breach rates are variable (please see table in performance section) and from July 2018, NHSI will distinguish between marginal breaches and those rate breaches of 50% or more. The £40 on-framework / high cost breaches are more than 50% above cap. They will therefore be declared separately on the Trust NHSI return, and will require confirmation of Executive authorisation. The new NHSI standards also require Chief Executive authorisation for any shift (Bank or Agency) costing £100 p/h or over - a reduction from £120 p/h.

On-going risks

- Medical agency usage is proportionally smaller than other staff groups in the Trust; however, 90%-100% of shifts breach cap. See table in performance section below. In June, there were also 73 shifts costing £100p/h or more (a reduction of 36 shifts from last month). These shifts are reportable from July 18, as explained above.

- The Nursing staff group has two main areas with rates that breach caps:
  Theatres: We continue to work to engage workers at current cap rates; however, due to the specialist nature of the work and limited pool of workers, we have not as yet been able to bring rates down to current cap levels. This situation is replicated in other Trusts in our region. These workers account for the majority of the nursing breaches and almost all the Scientific, Therapeutic and Technical staff breaches. The rate breaches by £6p/h and these are predominantly day shifts.

  On-framework / High cost breach lines of work: The on-framework high cost breach rate is £40 per hour. Although this is 77% higher than capped rates, it is a considerably lower cost than off-framework / high cost rates and provides the assurance of using an on-framework agency. The high cost breach rate shifts in Surgery and Critical care have now ended, the remaining 7 lines of work have been extended to the end of August across A&E and AMU. There have also been extra lines added at the same rate across Short Stay ward 10, AMU and Ward 1 resulting in there being 12 on-going lines of work at these rates as at the end of June 18. All lines of work have been put in place or extended with executive approval. As with Theatres, the long lines have workers primarily on day shifts which is illustrated by the high proportion (71%, and increase from 67% last month) of day shifts that are currently breaching.

Actions

The Director of Workforce and Organisational Development is leading work to bring agency spend within the spend cap of £10.5m for f/y 2018-19. Actions to control the use of agency will also reduce the number of breaching shifts. Specific actions within this work are:

Driver	Action required	Action taken	Staff Group Impacted	Current Status		Apr-18	May-18	Jun-18	Jul-18	Aug-18
Remove use of A&C agency	All requests for agency for A&C staff bands 2 - 9 to be presented to the vacancy panel for approval. All requests to demonstrate plan to end the agency usage, bands 7 and above required to assure they will fill within capped rates and may be required to present case to panel.	New approval form agreed specifically for agency requests to the vacancy panel. NHSP briefed and Directors and Managers briefed on the new process. Tracker records the outcome of vacancy panel. The first request has followed through the process successfully.	Admin & Clerical	Implemented			First panel - 23 May 1 post approved			
Remove use of A&C agency	Senior managers of all existing A&C agency bands written to - exit plans to be in place by 4 June	All senior manager A&C workers are now contracted through Bank or on substantive contracts or have been deemed to be outside IR35.	Admin & Clerical					deadline for exit plans in place		
Control and reduce use of Prof & Tech agency	All Prof & Tech and AHPs managers with agency staff in place for longer than 3 months to provide an 'exit plan'. Tracking to be held in Temporary Staffing. HR and Recruitment to support managers in preparing plan	2 x sonographer - negotiations started to move to bank 1 x pharmacy - now substantive	Prof & Tech AHPs	In progress			Started - 8 weeks notice given to the Agency.			
	Monthly Agency Spend monitoring meeting scheduled for Prof & Tech areas to review spend, and plan ongoing reduction of agency. Joint meeting with Temporary Staffing, Recruitment and PMO/Finance.	Monthly meetings have taken place in May and June, spend reviewed, and plans agreed.	Prof & Tech	Implemented		Started - ongoing monthly				
Control of nursing and AHP agency	Fortnightly Temporary Staffing Meeting scheduled for Nursing and AHPs to review spend and plan ongoing reduction of agency. Joint meeting with DCN lead for Temporary Staffing, AHP lead, Temporary Staffing, Finance and PMO. Action plans to be compiled for high use areas. Strategies to increase the use of Bank to be proposed. Meeting feeds into the Workforce Transformation Board.	Temporary staffing plan presented at the Workforce Transformation Board.	Nursing AHPs	Schedule implemented; action plans in progress		Started - on going fortnightly				
Control of Prof & Tech temporary staffing (bank and agency)	Transferring Agency engagement and payment from departmental EPROC to centralised NHSP Self Billing. Initially with Prof & Tech teams, to be followed with AHPs. Being managed through the Monthly Agency Monitoring meetings. Expect to achieve: - Greater reporting accuracy - Greater transparency of agencies being used, and rates being charged - Opportunity to enter into discussions with agencies over the rates being charged, and with workers about transferring to bank.	Pharmacy agencies contacted and informed of Trust requirements - expected to complete by July. Radiology agencies reviewed, one worker looking to transfer to bank, remaining agencies will be transferred to NHSP self billing. 8 weeks' notice has been issued. All new lines of work are set up with agencies through NHSP self billing.	Prof & Tech AHPs	In progress		Started	Radiology & Pharmacy		Pathology, Cardiology	
Control and reduce the use of Medical Agency	Detailed plan being developed around where agency is in use, and the exit plan for that use. New PMO link in place from this month for Medics, who will be focused on achieving more detailed plans and actions. Bank rate paper to include Medics, and to address the ongoing locum rates for medics.	No agency planned to be used in Integrated Elderly & Community Care. New appointments expected in WC&SH, SCC, SS, including one agency worker being replaced with a FTC. Bank Rates paper to go to EMC on Friday 22nd June New NHSI requirements around rates above £100 per hour will create a greater level of internal monitoring and visibility of breaching agency shifts.	Medics	In Progress						

Actions continued

Next steps										
Nursing: Reducing the overall demand for temporary staffing	Improve rostering to deliver a more efficient use of substantive staff - Health Roster - Allocate software implementation underway. Timescales to be confirmed		Nursing	In progress						
All staff groups: Convert agency to bank	Bank rates paper - proposals being presented at EMC at the end of May to - incentivise workers to book early - convert agency workers to bank workers - increase size of bank	Initial bank rate paper drafted, and shared at DOC. Some feedback regarding rate levels and other options were included in a paper for EMC, considered on 22nd June. Feedback from EMC now being incorporated into the paper that is returning to EMC in July.	All staff							
	Enter into a shared bank arrangement, and restrict the agency worker from working for any of the Trusts in the shared bank if they also hold a substantive contract at one of the Trusts.	Discussions ongoing with the STP Trusts. HR Director conversations planned, further action will be scheduled once the bank rates are agreed.	Currently working with STP colleagues to consider options of shared bank							
All staff groups: Reduce the cost of agency	Areas for consideration: - lines of work - rate negotiations - restrict the number of shifts put out at enhanced rates (identified by NHSI)	NHSI declared new reporting requirements from July onwards, which will require Executive approval for all shifts that cost 50% above cap. As well as Chief Executive approval for any shift (agency or bank) costing more thn £100p/h 11 Newlines of work agreed in June, 5 of which are above cap and paid at breaching rates.	All staff							

Performance

A summary of the staff groups and their use of agency shows that certain staff groups operate in a market that is more likely to drive breaching rates:

	Total Shifts				Price Cap breach Shifts				Proportion of breaching shifts	
Staff Group	Unenhanced	Night/Sat	Sun/BHs	Total	Unenhanced	Night/Sat	Sun/BHs	Total		
Medical and Dental	235	35	0	270	217	33	0	250	93%	* 70.6% of Day Shifts breached in June
Nursing Midwifery & Health Visiting	466	416	349	1231	329	45	6	380	31% *	
Admin and Estates	155	0	0	155	37	0	0	37	24%	
Scientific, therapeutic and Technical	1003	38	33	1074	105	26	10	141	13%	
Healthcare Science	172	0	2	174	22	0	0	22	13%	
Support Services	36	0	0	36	0	0	0	0	0%	

Rates Comparison	Day Shift Hourly Rate		
	Band 2	Band 5	Band 6
Current BHT Bank Rates	£8.46	£13.07	£15.68
NHSI Agency Capped Rates (May 2017)	n/a	£22.85	£28.28
Theatre Breaching rates	n/a	£28.80	n/a
High Cost / On Framework rates	n/a	£40.00	n/a
High Cost / Off Framework rates	n/a	£67.83 *	n/a

* High Cost Off Framework (e.g. Thornbury) night rates start at 2pm in the afternoon, so significant portion of day shifts may be worked at an enhanced rate of £83.93 p/h

Buckinghamshire Healthcare NHS
NHS Trust

Performance Exception Report June 2018

Standard: Appraisal Compliance Rate: as at 30 June 41% of non-medical staff had an appraisal fully completed on the Trust appraisal system against a target of 90%

Definition: Appraisal Compliance is the percentage of non-medical staff who have completed an appraisal for the period April 18 - March 19.

The issue:

Our target is to achieve appraisal compliance of 90%. As at 30 June, the percentage of staff who had an appraisal conversations with their line manager and had fully completed the process on the system was 41%. As at 9 July, the position had improved to 46% completed and 29% in progress – a total of 75%.

The factors impacting on our current completion rate are that Actus is a new appraisal system which is being run fully for the first time this year; which is adding to the annual challenge of completing appraisals within the 3 month window.

Actions to achieve compliance:

A number of initiatives (below) are being deployed to ensure compliance with appraisal target.

1. **Appraisal project officer**

The project officer is actively engaged with HR Business Partners (HRBPs) and divisions to direct communication and support in the right areas. Key messages are important for active engagement through the layers. The project officer ensures personnel feel comfortable using the new Actus platform whilst also directing quality improvements.

2. **HRBPs as Actus HR Administrators**

The HRBPs have been given full access to the system for the divisions they support, to include reporting and accessing real time compliance and non-compliance data. Weekly updates regarding divisional compliance as well as identification of hotspot areas is helping direct activities.

3. **Workshops and drop in sessions.**

To date, appraisal support sessions have been delivered to 615 members of staff via drop-in sessions (93 attendees), and 77 separate team visits (523 attendees) & 10 half day workshops held for appraisers (111 attendees).

Open sessions for all staff are in place for July- September (see below) and bespoke support is in place during July for the 10 areas across the organisation with the lowest levels of compliance.

We are confident that we will hit 90% in 2018/19, based on the additional level of activities planned in supporting staff and the managers over the next 3 months (see below). We have received a number of positive comments through face to face sessions run. The Palliative Care team have told us that “appraisals are less onerous, helping people be better prepared and encouraging the focus to be on a high quality conversation”.

4. **Mini appraisal form developed & Project officer on site**

To support managers struggling with time a mini appraisal form has been developed and guidance offered to enable the conversation to take two parts;Ppart 1 review of previous year (now). Part 2 setting objectives and PDPs.

5. Open sessions: all staff

Date	Name of training	Location
9th July	Appraisal Clinic (Appraisers and Appraisees)	Henley Room WGH 12 - 1
10th July		Meeting Room SMH 1030 - 1130
11th July		Conference Room 2 AH 12 -1
16th July	Management by objectives - using feedback to drive performance	Meeting Room SMH 12 - 1
18th July		Henley Room WGH 12 - 1
19th July		Conference Room 2 AH 1 - 2
27th July	Friday lunchtime Actus clinic	Henley Room WGH 11 - 1
3rd August		Henley Room WGH 11 -1
6th August	Aspiring for more or managing a rising star? Get the most from the career aspiration conversation	Meeting Room SMH 12 -1
9th August		Marlow Room WGH 11 - 12
15th August		Conference Room 1 AH 12 -1
17th August	Friday lunchtime Actus clinic	Meeting Room SMH 11 - 1
24th August		SMH Meeting Room 11 - 1
31st August		Conference Room AH 12 - 2
4th September	Aspiring for more or managing a rising star? Get the most from the career aspiration conversation	Meeting Room SMH 11 - 12
6th September		Marlow Room WGH 11 -12
14th September		Conference Room 2 AH 12 -1

Performance

Figure 1: Week by week compliance June & July 2018

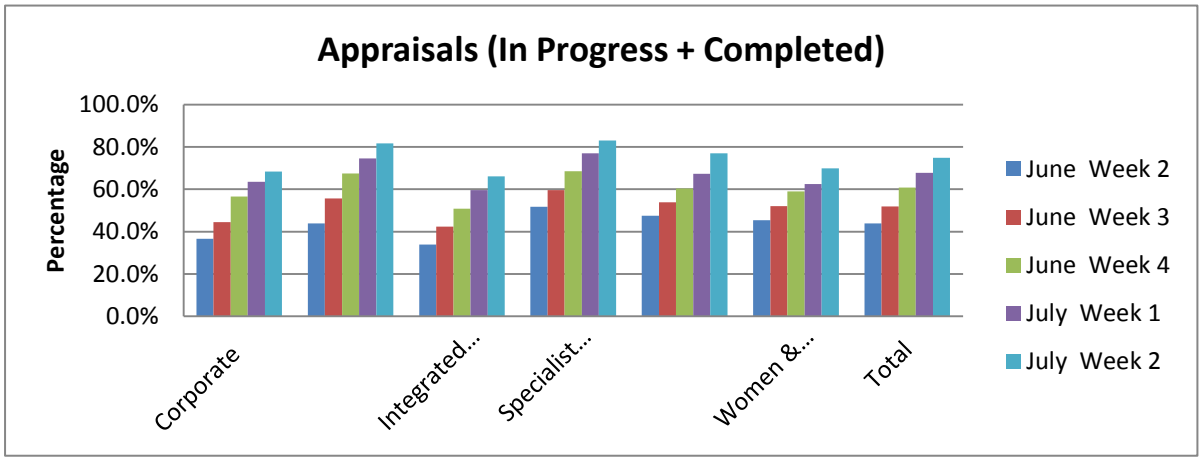


Figure 2: Divisional performance as at 9 July 18

	Published/Signed Off	In Progress	None	Total	Percentage
Corporate	271	157	198	626	68 %
Integrated Elderly Care	393	266	147	806	82%
Integrated Medicine	269	215	248	732	66%
Specialist Services	409	301	145	855	83%
Surgery & Critical Care	506	255	228	989	77%
Women & Children	387	222	262	871	70%
Total	2235	1416	1228	4879	75%
Total Percentage	46%	29%	25%		

Buckinghamshire Healthcare NHS
NHS Trust

Performance exception report May 2018

Standard: Cancer Target – 62 day

Definition: 85% or more of patients to be treated within 62 days of 2WW referral

Background

Growth in cancer demand and mismatch in capacity especially in urology, lung and histopathology has proven challenging and, as a result, BHT's compliance against the 85% 62-day cancer performance target is down over recent months.

Achievement against 62 day target 17/18

Month	Dec	Jan	Feb	Mar	Apr	May
Actual	*86.2%*	*85.2%*	80.1%	77.9%	74.5%	82.2%

The issues	
Lack of capacity in urology (including oncology) and a significant number of long waiter patients	Sequencing of urology diagnostic tests has improved significantly but there are still some capacity issues e.g. bone scans
Delays in pathology turn-around-time mainly due to shortage of pathologists.	Not all specimen requests on paper and not flagging the patient as 2ww are adding to pathology delays
There are still a number of 62 day breaches (including 6 - 104 days) who need to be treated and will appear as breaches until the high end of the waiting list is cleared and this has been reflected in the trajectory.	Complexity of patients particularly on the lung and LGI pathways
Patient choice – Thames Valley Access Policy (TVCA) allows the removal of patients from the breach list if they have disengaged from the cancer pathway for more than 28 days. Oxford (OUH) has not adopted this policy so we have continued to share breaches with them. NHSI is discussing consistency of approach with OUH.	
Actions	
NHS Improvement support on mapping the Urology pathway on 11th July 2018	Additional prostate biopsy capacity has been created
The turnaround time for pathology results has significantly improved to 3-5 days and is no longer having an adverse effect on the pathway.	Implementation of the new lung pathway where the patient has CT scan at the start of their referral process has seen a significant improvement in the front end of the pathway and quicker discussions at MDT and referrals onto tertiary centres.
Improved reporting to clinical teams of actions required to prevent further breaches and move patients through their pathway with daily escalation as required	2ww Capacity review being undertaken by service managers with the Director of Performance and Planning
Weekly call with Regional tertiary MDT coordinator in place to review tertiary patients.	Review of 2ww referral forms, in line with NG12 NICE guidance, so patients are seen more quickly and time is not wasted chasing additional information from GPs – this is joint work with Bucks CCG

A recovery trajectory has been developed (see below) which shows a minimum achievement target based on the backlog clearance. Month 2 has seen a strong performance towards recovering our 62 day position.

Trajectory Lines Cancer	30/04/18 M01	31/05/18 M02	30/06/18 M03	31/07/18 M04	31/08/18 M05	30/09/18 M06	31/10/18 M07	30/11/18 M08	31/12/18 M09	31/01/19 M10	28/02/19 M11	31/03/19 M12
Cancer 62 days - >62 days	18.5	18.0	13.0	12.0	10.0	11.0	11.0	11.0	10.0	11.0	11.0	13.0
Cancer 62 days - Total seen	72.5	85.0	74.0	74.0	70.0	76.0	76.0	76.0	72.0	77.0	76.0	90.0
Cancer 62 days - Predicted Performance %	74.5%	78.8%	82.4%	83.8%	85.7%	85.5%	85.5%	85.5%	86.1%	85.7%	85.5%	85.6%
Cancer 62 days - Actual	74.5%	82.2%										

Buckinghamshire Healthcare NHS
NHS Trust

Performance Exception Report July 2018 (June Data)

Standard:	Nurse Vacancy Rate at 17.2% in June 2018
Definition:	The nurse vacancy rate is the percentage of vacant nurse posts against the agreed nurse establishment.

The issue:
Our target is to achieve a nurse vacancy rate of 12%. The shortage of substantive qualified nursing staff results in high reliance on temporary staffing (Bank and Agency) which impacts the Trust's financial position and potentially the high level of patient care we aspire to at all times.

The number of nurse staff in post reduced by 16.8fte in month; the total number of joiners this f/y is 37fte; 6fte under our forecast of 43fte. However the number of leavers reduced for the second month in a row – 14 fte number of staff left Trust (see other turnover exception report for details) against a maximum target of 15. It is also worth noting that staff in post numbers are also impacted by staff changing hours.

On-going risks:

- EU nurses are required to meet a high level of English prior to submitting their application for NMC registration. This is significantly adding to the timescales of conversion of EU recruits.
- The UK market is very challenging; there are currently 8,000 nursing jobs on NHS Jobs.
- The "Joiners waiting for PINS" category has seen a reduction because a number of EU nurses with appropriate skills have been appointed into band 4 available posts. During June a further 2fte EU nurses joined BHT as band 4 staff.
- Individuals pushing back start dates or withdrawing: as we reported in June, 4 nurses that were due to commence in May did not start; the reasons for this have been looked into by the Head of Recruitment. One withdrew for personal reasons, one required HR interventions, and two have moved their start date to August & September respectively. The recruitment team work hard to engage with candidates throughout the pre-employment stage in order to minimise the risk of candidates pulling out.

Action to date	Issue being addressed	Outcome	Next Steps	Date by when	Owned by
International recruitment plan - initial pilot of 10 Filipino recruits is proceeding	High nurse vacancy rate.	To proceed with recruiting a cohort of international trained nurses.	Skype Interviews	13 & 17 July	Head of Recruitment
The Trust will return to the two universities with whom close ties have been established in Portugal	High nurse vacancy rate	Follows successful Erasmus placements & recruitment during 2017.	Return to Portugal in July to attend a jobs fair, interview candidates, and meet the next Erasmus group.	23 - 27 July	Head of Recruitment / Divisional Chief Nurse for Specialist Services
University of Bedfordshire September cohort	High vacancy rate	16 are in the pre-employment process, with 2 awaiting final confirmation of placement.	46 students received a provisional offer, 28 have failed to reply & are being followed up by the recruitment team.	16 - 20 July	Head of Recruitment
Use workforce data such as nursing heatmap to target teams with 30% vacancy rate or more.	High nurse vacancy rate.	Co-ordination of HR support initiatives such as GoEngage, healthly lifestyle interventions, and recruitment events.	HR wide resources targeting trouble spots. Next review.	20-Jul-18	Assistant Director of HR
Work underway to identify where further cohorts of Nursing Assistant Practitioner roles can be introduced to the nursing workforce establishment.	High nurse vacancy rate	Phase 1 of introducing 60 NAPs into the workforce is due to be signed off.	Commence with Phase 2 - to review & identify with Divisional Chief Nurses where further NAPs can be introduced to nursing workforce structure	10-Jul-18	Head of Recruitment / Divisional Chief Nurse for Specialist Services
Streamlining recruitment practices across the BOB STP	Timescales involved in recruitment of staff between regional partners.	Common agreement across organisations to introduce the initiatives	Standardising pre-employment checks (including stat & man training, OH, DBS) and a potential pre-employment passport. Next operational meeting in July.	19-Jul-18	Head of Recruitment / Assistant HR Director (Operations)
Social media campaign during the summer months	High vacancy rate	Recruitment have ownership of LinkedIn & Youtube account. Twitter & Facebook messages to follow.	Media outlets to publicise nursing opportunities. BHT recruitment video to be released later this year.	31-Aug- 18 30-Sept-18	Head of Recruitment
Introduce nursing and nursing associate apprenticeships.	Reduction in student nurses starting undergraduate courses at our partner university.	Discussions with local college group about options available.	Meetings with nursing management to identify areas of interest & where implementation can proceed. Next meeting in July.	31-Jul-18	Assistant Director of Clinical Education / Head of Recruitment
Piloting approved training towards the OET (Occupational English Test) for 10 EU nurses.	English competence required to attain NMC registration	Training commenced in June 2018. 120 hours learning over 12 weeks	Booking tests for September / October period. If increase in passes, roll out training to other EU nurses.	30-Oct-18	Head of Recruitment / Divisional Chief Nurse for Specialist Services
Rotational posts for newly qualifying students	High nurse vacancy rate	3 current students have expressed an interest in rotational posts to start this September	Finalise internal arrangements and sign off from senior managers	20-Jul-18	Head of Recruitment / Divisional Chief Nurse for IECC

Buckinghamshire Healthcare NHS
NHS Trust

Performance exception report May 2018

Standard: **Referral to Treatment Time (18 weeks)**

Definition: **Greater than 92% of the total elective waiting list to be waiting less than 18 weeks for treatment**

Background

The NHS Operational Planning Guidance for 18/19 instructs that the elective waiting list size should not be higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period. BHT expects to be non-compliant with the 92% standard throughout 18/19 but aims to reduce the waiting list size, ensuring that the planning guidance is met.

BHT March 18 incomplete pathway RTT submission (baseline)

Total open incomplete pathways	29,494
Not within 18 weeks	3,555
RTT performance %	87.9%

2018/19 actual performance against submitted trajectory

	April	**May**
Total open incomplete pathways	29,970	29,979
Not within 18 weeks	3,034	2,943
Predicted RTT performance %	88.5%	89.9%
Actual RTT performance %	88.9%	90.2%
No of 52 week breaches	0	0

Key Messages
The overall incomplete waiting list size remains steady; however, the total number of patients waiting over 18 weeks waiting for their treatment has improved in month with a reduction of 91 since April 2018.
RTT reportable performance has improved in line with the agreed trajectory but remains under the 92% national standard
There have been no 52 week breaches in May 2018
Predicted June RTT performance is 90.2% (submission date 17 July 2018)
23 potential 52 week risk T&O patients successfully treated in June 2018

Recovery Actions	
Data Quality self-assessment template completed and sent to NHSI – report pending	RTT training provided by NHSI in June – another planned for July
Weekly comparative report of waiting list size reviewed at speciality level	Locum Foot and Ankle surgeon started at BHT in June to cover a further six months of long term sickness

Risks	**Mitigations**
T&O backlog – increase risk of 52 week breaches	Ongoing insourcing/outsourcing
Operational capacity pressures continuing in May & resulting in the use of DSU as an escalation area on the SMH site.	Lists moved to WH as much as possible to mitigate loss of activity.

Buckinghamshire Healthcare NHS
NHS Trust

Performance Exception Report July 2018 (June Data)

Standard	Turnover target is 12%; trust-wide turnover currently stands at 15.4% (as at 30 June 2018)
Definition	Turnover is the calculation of leavers' fte against the average staff in post fte. An increase in leavers against a static or reducing staff in post will result in an increased turnover rate. Turnover is calculated over a rolling 12 months, so individual monthly fluctuations have less of an impact month on month, but as patterns across the 12 month period form, so they will be reflected in the % calculation.

The Issue

Trust-wide (annual rolling) turnover is at 15.4% for June 2018, 3.4% above our target.

Nurse turnover (a key contributor of Trust turnover) for June was 16.3%, (0.3% less than May); 13.7fte nurses left the organisation (2.13fte less than in May).

There is a particular focus on nursing retention, due to the known challenges for this staff group both in the Trust and nationally. However, initiatives are available to all staff groups.

Work is in place and planned to address our attrition rate: the Retention, Wellbeing and Excellence' is one of the 6 task and finish groups feeding into the 'Transforming the Clinical Workforce' Steering Board. The Trust retention leads are co-ordinating the retention action plan, this is being implemented on both a Trust-wide and local ward based initiatives basis.

There is on-going analysis of quantitative and qualitative data to identify hotspots (by area, job role, age). This advises development of new initiatives, led by Trust Retention manager.

Model hospital data (dated February 18) shows that we are in the bottom 25% of trusts. We are therefore using the STP retention lead to learn from good practice from organisations. The BOB (Bucks, Oxon, Berks W) STP Real Value Workforce Programme Steering Group met on the 12 July and reviewed the work to date and future priorities that would benefit both the system and its component members. The next STP regional leads network will meet on 19 July.

Actions

Action to date	Issue being addressed	Outcome/impact	Next steps	Owner	Date by when
Two Itchy Feet events in May 2018.	Staff seeking career advice	10 staff being followed up	Education & recruitment teams to support individuals with professional development. Next Itchy Feet events planned for Autumn 2018.	Head of Recruitment & clinical education team	End July 18 End October 2018
Recruitment and retention services joint initiative to meet all new Nurses in post for 6 months. Drop in sessions with follow up in the post.	To measure staff experiences within the first 6 months, & whether issues need trouble shooting.	3 nurses (from 90 invitees) came to drop in in June for a face-to-face meeting. Temperature check paper survey has been sent to the remainder of this group to increase engagement & identify themes. 22 responses in the last month. Themes: **Best:** Good team working (16), Area & specialisms (4). **Worst:** Quicker access to training – induction (6) More staff (10). IT process (2), Community being more engaged (2).	2 individuals have resolved issues; the third has a follow-up with appropriate manager. The questionnaire will be repeated on a 6 monthly basis	Heads of Recruitment and Retention	July 2018 January 2019
New induction pack at pre-employment stage – “Start well, stay well at BHT”	Ensuring new starters are informed of local facilities & benefits.	In place	To be handed out to new starters from July 2018	Head of Recruitment	July 2018

Internal transfer process for nursing staff has been streamlined.	Feedback from staff that it is easier to leave the Trust	For f/y 2018-19 BHT has seen 12 nurses move through this route.	HCA staffing group roll out (i.e. band 2 to band 2)	Head of Recruitment	Aug 2018
Wellbeing service continue to offer exit interviews –	Lack of timely information about why people are leaving Therefore we are unable to intervene to offer alternative options	ESR leaver form reviewed and "other" removed as an option Information also now more readily available to HRBP's. Central place for recording Issues raised and outcomes.	Looking at introducing 'stay' step into the existing Leavers process. New process will enable better and easier reporting. Leavers questionnaire amended to reflect ESR options – and aid with data analysis.	Retention lead and Staff wellbeing team	End August 18 Completed
Coaching/mentoring opportunities available for all staff, including through Bucks Coaching pool. Career support	Staff asking for careers advice	57 Coachees have gone through the Bucks Coaching Pool. 2 Individuals approached SWB asking for retirement/careers advice. Staff support service drop-ins being set up Education and Career Development Clinics to be re-established supported by Trust intranet.	Identify regular dates for drop-ins at WGH and SMH. Relaunch Trust intranet page and establish clinics as required.	Wellbeing and retention leads Retention Leads	End July 18. End July 18
Promoting Career advice. via Library 'Swanlive' page	Staff accessing this well on a monthly basis and up to date information needs to added.	Update Career advice to include career opportunities in the Trust. This used by staff on a regular basis Hits: April – 125	Retention lead liaising with Library Manager to include career opportunities within the trust. Library manager liaising with	Retention Leads Library Manager	August 18

		May – 106 June 121	ELD team to ensure content is current.		
Further development of clinical supervision provision.	Supporting staff through regular protected time to reflect on practice	Support staff to maintain and promote high quality care. Provide space and time to think and reflect on challenging incidents, and if necessary problem solve an appropriate plan of action.	Clinical supervision sessions for nursing staff Evaluation of pilot	Education lead for clinical supervision	Pilot Dates arranged for 23/7/18 at AGH, 24/7/18 at WGH, 25/7/18 at SMH
Local orientation packs being rolled out into clinical areas, to support new starters and movers/temporary staff when they arrive on a ward.	Initiative to establish which wards have 'orientation ' packs/information for staff who are new/ visiting /helping for the day, to enable them to understand the running of the area and the duties involved	Currently collating existing packs and using best practise. All wards will be offered a generic pack which they can personalise to their area, if required. Several areas already have their own. Senior nurses input sought. Evidence from ward (12b) areas that staff more willing to return since orientation packs introduced.	Finish collating best practise and roll out generic pack	Retention leads	End July 18
Focus on the generational gap requirements	Determine hotspots through staff survey – Go Engage results, Exit data.	Offer Career coaching to all generations with clear career pathways determined at recruitment Develop preceptorship to two years. Review flexible , carers and retirement policies working policy and raise awareness	Work with the STP partners to develop a Career coaching model. Work with HRBP's to improve understanding of the relevant policies for managers and staff.	STP and BHT retention leads. BHT OD leads	End January 19
Promotion of wellbeing	Staff not taking a	Roll out the RCN campaign	Initial comms have been	Retention	End July 18.

services – including Rest, Rehydrate, Refuel (RRR) initiative in July 2018.	break. During long days and during periods of increased activity within the Trust	'Rest Rehydrate and Refuel' alongside providing re-useable water bottle for staff. Encourage staff to drink more. Encourage reduced use of disposable bottle,	circulated via staff bulletin week of 9 July. Hard copies of RRR posters and leaflets – together with other staff wellbeing information being circulated to wards and service areas week of 16 July. dates and times of events to promote, once bottles delivery date known (expected c.25 July)	Leads Nutrition lead nurse	Stand at Trust open day on 28 July

Agenda item: 10
Enclosure no: TB2018/77

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
25 July 2018

Details of the Paper

Title	Infection Prevention & Control report - June
Responsible Director	Dr Tina Kenny
Purpose of the paper	To provide the Board with Infection Prevention data for June
Action / decision required (e.g., approve, support, endorse)	For information

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Annual HCAI objectives
MRSA bacteraemia: Zero cases 2018/19
Clostridium Difficile: 31cases 2018/19

Please summarise the potential benefit or value arising from this paper:
The report outlines Healthcare Associated Infection data for February

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	15 (2) *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Amanda Adkins
Presenter of Paper: Dr Tina Kenny
Other committees / groups where this paper / item has been considered: Quality Committee and IPC committee
Date of Paper:16/07/2018

Buckinghamshire Healthcare NHS Trust

12th Edition of

Infection Prevention & Control

Annual Report 2017 – 2018

Date Produced:	June 2018
Approved by:	Infection Prevention & Control Committee Quality Committee Trust Board
Executive Director:	Dr Tina Kenny, Director of Infection Prevention & Control
Written & Compiled by:	Amanda Adkins, Interim Matron Infection Prevention & Control, The Infection Prevention & Control Team

Safe & compassionate care, every time

Executive Summary

The Trust has a statutory responsibility to be compliant with the Health & Social Care Act 2008: Code of practice for the NHS on the prevention and control of healthcare associated infections (DH 2015). A requirement of this act is for the Board to receive an annual report from the Director of Infection Prevention & Control (DIPC). This report details Infection Prevention and Control (IPC) activity from April 2017 to March 2018.

Key Points:

- There were 2 Trust apportioned Meticillin Resistant *Staphylococcus aureus* bacteraemias (MRSA) reported against a target of zero. All Trusts have a target of zero, the table below shows the apportioned cases from our neighbouring Trusts.

Public Health England

MRSA Bacteraemia Trust Apportioned Cases - Annually

Organisation Name	2017/18
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	**2**
FRIMLEY HEALTH NHS FOUNDATION TRUST	3
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	3
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1
ROYAL BERKSHIRE NHS FOUNDATION TRUST	1

- There were 43 Trust apportioned *Clostridium difficile* positive cases this year. 13 cases were deemed to be avoidable. Every Trust has an individual target therefore this is difficult to benchmark against other Trusts. The table below show all the inpatient areas of BHT that did not have a *Clostridium difficile* positive case this year.

Areas with No cases of *Clostridium difficile*	
In-patient Ward/Area	**Division**
Bucks Neuro Rehab Unit	Integrated Medicine
Ward 8, Wycombe Hospital	Integrated Medicine
Ward 9, Wycombe Hospital	Integrated Medicine
Buckingham Community Hospital	Integrated Elderly & Community Care
Florence Nightingale Hospice	Integrated Elderly & Community Care
Intensive Care Unit, Stoke Mandeville Hospital	Surgery & Critical Care
Intensive Care Unit, Wycombe Hospital	Surgery & Critical Care
Ward 1, Stoke Mandeville Hospital	Surgery & Critical Care
Ward 11, Stoke Mandeville Hospital	Surgery & Critical Care
Ward 14, Stoke Mandeville Hospital	Surgery & Critical Care
Ward 15, Stoke Mandeville Hospital	Surgery & Critical Care
Ward 12b, Wycombe Hospital	Surgery & Critical Care
Rothschild Ward, Stoke Mandeville Hospital	Women, Children & Sexual Health Services
St David, National Spinal Injuries Unit, Stoke Mandeville Hospital	Specialist Services
St Francis, National Spinal Injuries Unit, Stoke Mandeville Hospital	Specialist Services
St George, National Spinal Injuries Unit, Stoke Mandeville Hospital	Specialist Services
St Joseph, National Spinal Injuries Unit, Stoke Mandeville Hospital	Specialist Services Specialist Services
St Patrick, National Spinal Injuries Unit, Stoke Mandeville Hospital	Specialist Services

- There were 19 Meticillin Sensitive *Staphylococcus aureus* bacteraemias (MSSA). There is no national target for this.
- There were 230 positive *Escherichia coli* (E.coli) bacteraemia infections compared to the 242 identified last year. The Trust received a congratulatory letter from Ruth May, Executive Director of Nursing at NHS Improvement, for achieving a 12.8% reduction against a target reduction of 10%
- There were 19 Vancomycin resistant enterococci (VRE) in the Intensive care units across Stoke Mandeville hospital & Wycombe hospital compared to 20 last year.
- Hand hygiene and Bare Below the Elbow compliance was audited monthly by the wards & departments. The overall percentage of hand hygiene compliance for the year was 99% against our local target of 95%.

- The Trust reported 5 Norovirus outbreaks over the year compared to 0 the previous year.
- The overall uptake of the influenza vaccine amongst staff was 60%. There was a CQUIN attached to this.

Infection Prevention & Control Arrangements

The Trust serves a population of approximately 500,000-525,000 people with inpatient beds at Stoke Mandeville, Wycombe, Amersham, and Buckingham Hospitals. Dr Tina Kenny continued in her role as Director of Infection Prevention & Control. Niamh Whittome stepped down from the Deputy DIPC post January 2018 and Amanda Adkins was appointed Interim Matron.

The Infection Prevention & Control Team (IPCT) included the following staff during 2017-2018

1 x Director of Infection Prevention & Control
1 x Infection Prevention & Control Doctor (Consultant Microbiologist)
3 x Consultant Microbiologist
1 x Deputy Director of Infection Prevention & Control to Jan 2018
1 x Interim Matron Infection Prevention & Control from Jan 2018
2 x Band 7 Infection Prevention & Control Nurses to Jan 2018
4 x Band 6 Infection Prevention & Control Nurses from March 2018
2 x Band 4 Infection Prevention & Control Clinical Assistants

Reporting Line to the Trust Board

The IPCT is line managed through the Deputy Chief Nurse and works directly with the DIPC. The DIPC meets regularly with the Chief Executive and Chairs the Infection Prevention & Control Committee. The DIPC is a member of the Trust board and reports Infection Prevention issues to the board and the Quality Committee.

Infection Prevention & Control Programme

Appendix 1 outlines the IPC Annual Programme for 2017-2018. The Programme outlines the principles for the Trust in relation to Infection Prevention & Control activities as agreed by the Trust Infection Prevention & Control Committee which monitors the progress of the programme quarterly. The programme is based around the Health & Social Care Act 2008: Code of practice for the NHS on the prevention and control of healthcare associated infections.

Surveillance: Mandatory & Voluntary

Clostridium difficile & MRSA bacteraemia numbers are over our annual objectives. For MSSA bacteraemia, MRSA non bacteraemia & E.coli bacteraemia we saw an increase in numbers reported. See below for details.

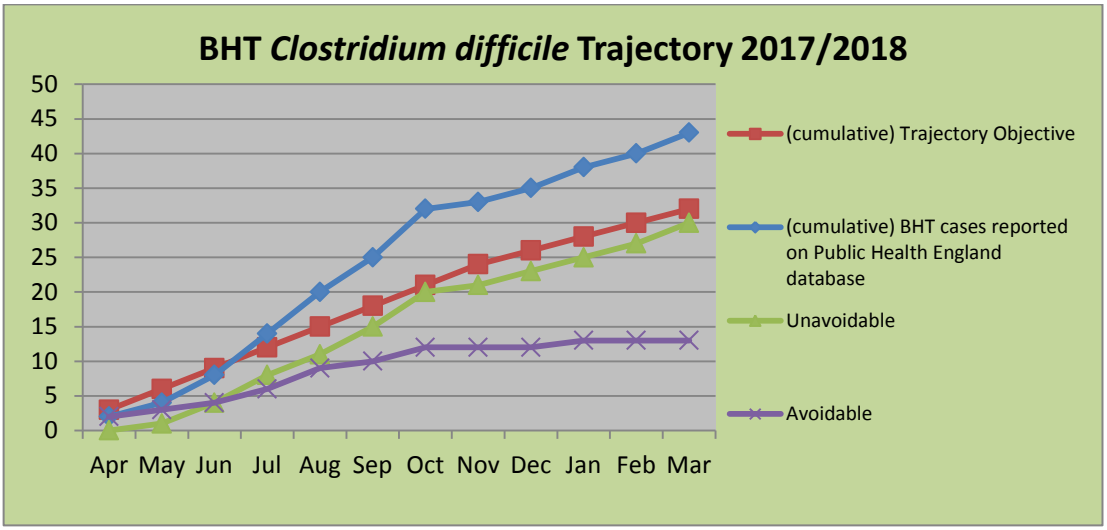
Clostridium difficile (Mandatory Surveillance)

We continue to participate in the mandatory reporting of *Clostridium difficile* Infection. The graph below show our *Clostridium difficile* figures for the year. Our limit for the year was 33. Our year end numbers were 43 cases reported to Public Health England (PHE)

13 cases were identified as avoidable *Clostridium difficile* infection. A root cause analysis was undertaken for each case and identified the following factors:

- Antimicrobial use – not in line with Trust Guidelines
- Samples - delay in sending samples, sending samples while on laxatives (not in line with Trust Guidelines)
- Documentation – lack in stool chart documentation
- Cleaning - ATP testing results highlight failures in cleaning

Any learning identified from the previous year's cases was incorporated into the *Clostridium difficile* Infection (CDI) reduction plan. The plan was monitored by the Infection Prevention Team and the Infection Prevention Control Committee.



Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias (Mandatory Surveillance)

Mandatory reporting of MRSA bacteraemia continues. The limit was set at 0 avoidable cases. 2 cases were reported to PHE.

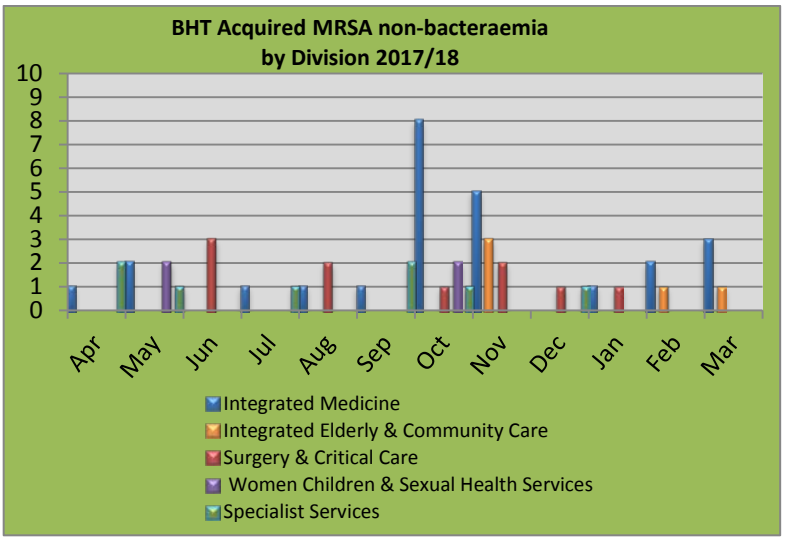
Case 1: Post infection review highlighted training required for medical staff on taking blood cultures, non-compliance with the use of the anteroom when entering and exiting side room, Vancomycin guideline for ITU to be looked at.

Case 2: Post infection review highlighted not sending repeat MRSA screens, samples not labeled appropriately, empirical MRSA treatment not considered in patient who is known to be MRSA

Lessons learned were shared in the Infection Prevention & Control newsletter & through the lessons learned Trust sessions

Meticillin Resistant *Staphylococcus aureus* (MRSA) Non-bacteraemias (Voluntary Surveillance)

The number of BHT (attributable) non-bacteraemia MRSA cases, detected by the laboratory was 51. This is an increase of 21 compared to last year.



Some of these cases were linked to an outbreak on one of our acute wards. 7 patients and 2 staff members were found to be positive. This instigated an outbreak meeting where the following issues were discussed and addressed:

- MRSA screening
- Cleaning of the environment (terminal and steam cleaning with UVC completed)
- Cleaning of patient equipment
- Infection Prevention & Control practices – hand hygiene, use of personal protective equipment etc.
- Mattress integrity checks
- Isolation of alerted patients.

MSSA Bacteraemia (Mandatory Surveillance)

Total numbers detected after 48 hours of admission were 19, an increase of 2 compared to last year. Those that are Trust associated having invasive devices will have a root cause analysis carried out.

Learning from Root Cause analysis where MSSA bacteraemias were related to devices highlighted the importance of:

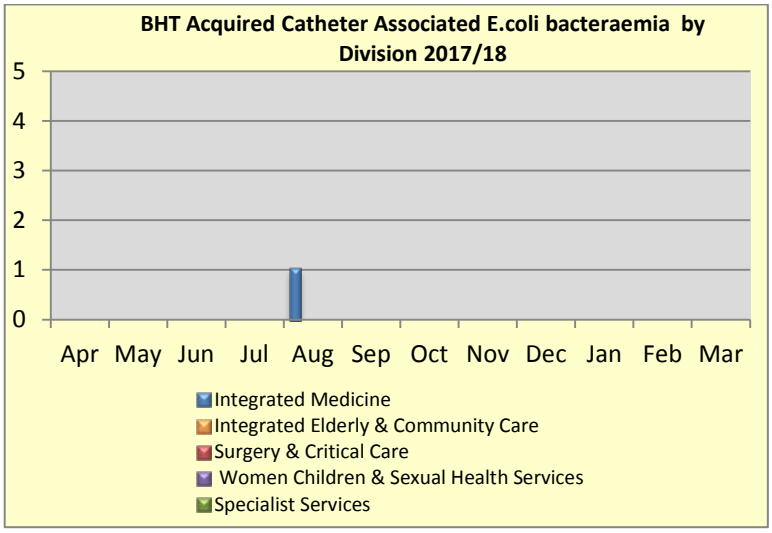
- Dressing changes not undertaken as per guidance
- Documentation at time of insertion
- Incorrect insertion site
- Education required on taking of blood cultures

Gram negative bloodstream infections (Mandatory Surveillance)

As from April 2017 Klebsiella and from May 2017 Pseudomonas aeruginosa were added to mandatory surveillance of bloodstream infections.

There were 230 positive E.coli bacteraemias identified from blood cultures compared to 242 identified last year. The majority of these were taken within our Emergency Department. The graph below shows Catheter associated E.coli bacteraemias by division for BHT inserted catheters. No lapses in care were associated to these bacteraemias.

There were 56 Klebsiella and 27 Pseudomonas aeruginosa positive blood stream infections identified. None of these were Catheter associated. There is no comparative data for these figures.



The Trust was congratulated by Ruth May Executive Director of Nursing in achieving a 12.8% reduction in cases.

Surgical Site Infection Surveillance Service (SSISS)

The Trust participated in the mandatory orthopaedic SSIS for Fracture Neck of femur & total hip & knee replacements for a 3 month period July to September 2017.

The figures are presented separately for Wycombe & Amersham (W&A) and Stoke Mandeville Hospital (SMH) because they are analysed and reported separately by the Centre for Infection in Colindale. The figures below include all infections (in-patients, readmissions and post discharge).

Total number of procedures July 2017 – September 2017				
	Totals	Infections	BHT Infection Rate	National Infection Rate
Repair of neck of femur	86	0	0.0%	1.3%

Total number of procedures July 2017 – September 2017				
	Totals	Infections	BHT Infection Rate	National Infection Rate
Hip replacements	88	0	0%	1.0%
Knee replacements	69	0	0%	1.4%

Outbreaks & IPC Serious Incidents

The Trust reported 5 Norovirus outbreaks during the year. This was an increase of 5 compared with zero last year. It was difficult to identify the index cases for these outbreaks as we had various visitors reporting symptoms of diarrhoea and vomiting. Also, some staff had been off with diarrhoea and vomiting but no reports of symptoms while working.

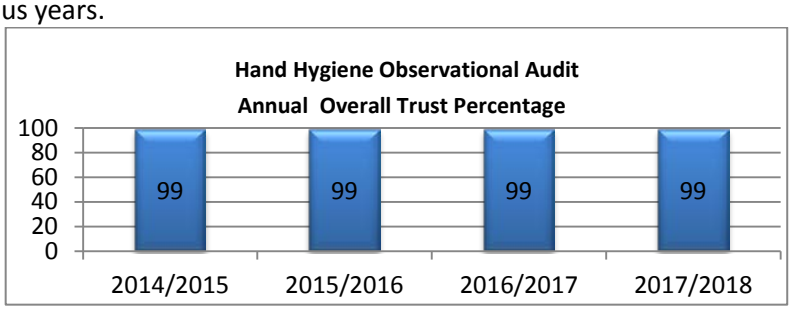
Influenza – the Trust saw increased cases of influenza across the divisions. This was monitored and reported on a National Influenza Surveillance Database.

Hand Hygiene

Hand Hygiene audits

BHT continued the monthly Hand Hygiene Observational Audits throughout 2017-2018. Each ward, department and staff group at the Trust undertake monthly auditing of hand hygiene practices and compliance with the Bare Below the Elbows principle. Each element of the WHO "Five moments for Hand Hygiene" is assessed separately for each staff group and bare below the elbows. Summaries are reported in the monthly Infection Prevention and Control Report. Compliance of at least 95% with each element is required. To ensure that the reporting gives a reliable indication of hand hygiene practices, ad hoc audits are carried out in addition by members of the IPC Team. If an area scores less than 95%, feedback is given and the ad hoc exercise repeated. Non-compliance is dealt with in real time during the audit. These ad hoc results are reported separately from the main audit results within divisional reports.

For 2017/18, the overall Annual self-reported compliance with hand hygiene for the Trust was 99%. This is consistent with previous years.



Link Practitioner Programme

Study days for the Infection Prevention & Control Link Practitioners were held throughout the year.

The programme covered a wide variety of topics:

Infection Prevention & Control Link Practitioners Study Day Programme 2017-2018
Study Day 1 – 25th May 2017
• Build your own! • Screening matters • How clean is your home? • Quiz • Patient Led Assessment of Care Environment (PLACE) • Driving Infection Control Standards within ICU against VRE • Clostridium difficile reductive plan • New & improved VIP chart – have your say! • Trust Vascular access devices
Study Day 2 - 14th September 2017
• IPC Matron from Royal Brompton & Harefield NHS Foundation Trust • Duty of candor • Do Dementia and Infection Control go together? • Presenting information in different ways • Sharps Audits Feedback • Bedpan Washer Training update • Patient Experience • What is TB? • Flu Campaign • Barbara's Story • Tristel Produce update
Study Day 3 – 30th November 2017
• Candida auris • Getting your message out there

- The Patient Experience
- Is there a storm brewing in your area?!
- Clinical Audit
- Tristel Fuse update
- Antimicrobial Stewardship update
- Moving forward – partnership building
- Showcase event 2018
- The shape of things to come 2018

Study Day 4 – 16th March 2018

- Outbreak feedback
- Speaking out
- Norovirus
- Bladder Scanner demonstration
- Semmelweis hand hygiene scanner
- Sodexo staff training
- Touch Tree exercise

Patient Led Assessments of the Care Environment (PLACE)

Members of the IPCT were involved in the annual PLACE inspections during 2017-2018.

PLACE are annual assessments of the care environment undertaken over a period of weeks during spring and early summer. Results were published for 2017 on 15th August 2017.

The PLACE assessments are a self-assessment of non-clinical services which contribute to the environment in which healthcare is delivered. The focus of these annual inspections ensures that patients are fully involved in the process, working in partnership with NHS staff to identify how the Trust is currently performing against a range of criteria, and how services may be improved in the future. The ratio of patient representatives to NHS staff is required to be a minimum of 50%. Each hospital site was assessed, and the results are as follows:

	Stoke Mandeville	Wycombe	Amersham	Thame	Marlow	Buckingham
			Cleanliness			
		National average 98.4%		**BHT average 97.68%**		
2014	90.47%	99.85%	94.53%	99.42%	99.06%	92.60%
2015	97.96%	99.17%	99.70%	100%	97.53%	98.28%
2016	96.97%	98.60%	99.79%	100%	100%	100%
2017	**97.12%**	**99.13%**	**99.28%**			**99.64%**
			Food			
		National average 89.70%		**BHT average 85.680%**		
2014	85.54%	85.90%	85.73%	87.61%	89.96%	76.60%
2015	89.20%	86.46%	84.27%	85.74%	90.93%	88.86%
2016	91.10%	91.74%	95.62%	87.62%	82.23%	85.57%
2017	**87.50%**	**74.46%**	**92.35%**			**84.56%**
			Privacy, Dignity & Wellbeing			
		National average 83.7%		**BHT average 78.27%**		
2014	79.66%	83.70%	79.62%	62.12%	73.48%	72.73%
2015	82.31%	67.79%	78.20%	65.00%	88.59%	80.56%
2016	73.21%	70.22%	65.91%	60.14%	68.24%	71.79%
2017	**79.88%**	**69.87%**	**83.14%**			**68.42%**
	Stoke Mandeville	Wycombe	Amersham	Thame	Marlow	Buckingham
			Condition Appearance & Maintenance			

		National average 94.00%		BHT average92.92%		
2014	89.00%	91.20%	83.59%	87.50%	90.00%	75.63%
2015	93.32%	82.76%	86.36%	82.26%	91.05%	90.11%
2016	89.95%	96.99%	90.26%	91.50%	94.22%	91.88%
2017	**92.73%**	**93.51%**	**95.34%**			**82.62%**
			Dementia – added 2015			
		National average 76.7%		**BHT average 69.29%**		
2015	67.68%	56.06%	76.72%	53.49%	76.87%	66.56%
2016	54.85%	57.50%	69.39%	68.75%	63.93%	73.48%
2017	**68.56%**	**65.63%**	**81.67%**			**77.71%**
			Disability – added 2016			
		National average 82.6%		**BHT average 79.1%**		
2016	66.32%	65.01%	74.11%	70.30%	69.03%	78.39%
2017	**78.88%**	**76.96%**	**85.34%**			**79.55%**

It should be noted that due to changes in methodology and assessment criteria for food and hydration, and privacy and dignity in 2014, the scores of these two elements are not directly comparable. However it is useful information and provides a snapshot to compare the performance of individual sites within our Trust.

Also please note that Thame and Marlow are no longer inpatient sites, therefore were not part of the PLACE assessments.

Educational Activities

The IPCT continues to provide training to the Trust via e-learning modules and face to face monthly sessions. Separate modules are available for patient facing and non-patient facing staff. Hand hygiene practical face to face sessions are delivered monthly on set dates organised by the Training Department.

Additional Statutory Face to Face training days are organised by the Training Department and IPCT deliver the Infection Prevention & Control session.

Statutory Training Courses	Training Method	Trust Total % Attendance
Attendance required annually		
Infection Prevention & Control (staff with no direct contact with patients)	e-learning / face to face	**89.43%**
Infection Prevention & Control (staff with direct contact with patients)	e-learning / face to face	**84.53%**
Attendance required every 2 years		
Hand Hygiene Practical (staff with direct contact with patients)	Face to face	**84.46%**

Further training is delivered by the IPCT for:

- Trust induction
- Specific departments at their request
- Doctors Induction,
- Clinical Staff Induction
- NSIC Induction.
- HCA Development Pathway and any other ad-hoc training on request.

Audit Activity

The annual Infection Prevention & Control audit programme was delivered as per Appendix 2.

Formal reports were provided by Clinical Audit and Effectiveness Department. All formal reports were disseminated to relevant wards, departments and committees to highlight key findings and recommendations for action.

Other Activities

Building Projects
IPCT were involved with the estates team looking at a number of building projects throughout the year providing Infection Prevention guidance for the hospital environment.

Infection Control Times
The Infection Control Times newsletter has continued to be produced and distribute. It facilitates the sharing of best practice, latest IPC activity and any learning from IPC incidents or root cause analysis. This is well received by wards and departments.

Other Innovations/celebrations during the year:

- May - World Health Organisation (WHO) Global Hand Hygiene Day. The focus was centred around antibiotic resistance. The Trust asked staff to pledge their support in reducing the spread of multi resistant organisms by antibiotic stewardship.
- October - we celebrated Infection Prevention Society Infection Control Week. The focus was on "To glove or not to glove" where education was offered on the use of glove use/choice.
- November - Trust introduced Trisel Fuse cleaning product. This offers a higher disinfection and includes sporacidal, detergent and disinfection.
- January – point of care testing for Influenza in emergency care.
- March
    - We re-launched the A-Z cleaning inventory poster.
    - Introduction of the "Responsible Monthly Assurance Narrative" to be reported by division at the IPCC meetings.
    - Research into latest hand hygiene innovations, resulting in the use of Semmelweiss hand hygiene machine to improve staff hand hygiene practice.

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Infection Prevention & Control Annual Programme 2017-2018

Subject	Action	Lead	Outcome	Evidence	Current Status
Organisational Assurance					
Maintain Board level involvement in ensuring avoidable infections are reduced to a minimum.	The Board will receive an annual report from the Infection Prevention and Control Team (IPCT)	Director Infection Prevention & Control (DIPC)	Approval of report at Trust Board	Minutes of Board meeting and Annual report	16/17 report complete
	The Board will receive monthly infection prevention and control reports.	DIPC	Executive and non-executive awareness of Healthcare Associated Infections (HCAI)	Minutes of Board meetings and reports	DIPC presents monthly IPC board report
Surveillance: To continue to reduce Healthcare associated infections & continue mandatory surveillance					
MRSA bacteraemia: zero cases	MRSA admission screens are taken within 12 hours of admission MRSA Decolonisation regimes are prescribed as per protocol	Divisional Leads & IPCT	Zero MRSA bacteraemia	Monthly IPC report Weekly report to the CEO	2 cases in 2017/2018. Post infection review held. Learning outcomes identified.
Clostridium difficile (CDI) 17/18: 32 cases	To continue to reduce unavoidable cases of CDI Hold scrutiny panels for each CDI case with multi-disciplinary staff Development of a new stool sampling guide	Divisional Leads , IPCT & antimicrobial pharmacist	Low numbers reported monthly, no more than 8 per quarter	Monthly IPC report Weekly report to the CEO	As at end of March 43 cases reported

Subject	Action	Lead	Outcome	Evidence	Current Status
	New laxative guidelines in development				
Monitor trends in infection and identify potential outbreaks or periods of increased incidences of infection	Provide advice and support in the event of outbreaks or IPC incidents Prompt isolation of possible infected patients	IPCT & Ward managers	Safe patient management	Monthly IPC reports & Quality & Safety group minutes Failure to isolate monthly data & recorded daily at the capacity meetings	In place
Minimise risk from invasive devices : Central & peripheral lines Urinary catheters	IPCT will report device related infections to divisions	Divisional Leads & IPCT	No avoidable device related infections	IPC monthly reports	In place
Audit					
Undertake IPC audits as per annual audit programme	Undertake audits and generate reports	IPC link Practitioners IPCNs Clinical audit	Safe practice is highlighted	Audit reports	Programme circulated and audit participation up to date
To provide specialist IPC input into the annual PLACE (Patient led assessment of the care environment)	Raise any IPC risks to the relevant division identified during the inspections	IPCN Facilities manager	Risk that are identified are addressed	PLACE reports Domestic service review group meeting minutes	In place annually
Training					
Ensure all staff are trained in IPC, patient facing and non-patient facing	All patient facing staff are trained	Divisional leads	All patient facing staff will have a basic awareness of infection prevention and control practices.	Training records	In place – figures circulated to IPC committee meeting quarterly
Monthly IPC newsletter	The IPC newsletter will continue to be distributed highlighting lessons learned from IPC incidences and key changes to practice	IPCT	Staff receive evidence based information on IPC practice	Newsletter Intranet	Distributed monthly

Subject	Action	Lead	Outcome	Evidence	Current Status
	and/or national guidance				
Hand Hygiene					
To maintain hand hygiene compliance	Wards & departments to undertake their monthly hand hygiene audits and upload to the shared drive before the 7th of each month	Ward managers IPC link nurses	95% compliance to be achieved monthly	Hand hygiene drive results IPC monthly reports	In place
Environmental & equipment Cleanliness Monitoring					
To achieve high levels of environmental cleanliness which reduces HCAI	ATP testing to be undertaken by IPCT on an adhoc basis Cleaning scores to be monitored monthly & assurance on cleaning performances via an independent auditor Joint audits to be undertaken with contractors & clinical staff Implementation of UVC/HPV decontamination as an additional layer to terminal cleaning. Trial of new disinfectant	Facilities manager Ward Managers IPCT Independent auditor	Reduction in HCAIs	DSR meeting minutes ATP results	Review of UVC/HPV decontamination underway. Programme for this a deep cleaning to be in place 1st April 2018 Joint audits not always undertaken with clinical staff Property services employing 3 new auditors to audit estates and cleaning (environmental) throughout the Trust Tristel disinfectant introduced in November.

Subject	Action	Lead	Outcome	Evidence	Current Status
Environmental & equipment defects	Environmental defects to be reported to the help desk & job number obtained for reference Equipment that cannot be repaired and is damaged must be replaced /repaired	Ward managers/matrons	Safe patient equipment and clean environment	IPC annual environmental, equipment & kitchen audits	Property services employing 3 new auditors to audit estates and cleaning (environmental) throughout the Trust
Clean patient equipment	Near patient equipment is cleaned after each use with evidence to support this	Ward managers	Safe patient equipment	Matron quality rounds	In place
Patient Involvement					
Patient & visitors encouraged to support IPC within the trust	IPC information displayed on wards as part of the quality board Hand sanitisers are kept full at ward & department entrances Hand hygiene leaflets are given to patients on admission & available to visitors	Ward managers	Public confidence in our efforts in preventing HCAIs	Review of any comments complaints via PALs or complaints team	In place
Patients hand hygiene	All patients are offered hand wipes before mealtimes & following	Ward managers	Clean hands & patient confidence		In place

Subject	Action	Lead	Outcome	Evidence	Current Status
	toileting if they cannot access hand wash basins				

Key

DIPC	Director Infection Prevention & Control	IPCT	Infection Prevention & Control Team
CQC	Care Quality Commission	IPCLP	Infection Prevention & Control Link Practitioners
PLACE	Patient Led Assessment of Clinical Environments	CEO	Chief Executive Officer

Appendix 2

Infection Prevention & Control Audit Programme 2017/2018

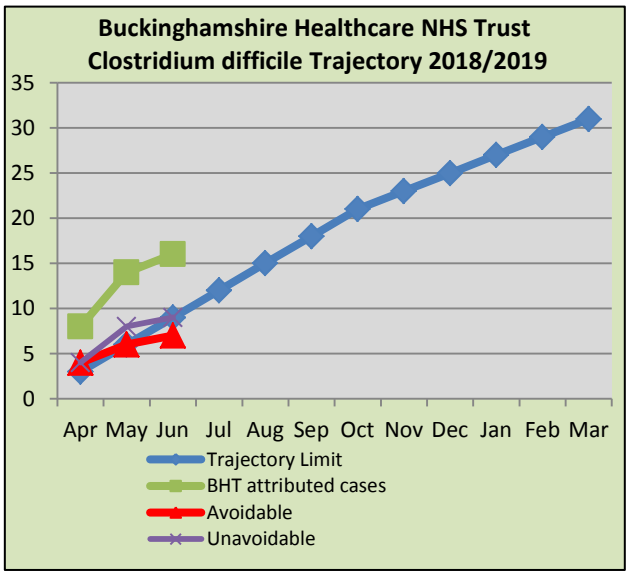
This audit programme is not definitive and could be subject to change depending on IPC events e.g. outbreaks/ periods of increased incidence relating to IPC procedures.

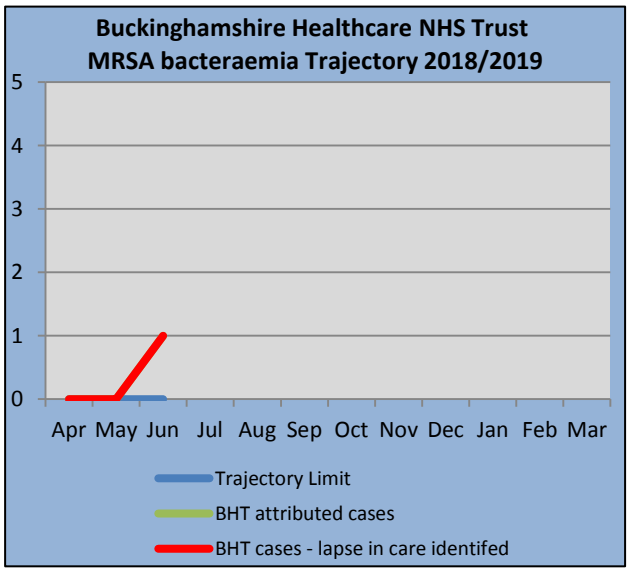
Audit tools and instructions will be sent out in the preceding month via email to the following staff groups: Ward Managers; Matrons, with a request that they pass to the designated person undertaking this audit.

Month	Audit	To be undertaken by
Monthly	**Hand Hygiene Observational Audit**	All wards/areas/ departments
	Environmental, Kitchen & Patient Equipment - *On a rolling programme*	IPCT
	Central Venous Devices - *On a rolling programme*	OPAT Team
April	**MRSA Admission Screens**	IPCT
May	**HII Urinary Catheter Care Audit** (insertion and on-going management)	All wards/areas/ departments
	HII Care Bundle for Ventilated Patients Audit	NSIC
June	**HII Peripheral Line Audit** (insertion and continuing care including VIP form, DSU, Endoscopy, X-ray day stickers)	All wards/areas/ departments
September	**HII Surgical Site Infection Pre-op** – General Surgery and Vascular procedures only	IPCT
	HII Surgical Site Infection Peri-op – General Surgery and Vascular procedures only	Theatres
October	**HII Surgical Site Infection Pre-op**–Trauma & Orthopaedic Elective and Emergency procedures only	IPCT
	HII Surgical Site Infection Peri-op –Trauma & Orthopaedic Elective and Emergency procedures only	Theatres
November	**Isolation Precautions Signs**	IPCT
	Sharps Bins	Daniels Healthcare
January	**Correct Use of Personal Protective Equipment**	IPCT

Infection Prevention & Control Report – June 2018

June 2018	Limits set by PHE	Trust Total from April 2018	Integrated Medicine	Integrated Elderly & Community Care	Women, Children & Sexual Health Service	Surgery & Critical Care	Specialist Services
Clostridium difficile	31	16	1	0	0	1	0
MRSA Bacteraemia	0	1	0	0	0	0	1
MSSA Bacteraemia (BHT associated (post 48 hours))	n/a	5	2	0	0	1	0
GNBSI - (E.Coli , Klebsiella & Pseudomonas aeruginosa) (BHT catheter associated)	n/a	8	0	0	0	1	0
Line Infections	n/a	6	1	0	0	0	4
Hand Hygiene Observational Audit Compliance %	n/a	n/a	99%	99%	98%	99%	99%





For 2018/2019 the Trust objectives are

Clostridium difficile 31 cases

MRSA bacteraemia 0 cases

Meticillin Resistant Staphylococcus aureus (MRSA) Bacteraemia – 1 case in June. Admission screen negative. Patient colonised during in patient stay. Supra pubic catheter inserted. Blood culture positive for MRSA. Supra pubic catheter guidelines to be amended to include MRSA screening pre insertion. To maintain high standards of environmental cleaning, hand hygiene and use of Personal Protective Equipment.

Clostridium difficile - *2* cases identified in June.
Post infection reviews have been undertaken. 1 was identified as unavoidable , 1 was avoidable.
(Total for 2018/19 = 7 Avoidable , 9 Unavoidable)

Learning from PIR for the avoidable case:

- Case 1 - Avoidable - Antibiotics not in accordance with BHT policy.

Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia – 3 cases identified in June.

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Gram-negative Blood Stream Infection (GNBSI) (E.coli, Klebsiella & Pseudomonas aeruginosa) – IPCT will be carrying out a mini RCA on BHT acquired urinary catheter associated GNBSIs in real time when informed of these cases by the duty microbiologist dealing with these cases. As the national picture becomes clearer and if/when GNB BSI become mandatory, the trust and the CCG will review the most appropriate mechanism to be developed at that point.

1 cases identified in June – RCA meeting arranged.

Line Infections - 5 cases in June. Post infection reviews have been undertaken 1 case was avoidable.
Central lines: Benchmark - Zero tolerance to avoidable line infections

Learning from PIR for the avoidable case:

- Case 1 - Avoidable - lessons learnt: lack of documentation on VIP form; radiology to look at insertion procedure as positive result within 6 days of insertion.

Agenda item: 11
Enclosure no: TB2018/078

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
25 JULY 2018

Details of the Paper

Title	**Enhanced Mortality Review Improving Patient Safety for Future Populations**
Responsible Director	**Tina Kenny Medical Director**
Purpose of the paper	To provide a summary of achievements, learning and actions following the introduction of medical examiner and the revised mortality review process.
Action / decision required (e.g., approve, support, endorse)	Support and Endorse

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	*Regulatory/ Compliance*	*Public Engagement /Reputation*	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?
To Reduce Mortality, Enhance Patient Safety and Improve Patient Experience

Please summarise the potential benefit or value arising from this paper:

- The attached paper sets out the progress and achievements made since the launch of Medical Examiner to Buckinghamshire Healthcare NHS Trust (BHT) in Dec 2017.
- All objectives of the Learning from Deaths Quality Standard have been met with BHT being the clinical lead for the region
- This paper sets out the learning from deaths, actions and future recommendations
- Neighbouring Trusts are now adopting the BHT model with BHT inputting into the Royal College of Physicians (RCP) mortality review programme and first annual report

RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*: Risk to reputation, public engagement, quality and safety, equality and diversity if BHT not in accord with national requirements
	Financial Risk: Potential litigation risks, lost opportunity for cost and quality improvement programmes
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Person-centred care, dignity and respect, safety, safeguarding, good governance, duty of candour *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Julia Phillips Nurse Lead Mortality Review
Presenter of Paper: Tina Kenny
Other committees / groups where this paper / item has been considered: Quality Committee
Date of Paper: 13th July 2018

Agenda item: 11
Enclosure no: TB2018/078

Buckinghamshire Healthcare NHS
NHS Trust

Enhanced Mortality Review
Improving Patient Safety for Future Populations

Introduction

All objectives of the Learning from Deaths Quality Standard (2017) were met; to independently scrutinize all deaths, ensure meaningful engagement with bereaved relatives and use the Royal College of Physicians (RCP) structured judgement review (SJR) methodology in selected cases for learning and subsequent actions. In line with RCP recommendations SJR review is on average 12% of all cases.

Medical Examiners provide support to junior doctors in improving accuracy of certification, DOCGEN GP notification, and referral to coroner. Local agreement with the coroner has led to a reduction of 25% in referrals speeding up the process for bereaved relatives.

BHT Results- Q1 2018

	BHT Deaths	Learning Disability Deaths
Number of Deaths	**273**	**1**
Medical Examiner screens	**262 (96%)**	**1**
Number subject to SJR	**36 (14%)**	**1**
Serious Investigations	**1**	**0**
Deaths due to problems more than likely than not to have been due to problems in care	**1-not yet declared**	**0**

Learning from Deaths

- Dissemination of learning uses a variety of methods to capture a wide audience across the organization
- The Datix SJR platform allows centralization of data for trust wide learning and benchmarking nationally

Actions

- Improvements to end of life care supported in the hospital and the community
- Deteriorating patient initiatives - action plans to address sepsis recognition and treatment
- A national spotlight on learning disability deaths leading to BHT initiatives with representation at deteriorating patient group and learning disability nurses inputting into M&M review
- Medical Examiner screens leading to identification of inherited disease
- SJR review resulting in increased awareness of timely DNACPR decisions and treatment escalation plans
- Using excellence reporting following relatives feedback to embrace safety II principles
- Regional partners adopting the BHT model
- BHT are leading the way gaining regional agreement to revise the definitions of death categories moving away from avoidability to be in line with the national lead team in Leicester.

Future Recommendations

- BHT inputting into the first RCP national report focusing on the use of SJR methodology in mortality review
- BHT are well placed to play a leading role in the launch of National Medical Examiner due April 2019

Author: Julia Phillips Nurse Lead Mortality Review Buckinghamshire Healthcare NHS Trust

Agenda item: 12
Enclosure no: TB2018/079

Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
25th July 2018

Details of the Paper

Title	Safe staffing report
Responsible Director	Carolyn Morrice, Chief Nurse
Purpose of the paper	The purpose of this paper is to provide the board with a high level summary of our compliance with safe staffing levels for quarter one of 2018.
Action / decision required	No decision required – for information/discussion only

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	***Operational Performance***	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	***Regulatory/ Compliance***	*Public Engagement /Reputation*	***Equality & Diversity***	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Deliver high quality, safe and effective services

Please summarise the potential benefit or value arising from this paper:

The papers informs the Trust Board of the safe staffing compliance for quarter 1 and the current position in relation to work that is progressing within the organisation to address the challenges of staffing inpatient services and of the wider national position and current workforce issues that will impact upon the Trust position.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	*(if you need advice on completing this box please contact the Director for Governance)* Essential Standards of Quality and Safety, including outcomes 13 (staffing) and 14 (supporting staff)

Author of paper: Edmund Tabay, Deputy Chief Nurse
Presenter of Paper: Carolyn Morrice, Chief Nurse
Other committees / groups where this paper / item has been considered

Agenda item: 12
Enclosure no: TB2018/079

Date of Paper: 25.7.2018

Safe Staffing Report

Introduction

The purpose of this paper is to provide the board with a high level summary of our compliance with safe staffing levels for quarter one of 2018.

The report relates to nursing staff providing direct patient care.

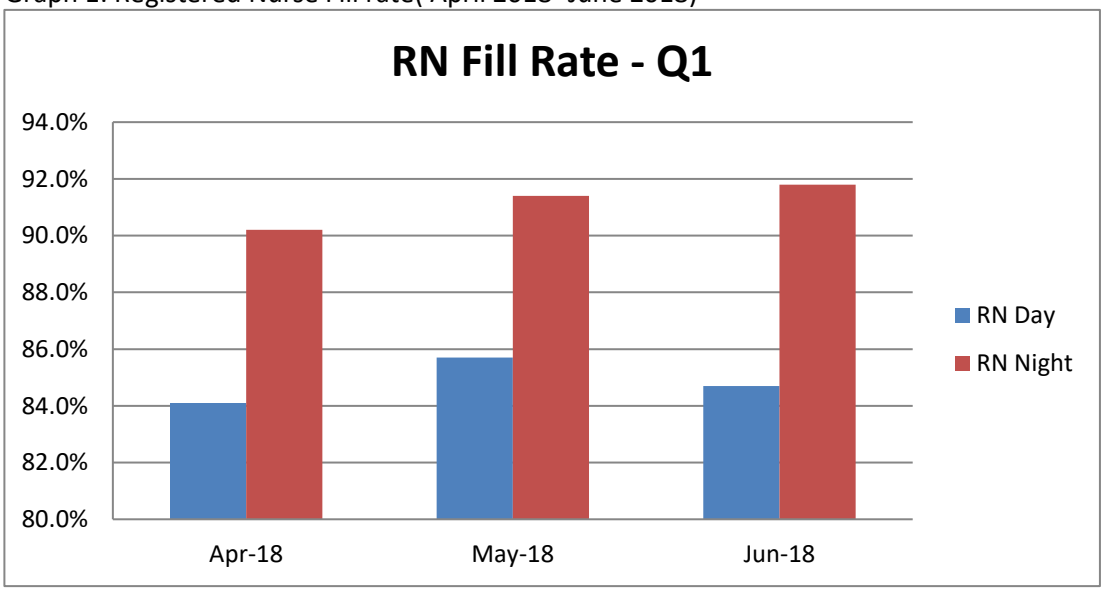
Staffing reports are submitted to a national database 'Unify' and published monthly on the Trust website, allowing for public scrutiny and is subject to review by our regulators.

Fill rate

NHS England requires all organisations to provide information to "Fill rate" for both day and night time shifts. The term "Fill rate" refers to the total planned hours (staff scheduled to work on roster) versus actual hours worked and not to the number or skill mix required in agreed shift establishment.

The fill rates during day time shifts for Registered Nurses (RN) in the first quarter are reported as above 80% (graph 1) which is in line with national recommendation (80%). The night time fill rates for registered nursing staff remain above 90% which is in line with national recommendation

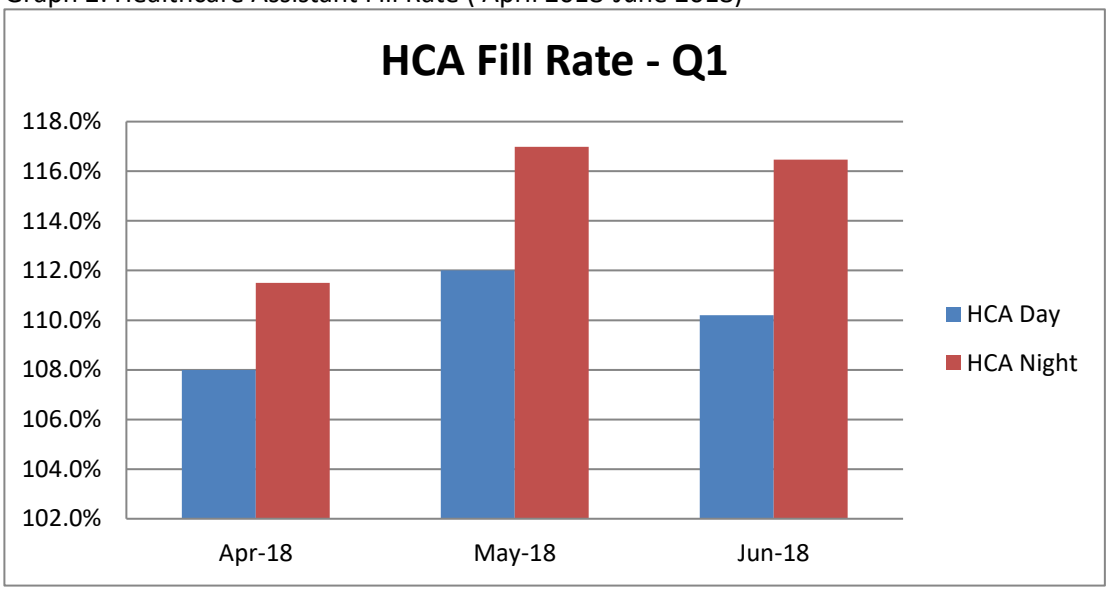
Graph 1: Registered Nurse Fill rate(April 2018- June 2018)



Healthcare Assistants (HCA) fill rates for quarter 1 of 2018 are reported as above 100% for day time shifts and above 110% for night time shifts (graph 2). The HCA fill rates for both day and night time shifts are all above 100 % due to the fact that this is to support and back fill the unfilled RN shifts. In addition, teams have required additional care workers, particularly

at night, to support patients presenting with complex care needs who needed enhanced care.

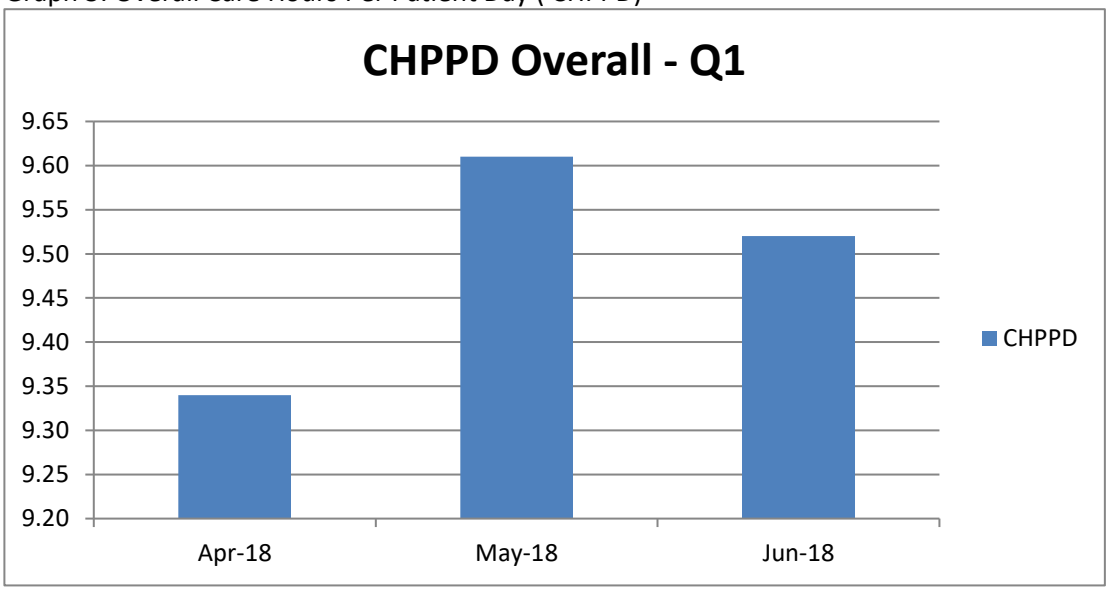
Graph 2: Healthcare Assistant Fill Rate (April 2018-June 2018)



Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day (CHPPD) measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare assistants. The CHPPDs in the first quarter are reported as above 9 hours per patient per day (graph 3). We are working with Model hospital to understand our data as we recognise that this is above the peer median and the national median.

Graph 3: Overall Care Hours Per Patient Day (CHPPD)



RN to Patient Ratio

It is recognised that during day time shifts, a ratio of one registered nurse to eight patients is considered the minimum level at which care should be safe, there should not be a reliance on absolute figures or skill mix and to support safe services additional factors relating to patient acuity and dependency, ward lay out and additional external factors should be considered. This might be slightly different in community hospital where patient needs are not always reliant on the registered nurse .At night, this figure may vary and safety is dependent on a number of diverse factors but typically a ratio of 1:10/1:12 is considered appropriate

Vacancies

It is estimated that there are around forty thousand registered nursing vacancies in England. Healthcare unions have warned of a dramatic decline in the number of applications for nurse training courses by almost a quarter, particularly from mature students and male applicants. The NMC has reported that there are now more nurses leaving the register than joining.

Nurse vacancy levels pose a current challenge to the delivery of safe and high quality patient care. Innovative new staffing models and roles will be required to sustain our wards in the future. The current qualified nurse vacancy rate is above 17% .

Developing the non -medical workforce

The Trust embarked on the creation of new band 4 roles (nursing and allied health professionals) to bridge the gap between the current registered and non- registered work force and to retain and develop our non- registered workforce. The divisions were asked to scope their current workforce and identify opportunities where band 4 roles would enhance the care environment. Generic competencies with specific divisional competencies were developed. The divisions were actively involved in the governance of establishing these roles **60** Band 4 staff are now in post across the Trust.

Phase 2 of this successful initiative is currently underway.

Transforming the Nursing, Midwifery and AHP steering board

The steering board was launched in March 2018 to put in place a dynamic and proactive approach to making the Trust a great place to work and in delivering the Trust's values as well as ensuring we maximize the efficiency and effectiveness of our non- medical workforce

The programme of work is illustrated below:

The Nursing, Midwifery and AHP workforce steering board is directly accountable to the Executive Management Committee (EMC) and Strategic Workforce Committee (SWC) and will make all minutes available to this committee. Exception reports will be presented to the EMC and SWC.

Acuity and dependency review

We will be undertaking an establishment review commencing in September 2018 .The review is necessary for a number of reasons, including:

- The need to provide assurance, both internally and externally, that ward establishments are appropriate to provide safe care to patients.
- To optimise the resources we have to care for our patients
- To align with the national safe staffing guidance
- To provide establishment data that will inform the Trust's Workforce Strategy and budget setting 19/20.
- To deliver Care Quality Commission requirements under the Essential Standards of Quality and Safety, including outcomes 13 (staffing) and 14 (supporting staff).
- To support implementation of the Trust's annual and strategic objectives.

Agenda item: 13
Enclosure no: TB2018/080

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Buckinghamshire Healthcare NHS Trust

BOARD COMMITTEE SUMMARY REPORT

Name of Committee	Finance and Business Performance Committee
Committee Chair	Mr Rajiv Jaitly
Meeting date:	24 May 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies	Mr Tom Roche; Mrs Carolyn Morrice

KEY AREAS OF DISCUSSION:

Month 1 finance report – the Trust was on plan, although performance against agency cap was at risk and there was more work to do on the Cost Improvement / Transformation programme.

2017/18 Data Security Protection Requirement – the Trust was compliant although there were elements that were only partially implemented.

Grip and Control Spreadsheet – required further update.

Provider Sustainability Fund – escalated for board review of the three options given that some of the information required to make a decision was not yet available.

Emergency Department Outline Business Case - recommended to the Board but would like clarity around the outpatient pharmacy and confirmation of how this case links into the estates strategy, as well as confirmation of the other options and explanations for the recommended option.

Floodlight Integrated Performance Report – discussion focused on A&E performance, Referral to Treatment standard, Cancer 62 day target, diagnostics, and appraisal. The Committee commended the new style of report.

Emergency Preparedness, Resilience and Response – noted positive rating from self-assessment reviewed by Clinical Commissioning Group and NHS England.

AREAS OF RISK REVIEWED IN THE MEETING

- Cash
- Compliance with agency cap
- PCF options
- A&E OBC risks
- Endoscopy / Gastroenterology demand
- Compliance with operating plan standards including 4 hour standard in urgent care, referral to treatment time, cancer and diagnostics

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

AUTHOR OF PAPER:	Liz Hollman, Director for Governance

Agenda item: 13
Enclosure no: TB2018/080

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Buckinghamshire Healthcare NHS
NHS Trust

BOARD COMMITTEE SUMMARY REPORT

Name of Committee	Finance and Business Performance Committee
Committee Chair	Mr Rajiv Jaitly
Meeting date:	21 June 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies	Ms Natalie Fox; Dr Tina Kenny; Miss Elizabeth Hollman; Mrs Audrey Warren.

KEY AREAS OF DISCUSSION:

Divisional Presentation: Women's, Children's and Sexual Health Services – adverse financial performance in M2 and a shortfall in identified cost improvements.

Digital Strategy
The Director of Finance confirmed the recruitment of a Chief Information Officer to work across Buckinghamshire County Council (BCC), the Clinical Commissioning Group (CCG) and the Trust. Recruitment has been successful with a start date of the 3rd September. A revised governance structure for Information Technology had been completed and submitted to Executive Management Committee (EMC) with a focus on key systems to enable digital transformation. E-Observations had been approved through the Charitable Funds Committee. The significance of the digital strategy in terms of overall transformation was noted.

Agency Spend
The Director of Workforce and Organisation Development presented a report demonstrating actions to manage agency spend. A letter from NHS Improvement (NHSI) was included for information setting out additional controls and monitoring from July.

Data Security
The Director of Finance presented a report on the 2017/2018 Data Security protection requirement following a previous presentation to the Committee around the 10 key areas. The paper sets out actions against the 10 items with a completion date of September.

Floodlight Integrated Performance Report
Discussion took place around appraisals with the Director of Workforce and Organisation Development explaining the use of the online system with data showing completed appraisals since April 2018. Feedback has been positive with the system providing a transparent evidence base.

The Director of Workforce and Organisation Development noted that the Trust is an outlier in terms of retention with the issue being addressed at the Strategic Workforce Committee.

The Chief Nurse advised the Committee of a recent peer review around infection prevention with a focus on contract management, culture and antibiotic stewardship.

In regard to receipts without purchase order, the value remains high with an upward trajectory. This metric was of concern to the Committee.

The RTT exception report showed that the waiting list had not grown thereby meeting requirements. There remained risks around Trauma and Orthopaedics and continued operational pressure.

The cancer target was not achieved in April with a focus throughout the Thames Valley to rectify this. The Interim Chief Executive noted that this should be highlighted as a concern of the Committee with more detailed discussion in Quality Committee considering nearby Trusts are achieving 90%.

The Accident and Emergency (A&E) target had improved with work remaining particularly around minor injuries breaches. The 30% of patients going through GP streaming was highlighted.

Month 2 Financial Position
The Director of Finance presented a report on key financial metrics reporting a position of £1.2m adverse to plan with CIP non-delivery driving the majority of the variance. Pay has risen by £0.5m in month. In terms of cash, there remained a risk.

The capital position was being managed to maximise the benefit.

The Director of Finance added that NHSI has confirmed that the Trust remains on the existing rules for provider sustainability funding meaning 30% dependant on A&E performance and 70% on the Trusts financial position. The Chair requested further detail at the next meeting in terms of actions to achieve targets.

Mrs Devonshire noted that commercial plans have advanced with three work streams identified. The Chair noted that commercial will be allocated a slot on the next meeting.

Grip and Control
The Chair summarised that following a further review by the executive team, the Transformation Director has been asked to review and will report back to the Committee.

Transformation Programme
Key actions include clarity around roles and setting out expectations of clinical leaders and project sponsors as well as the prioritisation of schemes to ensure the greatest impact within the current resources.

A project by project approach has been taken to look at detailed plans with weekly monitoring.

Assurance on Service Line Reporting
The Director of Finance presented a costing update to the Committee to provide assurance around the process and confirm a return to the next meeting for sign off. The Chair noted the focus on acute services with the Director of Finance responding that Model Hospital doesn't fully cover community, however NHSI are working to understand the drivers of cost in community hospitals. The Trust is engaged and attending community benchmarking events while continuing to work internally and seeking to learn from other projects.

STP Capital Bids
The Director of Strategy presented a report on the wave 4 capital bids to update the Committee on the process.

AREAS OF RISK REVIEWED IN THE MEETING

- Women, Children's and Sexual Health Division - a lack of assurance around divisional transformation plans
- Digital / IT - until there is an agreed overall vision and strategy, there is a risk that investments will be made which are not consistent with a long-term plan
- Agency spend - a risk that the current trajectory will exceed the annual plan and NHSI limit
- Transformation programme - scarce resources in Information, Finance, Estates and project management must be focused on the appropriate number of deliverable plans
- There is a risk to quality and patient safety if the cancer targets continue to be missed
- There is a risk to quality and patient safety in (a) Ophthalmology and (b) Urology (prostate cancer) if suitable plans to meet RTT targets and patient expectations are not delivered
- CIP programme - increased pressure on the financial position

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

AUTHOR OF PAPER:	Liz Hollman, Director for Governance

Agenda item: 14
Enclosure no: TB2018/081

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Buckinghamshire Healthcare NHS Trust

BOARD COMMITTEE SUMMARY REPORT FOR QUALITY AND CLINICAL GOVERNANCE COMMITTEE

Name of Committee	Quality and Clinical Governance Committee
Committee Chair	Professor Mary Lovegrove
Meeting date:	5th June 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies (from board members)	Mrs Carolyn Morrice

KEY AREAS OF DISCUSSION:

The Committee received assurance on the following:

Maternity: CQC: NHS patient survey programme 2017 survey of women's experiences of maternity services

Some of the numerical changes to scores in areas that have improved were notable and learning around quality improvement could be shared across the organisation. The discussion that followed identified that investment in clinical governance delivers good outcomes; it was important to make the link between good governance and quality improvement; listening to the voices of service users was important in developing the service; and it was important to take a customer service approach.

Monitoring of Caesarean Section rate

Assurance provided that there had been an internal case note review to determine whether the rise in elective Caesarean sections was a cause for concern. The conclusion was that no care issues about decision making in labour had been identified.

NHS Resolution: Maternity Actions (CNST)

The Head of Midwifery presented the Maternity Safety Strategy proposed submission to NHS Resolution as part of the Clinical Negligence Scheme for Trusts. This had been signed off by Executive Management Committee and the Trust was fully compliant with all 10 criteria.

Division of Integrated Medicine Service Review

Mrs Jo Sturgess and Mrs Jane Dickinson presented the service review for the Division of Integrated Medicine covering the team, quality achievements, areas of concern, the clinical governance structure, and closing key messages.

One of the achievements the team highlighted was the reduced ambulance delays due to the Rapid Assessment and Treatment service in urgent care. The Trust had received feedback from South Central Ambulance Service that they had noticed the change.

There was a discussion about staffing levels for nurses and junior doctors. The Chair and Professor Sines shared the discussion that had taken place at the Strategic Workforce Committee around encouraging nurses who are retiring to come back to work in more flexible roles. The Division of Women and Children and Sexual Health had been very successful in pursuing this and the Division of Medicine team were urged to see what could be learned from them.

Mrs Sturgess and Mrs Dickinson described the Care Fully programme which was due to launch the following day. The plan was to take the medical take out of Accident and Emergency and would be dependent on maintaining patient flow. This initiative was expected to improve experience for patients.

Mrs Sturgess and Mrs Dickinson reported that the Division was currently undergoing a review of divisional and

governance meetings. There had been good progress in improving complaints response times. Progress had also been made with investigating Serious Incidents and finalising reports.

Infection Prevention and Control Report
There was a discussion about the cleaning standards at Stoke Mandeville Hospital. Work was ongoing with Sodexo to improve the situation. In addition an external audit of cleaning had been commissioned. One of the important changes to improve cleaning was closer partnership working between the clinical staff and the cleaning staff.

Clinical Audit Programme
The Committee agreed that more assurance was needed before this plan could be submitted to the Audit Committee.

AUTHOR OF PAPER:	Liz Hollman, Director for Governance

Agenda item: 14
Enclosure no: TB2018/081

Name of Committee	Quality and Clinical Governance Committee
Committee Chair	Professor Mary Lovegrove
Meeting date:	3rd July 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies (Board level)	Dr Amin, Dr Kenny, Mr Macdonald, Ms Fox.

KEY AREAS OF DISCUSSION:

The minutes from the previous two meetings and the associated actions were considered in detail.

Community Paediatric recovery plan

Ms Peploe presented the recovery plan for community paediatrics to provide assurance to the Committee and advised the service is working in collaboration with Oxford Health. There was a national shortage of paediatric consultants which was impacting the service. A skill mix review was taking place. There had been recruitment to an ADHD (Attention Deficit/Hyperactivity Disorder) specialist nurse post. The team were working with the Associate Director for Safeguarding and nationally to recruit a Nurse Consultant post for Looked After Children; an advert is scheduled to be published in September 2018 with the aim to commence in post in January 2019. A Specialist Doctor/Associate specialist Doctor advert had been published.

Thematical analysis of complaint response times

Professor Lovegrove commended the report however, expressed disappointment around some of the defensive language used and encouraged the authors to look proactively to understand how this happens and to look at the culture of care. Further proactive work would take place to reduce the risk of the impact on patients through the preparing for winter work. The follow up will be part of the winter pressured work and will form part of the Quality report in August 2018.

Infection Prevention and Control report

Discussion covered cleaning, benchmarking, and key areas of focus to address healthcare associated infections: cleanliness, use of antibiotics and culture.

Enhanced Mortality Review

The process was working well with excellent feedback from relatives and had led to a 25% reduction in referral to the coroner in agreement with the coroner.

24/7 Primary Care Governance

Assurance was received around the governance processes for the Minor Injuries and Illness Unit. Further assurance was required around the designation of Urgent Treatment Centre.

Clinical audit update

Assurance was received around improvements that had taken place following audit. More work was required to present the audit plan in a format which could be submitted to the Audit Committee.

Floodlight Integrated Report

Discussions around emergency department 4 hour target, Referral to treatment time, 62 day concern performance, delayed transfers of care, time to theatre for patients with fractured neck of femur.

AREAS OF RISK:

As per the Corporate Risk Register

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

AUTHOR OF PAPER:	Liz Hollman, Director for Governance

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BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
25 July 2018

Details of the Committee

Name of Committee	Strategic Workforce Committee
Committee Chair	David Sines
Meeting dates:	5 June 18; 3 July 18
Were the meetings quorate?	Yes
Any specific conflicts of interest?	No
Author of the paper	Bridget O'Kelly

5 June 2018

Apologies: Carolyn Morrice, Karon Hart, Tina Kenny & Emma Wilton.
It was also noted that Prof Lovegrove would Chair the first hour of this committee meeting.

KEY AREAS OF DISCUSSION:

The key areas of discussion were:

- Surgery & Critical Care and Women's, Children's & Sexual Health divisions presented the committee with their divisional updates.
- The Trust Health & Safety action plan
- Health & wellbeing update
- Education update

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

- Further assurance required from the health & safety action plan
- Impact on staff morale of winter pressures
- Vacancy rates, including doctors
- Nurse education numbers

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

None

3 July 2018

Apologies: Dr Tina Kenny, Mr Neil Macdonald, Mr David Williams, Dr Sally Edmonds and Mrs Vicky Adams

KEY AREAS OF DISCUSSION:

The key areas of discussion were:

- Health & safety update
- Integrated care system – workforce update
- Integrated performance reports – workforce exception reports
- Guardian of safe working hours report
- Mr Paul Tovey, Staff-side chair, joined the meeting to update the committee with regards to staff-side priorities.

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

Risks

- Staff turnover, recruitment and retention
- Cost of living in Bucks
- Guardian of Safe Working Hours – system access for new junior doctors and agency doctors

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

None

Agenda item: 16
Enclosure no: TB2018/083

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BOARD COMMITTEE SUMMARY REPORT FOR AUDIT COMMITTEE

Name of Committee	Audit Committee
Committee Chair	Mr Graeme Johnston
Meeting date:	5 July 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies	Ms Erin Sims

KEY AREAS OF DISCUSSION:

The Committee considered the following:

- Training plan for the Audit Committee
- Freedom to Speak Up Guardian reporting line
- Internal audit progress report
- Reflections on 17/18 external audit
- Annual Audit Letter
- Report on Quality Accounts 17/18
- Local Counter Fraud Specialist report
- Draft Board Assurance Framework
- Corporate Risk Register
- Report on the work of accounts payable
- Single Tender Waivers
- Minutes of other board committees

AUTHOR OF PAPER:	Liz Hollman, Director for Governance

Agenda item: 17
Enclosure number: TB2018/084

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Buckinghamshire Healthcare NHS Trust

BOARD MEETING IN PUBLIC

25 JULY 2018

Details of the Paper

Title	Private Board Summary 30 May 2018
Responsible Director	Trust Chair
Purpose of the paper	The purpose of this report is to provide a summary of matters discussed at the Board in private on the 28 March 2018. The matters considered at this session of the Board were as follows: • Serious Incident Report • Practitioners in difficulty • Capital Plan • BS10008 compliance • A&E Business Case • Loan and PDC Approval • Use of the Trust Seal • E-Observations Business Case
Action / decision required	The Board is asked to note the contents of this report.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	***Strategy***	*Workforce performance*	*New or elevated risk*
Legal	***Regulatory/ Compliance***	*Public Engagement /Reputation*	*Equality & Diversity*	***Partnership Working***	*Information Technology / Property Services*

ANNUAL OBJECTIVE	
Which Strategic Objective/s does this paper link to? Relates to all objectives	
Please summarise the potential benefit or value arising from this paper:	
RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Relates to outcome 4, Care and Welfare of Persons using our service
Author of paper: Elisabeth Ryder	
Presenter of Paper: Elizabeth Hollman	
Other committees / groups where this paper / item has been considered: No other committee	
Date of Paper: 13 July 2018	

Agenda item: 18
Enclosure number: TB2018/085

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Buckinghamshire Healthcare NHS Trust

PUBLIC BOARD MEETING
25 JULY 2018

Details of the Paper

Title	Board Attendance Record
Responsible Director	Director for Governance
Purpose of the paper	To keep the Board informed of the attendance of Board members at Board meetings and Board committees.
Action / decision required (e.g., approve, support, endorse)	None

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	*Financial Performance*	*Operational Performance*	*Strategy*	*Workforce performance*	*New or elevated risk*
Legal	***Regulatory/ Compliance***	***Public Engagement /Reputation***	*Equality & Diversity*	*Partnership Working*	*Information Technology / Property Services*

ANNUAL OBJECTIVE
Which Strategic Objective/s does this paper link to? Relates to all objectives
Please summarise the potential benefit or value arising from this paper:

RISK	
Are there any specific risks associated with this paper? If so, please summarise here.	*Non-Financial Risk*:
	Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY	
Which CQC standard/s does this paper relate to?	Well led Domain *(if you need advice on completing this box please contact the Director for Governance)*

Author of paper: Elisabeth Ryder
Presenter of Paper: Elizabeth Hollman
Other committees / groups where this paper / item has been considered: No other committee
Date of Paper: 13 July 2018

Buckinghamshire Healthcare NHS
NHS Trust

Board Attendance Record: May to July 2018

	Strategic Workforce Committee			Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee	Charitable Funds Committee	Audit Committee	Trust Board
	01 May	05 Jun	03 Jul	24 May	21 Jun	01 May	05 Jun	03 Jul	28 Jun	15 Jun	17 May	10 May	30 May
Hattie Llewelyn-Davies, Trust Chair *		✓	✓	✓	✓				✓				✓
Neil Macdonald, Chief Executive Officer *	✓	✓	X	✓	✓	✓	✓	X	✓				✓
Dipti Amin, NED*						✓	✓	X	✓			✓	✓
Rachel Devonshire, NED*				✓	✓				✓	✓	x		✓
James Drury Director of Finance *			✓	✓	✓			✓	✓		✓	✓	x
Natalie Fox Chief Operating Officer*				✓	x	✓	✓	X	✓				✓
Rajiv Jaitly, NED *				✓	✓				✓		✓	✓	✓
Graeme Johnston, NED * (SID)				✓	✓				✓			✓	✓

	Strategic Workforce Committee			Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee	Charitable Funds Committee	Audit Committee	Trust Board
	01 May	05 Jun	03 Jul	24 May	21 Jun	01 May	05 Jun	03 Jul	28 Jun	15 Jun	17 May	10 May	30 May
Tina Kenny, Medical Director *	✓	x				✓	✓	X	✓				✓
Mary Lovegrove, NED *	✓	✓	✓			✓	✓	✓	✓				✓
Carolyn Morrice, Chief Nurse *	✓		✓	x	✓	✓	x	✓	✓				✓
Bridget O'Kelly Director of HR	✓	✓	✓	✓	✓				✓				x
Tom Roche Associate NED	✓	✓	✓		✓				x			✓	✓
David Sines, Associate NED	✓	✓	✓			✓	✓	✓	✓				✓
David Williams, Director of Strategy	✓	✓	X	✓	✓				✓	✓			✓

NB: greyed out fields indicate committees the individual would not be expected to attend. NED = Non-Executive Director. A * indicates a voting member of the Board