

**TRUST BOARD MEETING IN PUBLIC
25 SEPTEMBER 2019
CHIEF EXECUTIVE'S REPORT**

This report aims to highlight to Board members areas that will benefit from focused discussion, and to recognise the developments and achievements of the Trust since we last met. Appended to this report is a summary of the Financial Recovery Board and Executive Management Committee meetings to provide the Board with oversight of the significant discussions of the senior leadership team over the past two months.

1. Learning

I would like to start by referring the reader to the Integrated Performance Report (IPR) later in the agenda. This provides data from the start of the current financial year across key measures including *clostridium difficile* infections. Presenting these data in this manner is most informative as it shows the expected variation month to month. In the performance section below, I highlight a few measures which show noteworthy trends.

Two measures which are not currently included in the IPR, but which I do like to mention, are the numbers of births and deaths in our care; the following table provides the data points for July and August:

	July	August
Births	376	408
Deaths (not including Florence Nightingale Hospice)	74	63

We received 58 formal complaints in July and 68 in August; 90% of cases received in July were responded to within 25 days. We received 1119 accolades in June and 1146 in July.

We received 57 and 51 excellence reports in July and August respectively. The following example reflects the caring and compassionate nature of our staff that the Care Quality Commission rated outstanding in their recent inspection report:

Conversation with patient in hospital. Recent diagnosis of terminal pancreatic cancer. He praised the support *** has given himself and especially his wife. She struggled to cope with his diagnosis and the patient said *** was "a resource that they were not aware of that has helped us cope with such awful and unexpected news".

1.1 Quality Improvement

We are continuing to drive a quality improvement agenda throughout the organisation, upskilling staff with the Quality Service Improvement and Redesign (QSIR) fundamentals and practitioner courses. Supported by the Trust Quality Improvement leads, the following quality improvement project is a fantastic example of a project that has been led by a member of staff who applied her newly acquired QSIR skills to an opportunity for improvement.

The Orthopaedic Physiotherapy team at Wycombe Hospital identified that patients undergoing primary total knee replacement (TKR) are referred to their nearest outpatient physiotherapy department (Amersham, Stoke Mandeville or Wycombe) upon discharge from hospital for ongoing rehabilitation. This involves a 30–60-minute assessment appointment, after which the patient joins the knee exercise group. Getting it Right First Time recommends that outpatient physiotherapy should occur within 3 weeks of discharge from the ward. The orthopaedic consultants at Wycombe stipulate that ongoing rehabilitation should occur within 2 weeks. Data from January to April 2019 showed the average length of time from discharge to first outpatient physiotherapy appointment was 13 working days; however, there was huge variability.

The Orthopaedic Physiotherapy team devised a one stop knee assessment shop (OSKAS) which allows patients to be given an outpatient physiotherapy appointment at Wycombe Hospital within 2 weeks. The OSKAS sessions enable patients to be assessed, started on their rehabilitation programme and then directly referred into the knee group at their local hospital site. The patient is given information regarding OSKAS at an education session prior to surgery. All primary TKR patients are offered an OSKAS appointment prior to discharge. The changes were implemented in April 2019.

So far, 60 patients have attended the OSKAS sessions. Initial data show that the average length of time from discharge to first outpatient physiotherapy appointment has decreased from 13 working days to 9. Patient experience feedback has been positive.

The project team are continuing to collect and analyse data to ensure the improvements that have been made are sustained. Analysis to ascertain the impact of OSKAS on outpatient physiotherapy waiting lists at Amersham and Stoke Mandeville is ongoing.

1.2 Quality and performance

There has been substantial coordination and planning for the forthcoming months, and we have developed our winter plan in collaboration with our colleagues in the Buckinghamshire Integrated Care Partnership (ICP). This year our priorities for both adults and children are: reduce emergency department attendances; reduce non-elective admissions; and facilitate timely discharge. We are working closely with system partners to develop key clinical areas of focus: paediatrics; frailty and mental health.

I would draw particular attention to the following measures in the floodlight report of the Integrated Performance Report later in the agenda in terms of performance data that show noteworthy changes:

- *Hospital Standardised Mortality Ratio (HSMR)*: the improving trend continues and in March the data was better than target for the first time since May 2018
- *Friends & Family Test (FFT) inpatient positive response*: the proportion of positive responses has been improving over the last few months and I am pleased to see it remains above average in August
- *Referral to treatment (RTT) open pathway performance*: this has deteriorated in July beyond the limits for expected variation and the teams have an action plan to improve this over the coming months
- *Readmission (within 30 days of discharge)*: this has been reducing over the past three months and it is great to see data for July lower than the limit for expected variation
- *Theatre utilisation*: there has been a lot of work by the teams to improve this measure, and the upward trajectory seen over the last few months continues in August
- *Clinical coding*: the team have an action plan in place to address the deteriorating trend since April, and I am pleased to see that the data point for July indicates these may be having a positive effect

In the non-statistical process charts, I am disappointed to acknowledge that the data for pressure ulcers has deteriorated since April, recording six in July. We recorded one fall causing severe harm in August, although this was deemed unavoidable. Cancer performance against the 62 day and 104 day targets continues to be a challenge.

1.3 People

I am really pleased to see that the nursing vacancy rate continues to improve, reporting 14.9% in August. Our staff turnover rate also continues to remain low at 13.5, although there is always more to do to make the Trust an enticing place to work and support staff development. Although we are yet to meet our appraisal target of 90% completion, the latest report of 80% shows a continuing improvement, a result of continued support from the workforce teams.

We are immensely proud of everyone who chooses to support our organisation and the patients we care for, and it is wonderful to see our staff featured in the current recruitment campaign for nurses, which was also filmed across our Trust sites. I hope it inspires people, in all disciplines as well as nurses, across the country to join the NHS; I would always be delighted to hear from anyone considering joining BHT.

I visited all Trust sites during July and August to see colleagues across the organisation, share some updates, and hear first-hand their queries or concerns and what they would like to see in the future. When asked what they would like in return for achieving our financial target this year, responses from staff focused around career development opportunities, and time out to spend with their teams. Most of the staff sessions took place during the very high temperatures that the UK experienced, and I would like to take this opportunity to thank all staff across the Trust for managing their day-to-day jobs during these extremes and most importantly, ensuring high quality patient care was maintained during this period.

We are collaborating with our Buckinghamshire ICP colleagues to ensure a coordinated approach to staff flu vaccinations and communications with the public. We will soon be launching our internal campaign to encourage as many staff as possible to have their flu vaccinations. Over the coming months I will be providing regular updates on progress to reach our Trust target of 80% of staff vaccinated.

Over the past few months we have had a few changes to our Trust Board and am delighted that this Trust Board in Public is the first for two of our new substantive members of the Board; we formally welcome Barry Jenkins, Director of Finance, and Dan Gibbs, Chief Operating Officer. Barry and Dan bring a wealth of expertise to their respective roles, and have already integrated well within the team.

I mentioned last time that our Chief Nurse, Carolyn Morrice, has decided to take the next step in her career, and would like to formally recognise that this Trust Board is the last with Carolyn in post; we wish her all the very best when she takes up her new role at Brighton and Sussex University Hospitals.

1.4 Money

At the end of August, month five, the Trust remains on plan year-to-date with a £1.9m deficit. This includes £4.6m of incentive funding, as well as £3.0m non-recurrent Buckinghamshire ICP income risk phasing from Buckinghamshire Clinical Commissioning Group (CCG). The month four normalised position excluding receipt of incentive funding is £6.5m deficit; without income risk phasing from the ICP this would be £9.5m. Further information is detailed in the IPR.

Our capital position remains challenging, particularly given the upgrades we need to make to our estate and digital infrastructure. NHS Providers is running a campaign titled 'Rebuild our NHS', which aims to highlight to the government the need for substantially greater capital investment in the NHS nationally.

We are, however, due to start building works over the coming months at our Stoke Mandeville Hospital Emergency Department, which will dramatically improve the environment for patients and staff. I would take this opportunity to ask the public to bear with us once works commence.

1.5 Strategic view

Following the publication of the NHS Long Term Plan earlier this year, the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) is currently developing a five-year long term plan for the future of services across the three areas. From the Buckinghamshire perspective, we are supporting the development of the financial model and a coordinated finance/activity/workforce submission, which forms a key part of the plan. The plan will be published at the end of November 2019, and will describe how we are working with our partners to tackle the health and care priorities of our area. This is covered more detail later in the agenda.

Like our colleagues across the NHS, we are in the midst of preparations for EU Exit on 31 October. NHS England & Improvement are providing comprehensive central support and advice, and we are working closely with our colleagues across the county. I would like to take this opportunity to provide my personal reassurance to the public that we are doing everything we can to ensure continuity of our services and high quality of care we provide for our patients, and to support all our staff during this period.

2. Outstanding practice

I am delighted to share that a poster showcasing our efforts to improve nutrition in the community has been selected for presentation at the forthcoming Queen's Nursing Institute conference. The team introduced a dedicated community nutrition nurse specialist to strategically review patient pathways and processes for those at risk of malnutrition. Together with our lead nurse for community nursing and transformation, they developed, piloted and implemented a community based nutrition screening tool, which was validated by BAPEN (malnutrition charitable association) and the Malnutrition Action Group (MAG). Now all community patients are screened effectively with the tool, and district nurses are providing nutrition advice with more confidence. This unique role was recently highlighted as outstanding by the Care Quality Commission in their recent inspection of the Trust.

Our joint BHT and Buckinghamshire CCG lead pharmacist for older people has successfully submitted two abstracts to the British Geriatrics Society Autumn Meeting 2019 relating to novel integrated models of medicines review in care homes. Care home residents often have multiple conditions and complex treatment regimes, which can be associated with medication errors. The interdisciplinary model of care involves a CCG pharmacist, GPs and pharmacy technician reviewing residents' medication for all residents, with additional review by a geriatrician and other multidisciplinary team members if needed. Implementing the new model led to medicines optimisation and reducing medicines waste, as well as reducing non-elective admission. The associated cost savings have enabled recurrent funding of a pharmacist by the local county council, and additional geriatrician sessions in Buckinghamshire care homes. This is a fantastic example of the benefits to a cohort of our population from close working with our system partners.

3. Proud to be BHT

- Wycombe hospital has been awarded as a National Joint Registry (NJR) Quality Data Provider for 2018/19. To achieve the award, hospitals were required to meet ambitious targets during the 2017/18 audit year. The scheme benefits hospitals and the NJR by helping recognise and reward best practice, increasing awareness of the importance of quality data collection, and helping embed the ethos that better data leads to better patient care.
- A new ultrasound scanner has been opened at Thame Community Hospital, donated by the League of Friends; a huge thank you on behalf of the Trust for this generosity.
- Congratulations to Charlotte Windsor, one of our health visitors, who has been awarded the Dora Roylance Memorial Prize 2018. This new academic prize is offered for outstanding students who have completed the Specialist Community Public Health Nursing (SCPHN) Health Visitor programme.
- A huge well done to Denise Voon, who has won Optometrist of the Year in the 2019 Macular Society Awards.
- We are delighted that our community hubs pilot has been shortlisted for two HSJ awards: Acute or Specialist Service Redesign Initiative and Community or Primary Care Service Redesign. The Trust has also been shortlisted in the Freedom to Speak up Organisation of the Year category. I look forward to celebrating with the teams at the awards evening in November.
- Our Annual General Meeting (AGM) with Buckinghamshire CCG is on 21 September as part of a Trust Open Day. Last year's event, celebrating 70 years of the NHS, was a great success, and this year promised to be bigger and better with tours and information stands from our partners across Buckinghamshire, as well as an array of entertainment and stalls.

Neil Macdonald
Chief Executive

Appendix
Financial Recovery Board and Executive Management Committee

Appendix 1.0 – Financial Recovery Board and Executive Management Committee

Financial Recovery Board

Financial Recovery Board (FRB) has continued to meet on a weekly basis, attended by all Executives and chaired by the CEO. The agenda covers cost improvement/savings plan (CIP) performance, the overall financial performance and progress towards achieving recommendations to improve our financial governance processes. In the case of the latter, we received a series of reports last Autumn into the way we control our finances.

Our Cost Improvement Plans remain at £16.4m versus the target of £15m; we set a target above the £15m requirement to help manage risk of schemes not delivering to plan. Our latest assessment of delivery for the full year is £14m i.e. £1m short of the £15m required to meet the overall Trust financial plan of break even. We expect to mitigate this position before year end. In terms of year to date performance (to August) the position is good news: we are reporting a favourable position to the plan we set ourselves to deliver by August i.e. the target was to deliver savings of £4.8m and we have delivered savings of £5.3m, £0.5m better than we planned. Whilst this remains a positive position we have set ourselves a higher delivery target in the second half of the year and these higher targets currently require further focus to ensure we meet the savings target, based on our latest assessment of risks. A further issue we need to address is the non-recurrent nature of a number of schemes, not least in our pay savings. Our pay position is broadly on Plan but we need to identify which posts will be removed from the establishment on a permanent basis.

The review of the wider financial position has focussed on risks, as well as individual division and corporate area positions. We have instigated our Performance Framework to work with the four areas significantly exceeding budgets to produce recovery plans (Property Services, Surgery, Medicine and Specialist Divisions). We expect to agree the individual forecasts and impact of recovery actions on the overall Trust financial position before first half year reporting is completed. We will then need to identify a plan for managing any residual adverse performance to the break even target agreed with NHS England & Improvement.

The recommendations covering the Financial Governance Action Plan are up-to-date, overseen by the Director for Governance. We continue to monitor delivery against the deadlines set and collect evidence of completion. To date 49 of the 60 (82%) recommendations have been closed, many ahead of the expected deadlines. There are no recommendations behind target.

Executive Management Committee 26 July 2019 to 13 September 2019

Executive Management Committee meets on a weekly basis and covers a range of subjects including early strategy discussions, performance monitoring, consideration of business cases and moderation of risk documentation. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors, Director for Governance, and other key leaders within Divisions and Corporate services. The following provides a brief overview of some of the key areas considered at the Executive Management Committee since 26 July 2019.

Corporate Objectives

Quarterly reports for the following programmes:

- Continue to improve our culture
 - Culture of quality improvement
- Implement new workforce models
 - Make BHT a great place to work
 - Develop teams, talent and an inclusive workforce
- Tackle inequalities and variation
 - Build new community partnerships
 - Modernise outpatient services
- Enablers
 - Digital strategy
 - Commercial and corporate services

People

CARE value awards

Freedom To Speak Up Guardian quarterly report

Commissioning for Quality and Innovation schemes
Human Resources performance
Workforce Disability Equality Standard and
Workforce Race Equality Standard action plans
Care Quality Commission regulations 18 and 19

Money

Monthly capital, cash and KPIs report
Management of overtime
Procurement strategy quarterly update
Budget setting plan 2020/21
Long term financial plan
Efficiency programme 2019/20
Cost improvement plan quality assurance process
Buckinghamshire Integrated Care Partnership
financial position

Quality and Performance

Patient/staff story
 Ward to Board reporting
 Paediatric day unit options appraisal
 Integrated Performance Report and exception reports
 Endoscopy update
 Clinical audit
 Community inpatient wards update
 CQC regulation response
 Serious incidents report and action tracker
 Non-elective performance update
 Ophthalmology waiting lists
 Performance recovery plans for: dermatology; ophthalmology; community paediatrics
 Community benchmarking
 Safe staffing
 Trauma and orthopaedic model
 Getting it Right First Time litigation data pack
 End of Life Care strategy
 Infection Prevention Control report
 Research and innovation annual report
 Safeguarding committee exception report
 Review of surgical floor
 Buckinghamshire, Oxfordshire and Berkshire West
 Integrated Care System performance data
 Outpatient service
 Bed modelling plan

Commercial and Strategy

Lease of site adjacent to Wycombe Hospital
 Oral surgery tender
 Managed equipment service procurement strategy
 Green travel plan
 Building commercial capability
 Estates performance update
 Patient transport procurement plan/strategy
 Buckinghamshire Integrated Care Partnership
 Integrated Portfolio Report and Long Term Plan update

Governance

Board Assurance Framework
 Compliance with legislation
 Summary of internal audit work
 Health & Safety update
 Well-led action plan
 Lapsed policy list
 Data security and protection toolkit report

The following policies have been approved:

- Safeguarding children learning and development policy
- COSHH policy
- Asbestos policy
- Policy for the photography of patients by non-medical photography staff
- Policy for the prevention and management of sharps injury and body fluid exposure incidents
- Capability policy and procedure

Extension requests for the following policies have been approved:

- Secondment policy and procedure
- Risk management policy
- Car parking policy
- Private patient policy

Meeting minutes of the following:

- Quality & Patient Safety Group
- Divisional Operational Committee
- Health & Safety Committee
- Research & Innovation Committee
- Resilience Committee
- Capital Management Group
- Risk & Compliance Monitoring Group
- Human Resources and Workforce Group
- Commercial Development Committee