

**TRUST BOARD MEETING IN PUBLIC  
31 JULY 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. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Chief Executive Briefing, and the Buckinghamshire Integrated Care Provider (ICP) System Reports, are also appended to this report to provide an overview of our activities together with our system partners.

**1. Learning**

In May and June we recorded 400 and 409 births respectively in our care. I am disappointed that we saw an increase in our cases of *clostridium difficile* infection in May (seven); although this has improved in June at four cases. We have had no reports of MRSA in May and June, and no never events. I am disappointed that we recorded two falls causing severe harm in June. We recorded three Trust-attributed grade three/four pressure ulcers in May, and this area continues to be a particular area of focus. 89 patients passed away in our care in May and 55 in June.

We received 58 formal complaints in May and 63 in June. We continue to exceed the Trust target of 85% of cases responded to within 25 days, although we do recognise that these rates have dropped a little in the last few months due to the increased caseload. We received 1,275 accolades in April and 694 in May.

In May and June we received 69 and 67 excellence reports respectively. I was delighted to see this fine example of using one's initiative to invest in education and team development:

“Dr \*\*\* has initiated an intensive care journal club, this is attended by a multi-disciplinary team and has received widespread support. It is inspirational to trainees to see their senior colleagues taking time to invest in education and development. Because this is multi-disciplinary it has also helped to strengthen inter-discipline relationships.”

Recently our quality improvement (QI) team have been working closely with staff in our Emergency Department (ED) to look at the support we provide to high intensity users of this service: there is a cohort of patients who would benefit from a more coordinated process to provide an individualised care plan to better support their needs and help them navigate the health and social care system.

Data collated from 01 April 2017 to 31 March 2018 revealed that 96 adults attended ED  $\geq 10$  times in one year, totalling 1348 attendances; 68% were treated without admission and 25% of these patients presented primarily with mental health needs. The team sought to establish a Trust High Intensity User (HIU) project dedicated to supporting this cohort, akin to other EDs in the region. Launched in March 2019, it is focused on educating ED staff on the importance of using the right language and building trust and confidence at the 'front door' so that high intensity users are more inclined to engage with healthcare pathways and professionals. Notable outputs of the project so far include: redesign of the ED mental health training programme with input from Clinical Psychology; sourcing accurate information about the volume of patients affected by delays in receiving a Mental Health Act Assessment; engagement of ED staff with the regional HIU network to learn best practice; networking and regular communication between ED staff and Oxford Health regarding a developing urgent care pathway; inaugural monthly MDT meeting to develop individual bio-psycho-social care plans as part of a six-month pilot.

This project is about providing the right support for some of the most vulnerable people in our community through appropriate interaction, correct signposting and individual care plans, and although it is early days, I will share an update in a future report following the six-month pilot.

**Quality and performance**

In a previous report I made reference to the Care Quality Commission (CQC) routine inspection across the Trust in Q4 of 2018/19. I am extremely pleased and proud to acknowledge that the Trust has been rated Good overall, and Outstanding for Caring. We were also rated Good for Safe, Effective and Responsive, and Requires Improvement for Well-led. The improvement since our last inspection in 2016 when we were rated Requires Improvement overall, is down to the endless hard work and commitment shown by our staff. I hope they are as

proud as I am and have taken some time to celebrate. It was wonderful to visit many of our teams together with our Trust Chair and Chief Nurse on the day of the announcement, and I look forward to speaking with more members of staff during my biannual staff sessions over the coming weeks.

During their inspection, the CQC decided that our staffing levels in our community inpatient wards was not at the required level and we have been required to take immediate action to address this. After comprehensive and careful consideration, the initial phase of our action plan involved the closure of one of our community inpatient wards at Amersham Community Hospital, specifically Chartridge Ward, to ensure the staffing levels across our other wards could be maintained at the required level. The next phase of the plan is to work with our partner organisations and stakeholders across the county to design the most appropriate model of our community inpatient service, ensuring that it will be able to evolve with the population changes in Buckinghamshire and the predicted future demands on our services. I will share updates on this in my future reports.

Our A&E performance against the 4-hour standard improved from May to 89.05% in June. Regarding our cancer performance, we reported two patients waiting more than 104 days in April, and three in May; our performance against the 62 day standard was 83.3% in April, and 83.9% in May; slightly under the target of 85%.

### **Strategic view**

Over the past two months, we have had a number of changes in the structures of our partnership organisations within Buckinghamshire as a result of the initiatives outlined in the NHS Long Term Plan. Twelve Primary Care Networks (PCNs) have also formed across the county, bringing together GP practices and integrated community teams, and each serving a population of 30,000–50,000 patients. The Buckinghamshire ICS has become the Buckinghamshire Integrated Care Partnership (ICP), reflecting alliances of 'place'-based alliances of NHS providers, commissioners, local authorities and third sector providers. Finally, congratulations to colleagues in the Buckinghamshire, Oxfordshire and Berkshire West Strategic Transformation Partnership (BOB STP), who have been successful in their application to become a Wave 3 Integrated Care System (ICS; see Appendix 3.1 and 3.2). I would also extend my congratulations to David Clayton-Smith who has been appointed BOB ICS Independent Chair. The BOB ICS will oversee planning and commissioning in the three 'place'-based populations of Buckinghamshire, Oxfordshire and Berkshire West. I have also appended to this report a briefing on the development of the BOB ICS Five Year Plan to deliver the priorities and requirements of the NHS Long Term Plan (Appendix 3.3 and 3.4).

Earlier in July we held our second BHT Way event for staff across the Trust, this time focused around our corporate objective of tackling variation and health inequalities. Working with our partners across the county, we have a lot to do to address some of the inequities that exist. One programme of work I would like to draw attention to is the Social Isolation Project in Buckinghamshire to support the physical and mental health of the 1 in 10 residents and >1 in 4 people over 65 in our county live alone. Phase 1 is underway and led by the public health team at Buckinghamshire County Council, identifying evidence-based best practice, engaging with partners and summarising available data and intelligence. Phase 2 will be codesigned with the Design Council and will be a 2-day workshop for 30 stakeholders, mapping local actions. I look forward to sharing updates on this important piece of work in future reports.

### **Money**

The Trust is on plan year-to-date, reporting £1.7m deficit at the end of June. This position includes receipt of Performance Sustainability Fund, Financial Recovery Fund and Marginal Rate of Emergency Threshold monies, totalling £3.2m.

The financial environment in the NHS continues to be challenging, but the changing local landscape of working closer with our ICP and ICS partners can assist with delivery. This is being evidenced at an ICP level through the Q1 reported position whereby the Buckinghamshire ICP has agreed rephrased contractual plans enabling BHT to report delivery in line with plan. At an ICS level organisations are working together to deliver the national requirement to reduce capital plans by 20% in 2019/20.

The Q1 position highlights the need to focus attention on overspending in non-pay from clinical supplies and services and estate costs, and non-pay cost improvement plan (CIP) targets. With regard CIP delivery overall, values are being compensated through delivery of non-recurrent pay actions.

The Trust is managing its risk internally, but also as part of an ICP risk schedule, and reporting a collective ICP position to NHSE/I. The Trust have submitted the second phase of our Financial Recovery Plan (FRP) to

NHSE/I and we have completed our first formal monthly Undertakings meetings with them to discuss our position, risks, CIPs, FRP, and actions to improve our financial governance.

The Trust and Bucks CCG have established a Finance Committee in common to review and oversee the finances of the ICP as a whole. This Committee in common met in July to review the Month 2 positions, and forecast of likely Q1 out-turn, and will meet quarterly going forward.

## **People**

I am pleased to report that our nurse vacancy rate reduced by 1% in May to 15.8%; in June our reported vacancy rate is 15.9%. This has been driven by improvements in recruitment and retention, as well as a number of existing staff gaining NMC registration. I do acknowledge that there are 11 areas with a nurse vacancy rate above 30%, although am assured that mitigating actions are in place to ensure safe care is maintained. Our staff turnover rate has significantly improved in the last few months, 13.4% in May. With regard to agency spend, this remains lower than previous quarters, a result of robust controls for nursing having been extended to other staff groups.

We were pleased to welcome Dr Henrietta Hughes to the Trust, the National Freedom to Speak Up Guardian, to discuss best practice from across the UK, and also to share some of the ways we are continually trying to improve our culture and ensure all staff feel able to speak up if the situation were to arise. Data from our 2018-19 staff survey show efforts are moving things in the right direction, with a 4% increase in staff feeling secure to raise concerns about unsafe clinical practice, as well as a 4% increase in staff feeling confident that the organisation will address their concerns. Henrietta was particularly impressed with the innovative quality improvement work that is taking place in the paediatric and maternity units.

I would also like to draw attention to the Equality, Diversity and Inclusion paper in the agenda of today's Trust Board in Public. I mentioned earlier our most recent BHT Way, and a significant focus within the Trust is driving equality, diversity and inclusion amongst our staff to ensure they feel valued and bring their whole selves to work.

I would like to take this opportunity to acknowledge that Carolyn Morrice, our Chief Nurse, has decided to take the next step in her career and is moving to the Chief Nurse post at Brighton and Sussex University Hospitals in October. I would like to thank her for her commitment to BHT and I'm sure I speak on behalf of the Board in wishing her well. While we recruit to a new permanent post, I am pleased to confirm that Jennifer Ricketts has been appointed as the Trust Interim Chief Nurse; may I formally offer my congratulations and welcome Jenny to the Board.

## **2. Outstanding practice**

In June, our Trust Board were delighted to hear from our first cohort of medical trainees who presented their leadership projects. I am sure I speak on behalf of the Board, not only in thanking them for their hard work and for taking the time to present to us, but more importantly, in commending them on their innovative change proposals to transform outpatient care. It was fantastic to see and is an example of the talent and great ideas we have within the organisation to make positive steps forward for patient care, if we allow staff time to do so. This is why making it easier to get things done and releasing time for improvement projects are key areas of focus under our 2019-20 corporate objective around improving our culture.

I am delighted to highlight to the Board that the anaesthetic department has been successful in achieving Anaesthesia Clinical Services Accreditation (ACSA) Royal College of Anaesthetists scheme. This is an important milestone for our anaesthetists and reflects a lot of hard work by the staff involved.

In the first week of June we celebrated Volunteers' Week. Our volunteers are an exceptional group of people who dedicate their precious time to support the staff and patients at BHT, and are a vital part of our services, recognised by inviting them to join the celebrations of our CQC rating. It was fantastic to spend time with the team in Horatio's Garden (a wonderful space in the centre of Stoke Mandeville Hospital that can be enjoyed by all staff and patients on the site) and our A&E buddies in the Emergency Department. It was also humbling to sign a number of certificates to recognise the number of years of service to our Trust, one of 40 years. I would like to take this opportunity to say an enormous thank you on behalf of the Board to all our volunteers.

I would also like to mention that we have launched our 2019 Staff Awards, including a new category for quality improvement. This annual event showcases our amazing staff, their dedication and their ideas for advancing patient care, and it is always a delight to be involved with.

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

- A huge well done to Sue Glenister, our district nurse based at Aylesbury Adult Community Healthcare Team (ACHT), who has been awarded the Queens Nurse award for 2019. Congratulations also to our cohort of newly qualified Specialist Practitioner District Nurses. It is particularly heartwarming to see staff develop here at BHT.
- Congratulations to our fantastic Nutrition and Dietetic Team who have been crowned Regional Champions in the Health and Equalities Award category of the NHS Parliamentary Awards 2019, nominated by Rt Hon David Lidington CBE MP. The group delivered an innovative workshop to a group of South Asian ladies to raise awareness of the importance of a healthy diet and physical activity in reducing the risk of developing and managing Type 2 diabetes. As I write they are at the Houses of Parliament in London to attend an official ceremony to celebrate.
- I am delighted to share that staff at BHT have been shortlisted in two Nursing Times Workforce Awards: Nursing Manager of the Year; and Best International Recruitment Experience. Congratulations to the teams involved, and special thanks to James Stockbridge, Healthcare Assistant on Ward 12C, who took the time to write to me on his return from the shortlisting interview. Good luck for the 25 September 2019.

**Neil Macdonald**

Chief Executive

#### Appendices

- 1.0 Financial Recovery Board and Executive Management Committee
- 2.1 Bucks ICP Monthly System Report
- 2.2 Bucks ICP System Financial Position
- 3.1 BOB ICS Briefing
- 3.2 BOB ICS Wave 3 Application
- 3.3 BOB ICS LTP Briefing Cover
- 3.4 BOB ICS LTP Briefing Paper