

Agenda Item: 6  
Enclosure No: TB2019/48

**TRUST BOARD MEETING IN PUBLIC**  
**29 MAY 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 Integrated Care System (ICS) Managing Director's Report is also appended to this report to provide an overview of our activities together with our ICS partners.

### 1. Learning

As I will introduce later in my report, being an organisation that learns is one of the programmes of work identified to deliver our corporate objective around continuing to improve our culture over the next two years. This reflects the importance we place on continuously reviewing, understanding and learning from our data, feedback from staff and patients, and colleagues in other organisations.

We recorded 422 and 406 births in our care in March and April respectively. There were two cases of *clostridium difficile* infection in March and two in April. I am disappointed to report there was one case of MRSA in April, which occurred in a complex patient case. This has been investigated thoroughly to ensure we learn from this incident, and has been deemed to be an unavoidable case. I am, however, pleased to update that we had zero reports of never events, and no patient falls resulting in severe harm. We recorded five and three Trust-attributed grade three/four pressure ulcers in March and April respectively. 102 patients passed away in our care in March and 80 in April.

We received 61 formal complaints in March and 71 in April. We continue to exceed the Trust target of 85% of cases responded to within 25 days, recording 89% in February and 90% in March. We received 919 accolades in March, bringing the 2018/19 total to 14,504.

In March and April we received 62 and 69 excellence reports respectively. I would like to highlight the following example, illustrating the importance of quick thinking and working together to deliver timely patient care:

“\*\*\* recognised that a patient was deteriorating and scoring for sepsis. Immediate escalation to the Doctor who attended immediately to the patient. \*\*\* communicated with Nurses and Doctors to ensure the patient received the best care possible in a timely manner. Well Done!”

We strive to learn from best practice at other NHS organisations, and in the past two months we have been fortunate to have two highly informative opportunities to do this. In May we were delighted to welcome Simon Worthington, Director of Finance at Leeds Teaching Hospitals NHS Trust, who kindly agreed to visit us at Wycombe General Hospital to share his experience and advice. Effective management of our financial positions is of significant importance for us this year, as I detail further later in my report. Simon has an excellent track record in this area, and offered many interesting insights into our organisation and our approach moving forwards.

In April I also visited Deborah Lee, the Chief Executive of Gloucester Hospitals NHS Foundation Trust. I was fortunate to gain a deeper understanding of their successful approaches to financial management and building a learning organisation. A key component to the latter is quality improvement and as outlined below, this forms a priority focus of our corporate objectives over the next two years.

Our quality improvement (QI) team continue to work hard with staff across our services, and this month I would like to share an example developing a therapy and nursing led unit (TNLU) at Stoke Mandeville Hospital to improve patient flow on this site. There is a cohort of adult patients who are medically fit for discharge but who require additional rehabilitation before it is safe for them to go home. These patients were based in wards across the site, making it harder for therapists to provide the necessary care and support. A project delivery group worked with the QI team to develop a sustainable model for the new service, employing a number of QI tools and techniques, particularly stakeholder engagement and sustainability. Transition to the TNLU began in December 2018; by 24 April 2019, 202 patients had been transferred to TNLU from a range of medical and surgical wards. The average length of stay of patients on the TNLU was 11.1 days, although this was lower for patients who were discharged home without further care, with a restart of a package of care, or input from the reablement team (7, 8.9 and 8.7 days respectively). Importantly, the TNLU has improved patient flow, freed

beds for acutely unwell patients, and released consultant and other doctors' time. A nurse who was allocated to the TNLU as part of her return to practice placement made the following comment: "In particular I would like to commend you on the new TNLU... On arrival at the ward I was sceptical on the outcome expected of the patients and the aim to rehabilitate them sufficiently in order to allow them to go home or into care in a similar condition prior to pre-admission. After spending 2 weeks on the wards I was amazed at the progress that many of the patients had made enabling them to return home, able to mobilise, deal with their own personal hygiene and managing to eat independently. All the while being cared for by a team of supporting and encouraging nurses and therapists, enabling the patients to regain as much independence as possible."

### **Quality and performance**

Regarding our cancer performance, following a period of reduction since November, we recorded four patients waiting more than 104 days in February, and this reduced to three in March. Our cancer performance in February against the 62 day standard was 79.4%, but returned above target (85%) in March to 86.2%; indeed, I am pleased to recognise that for the first time since 2017, the Trust has met all of its cancer targets. There is always more to do, but it is important to recognise the efforts of staff across the Trust in achieving this milestone, and the impact that meeting these targets has on patient care.

The Trust went live with Careflow Vitals our Electronic Observations (eObs) on 26 February 2019 with phase one rollout of the core observations module. Currently, all wards in Stoke Mandeville Hospital and the community hospitals are live. The deployment in Wycombe General Hospital commenced on 13 May 2019. Recent analysis shows that we have recorded 70,000 observations with only 0.003% (197) delayed by fifteen minutes. Evidence shows that eObs is already influencing practice from the way patient handover is conducted by our medical and nursing teams, to the ability to have Trust-wide visibility of patient acuity. Phase two development will introduce the ability for our nursing staff to carry out assessments at the bedside moving from a paper-based system to a digital one. We envisage the eObs system linking with our Careflow Communication system later on in the year allowing activation of automatic escalation functionality. I am really pleased to see this system now up and running and the impact it is already having on the quality and timeliness of patient care.

In my recent reports I have commented on our winter performance, and it is now timely to reflect on our Trust's winter performance for 2018/19 as a whole. We saw significant improvements in performance compared to previous years, with A&E performance between November and March at least 2% better every month than 2017/18. We saw more patients in our A&E and Urgent Treatment Centre (UTC) every month compared to the previous winter, an average of 6691 Buckinghamshire residents each month, compared to 6234 in 2017/18. BHT continues to be one of the top A&Es in the region in reducing ambulance handover delays for SCAS. The standard of ambulance handovers taking less than 15 minutes is indicative of this, with average handover time of 14.02 minutes in winter 2018/19 compared to 17.18 minutes in winter 2017/18.

A national area of focus for 2019/20 is reducing patient length of stay. There is a national ambition that 33% of all patients will have a hospital length of stay less than 24 hours. Analysis shows that this is already being delivered in BHT, and 45% of all admissions have a length of stay under 24 hours – a fantastic achievement. We are working to review our clinical pathways to ensure that only patients requiring admission are admitted, and that services are configured to deliver patient care in an ambulatory way.

There is also a national focus on reducing length of stay for patients who have been an inpatient for over 20 days. This is a challenging measure for BHT because our patients' reported length of stay continues if they move between an acute hospital and community hospital bed; however, our robust processes to clinically review all patients with a length of stay over seven days each week has delivered a 5% reduction of patients with a length of stay over 20 days compared to 2017/18. There is considerable national and local focus on long length of stay reductions for 2019/20, with an ambition to deliver a total reduction of 40% by March 2020.

### **Money**

The pre-audit year-end out-turn was £31.6m deficit, including £3.3m Provider Sustainability Fund (PSF). As previously described, there were five key drivers to this position: our 2017/18 exit run rate was higher than accounted for in our plan; our contract income was lower than our costs; income from the PSF was less than anticipated; cost pressures largely from staff vacancies and estates costs; and under-delivery of our cost-improvement plan. Our regulator (NHS England and NHS Improvement) has submitted to the Trust a Proposed Enforcement Action under the National Health Service Act 2006, moving us from segment 2 to segment 3 under the Single Oversight Framework.

Recognising that the year-end out-turn for last year is disappointing, it is important that we also recognise that the additional efforts focused on minimising further spend did mitigate a worse position. We recorded a delivery of the 2018/19 cost improvement programme of £6.9m at the end of March 2019. In addition, expenditure of a further £6m was curtailed from the expenditure predictions made in November 2018.

We are working more closely than ever before with our system partners, particularly Buckinghamshire CCG, as we enter 2019/20. We are working together to understand what is causing our deficit, as well as developing a long term financial model (to predict the potential challenges ahead). Outputs from these workstreams will inform our medium and longer term planning. We also continue to work jointly to develop a detailed Efficiency Plan across clinical and corporate services. Our regulator requires that the Trust and Buckinghamshire CCG deliver a single financial target this year.

In my last report I referred to the requirement for BHT to produce a financial recovery plan and the ongoing development of a joint approach to local healthcare provision together with our system partners. It has become increasingly clear that the successful management of our finances is dependent upon cooperation through joint decision making and joint working. Our ability to address the increasing demand for our services through the short, medium and long term is reliant upon new ways of working (which will require investment e.g. digital) and new pathways for patients (involving primary, acute and community care). These pressures are as much an issue for our GP and primary care colleagues as they are for BHT, whether this in our acute or community based services. We will now need to build upon the initial draft of our financial recovery plan to include our plans for 2019/20 and beyond.

Within the Trust, our Financial Recovery Board (FRB) continues to meet weekly to maintain the focus and pace required to manage the Trust's financial position. The FRB reports on savings plan progress, facilitating early decision making and oversight of risks, issues and barriers to delivery (please see the appendix for further detail from the last two months). With our colleagues at Buckinghamshire CCG, we have also set up a joint System Efficiency Group, chaired by me, to increase the pace and address the system financial challenges in 2019/20. This group will oversee specific savings plans and ensure the wider transformation work across the integrated care system is effectively addressing our financial challenges.

### **People**

The nursing workforce remains a key priority for the Trust this year. Led by the Chief Nurse and Director of Workforce & Operational Development, substantial work to recruit well, retain staff at all stages of their career, and enable development through flexible career pathways and the implementation of new roles, continues this year. This work is making an impact: nurse turnover reduced overall during 2018/19; this trend has been maintained into 2019/20, with turnover at the end of April 2019 at 13.4%, the lowest for over two years. I am also pleased to welcome 23 registered nurses who joined the Trust in April. In addition, 17 existing staff gained their NMC registration, including newly qualified graduates from one of our partner universities, the University of Bedfordshire, nurses who qualified overseas including the EU, and a colleague who has returned to practice. All of these individuals have received professional support from the Trust's clinical education team.

There remains much more to do to tackle our nursing vacancy rate. I am pleased to share that we are working with Bucks New University to support the recruitment of an additional 40 first year students to their nurse undergraduate programmes in 2019/20 who will be based at BNU's newly refurbished campus building in Aylesbury; the Trust will provide a range of placements across both acute and community sites during students' studies. We are really excited to be working with BNU as a partner to support the growth of the nursing workforce across Buckinghamshire.

Employment of temporary staff ensures the provision of safe and high quality care across all services. Our aim is to fill vacancies with bank staff wherever possible and during the latter half of 2018/19, we reduced levels of spend on agency staff through robust control and strong clinical leadership and involvement; total agency spend during the full year was £10.7m (£200k above the ceiling set by NHS Improvement).

Equality, Diversity and Inclusion is a key priority for 2019/20; four staff networks (BAME, Disability, LGBT+, VIBES (values, identity, belief, ethical and spirituality)) will develop and grow from the foundations set last year. I am delighted that more colleagues (including non-executive directors and executive directors) are involved in the Trust's BAME reciprocal mentoring programmes.

### Strategic view

In 2019/20, we remain dedicated to our Trust vision (we want to be one of the safest healthcare systems in the country) and mission (safe and compassionate care, every time). Our three priority areas of Quality, People and Money are embedded within the organisation, and to focus our future direction we have developed three corporate objectives with input from staff engagement events, the Board and the senior leadership team, as follows: 'continue to improve our culture'; 'implement new workforce models'; and 'tackle inequalities and variation'. Each has 4–5 clear programmes of work owned by Executive Directors. We have also identified four distinct enabling strategies supporting the delivery of the corporate objectives. Further detail will be shared later in the Board agenda.

These corporate objectives span 2019–21; our commitment to the next two years is designed to provide a level of stability and direction to build a sustainable organisation, and reflect the large scale of the programmes of work involved.

We launched our corporate objectives in April 2019 at our flagship engagement event, the BHT Way. This dedicated half-day event provided team leaders protected time to think about how what the objectives mean for their teams and services, and workshop ideas for immediate actions that their teams could implement relating to the corporate objectives. Individuals from across our services shared their experiences of implementing projects linked to each of the objectives, to inspire and share their learning. The next three BHT Way events will focus on the three areas of the objectives, to further support implementation and facilitate change in these priority areas. We have a quarterly reporting schedule planned through Executive Management Committee and the Board committees, and we will be reporting to Trust Board biannually on the progress against these objectives; I look forward to sharing an update later in the year.

Earlier this month we held our first strategy conference of the year in collaboration with Bucks HSC Ventures. Focusing on 'spreading innovation', this event showcased innovations already underway within the Trust and across Buckinghamshire, and provided delegates with insights into the support available to help teams get projects off the ground.

I am delighted to report that we have appointed two new members of the Executive team. Barry Jenkins will join at the end of July as Director of Finance. Whilst initially Barry will be Director of Finance only for the Trust, as from April 2020 he will also be Director of Finance for the CCG. Barry has a wealth of experience gained in acute, mental health, community and social care settings. He has a strong track record of building and motivating high performing teams, most recently at North East London Foundation Trust where he has led in developing new ways of working, quality improvement and transformation. Wayne Preston will be acting Director of Finance until Barry joins us.

Joining us as Chief Operating Officer in September is Dan Gibbs. Dan is an experienced health care operations director, specialising in the leadership of operations in complex clinical networks, developing leadership capability as well as improving quality and efficiency. He has worked for a number of London hospitals including The Kings College Hospitals and University College Hospital NHS Foundation Trust and is currently working as Director of Operations for the Royal London and Mile End Hospitals. Dan will also sit on the Executive Committee and the Trust Board.

I'd also like to take this opportunity to congratulate and thank Natalie Fox, our interim COO, who will shortly be joining Barnet, Enfield and Haringey Mental Health NHS Trust as Chief Operating Officer.

Finally, I would like to formally welcome Julie Hoare, who joined as Managing Director of the Buckinghamshire Integrated Care System in April 2019.

## 2. Outstanding practice

I am delighted to recognise that three of our pharmacy staff have been selected to join the Chief Pharmaceutical Officer Global Health Fellowship programme funded by Health Education England. This is a significant achievement both for the individuals themselves and for the Trust pharmacy team as a whole.

I am also pleased to share news from Public Health England that our Trust in the smokefree NHS survey, which we participated in last year. This means the Trust has been considered to 'have demonstrated positive steps towards comprehensive smokefree status'. There is always more to do to support both staff and patients and ensure the environment across all our sites is the best it can be, but I am pleased that our continued efforts in this regard have been recognised in this survey.

Well done to our chaplaincy team who won the 'Putting People First' award at the Bucks County Council Dignity in Care Awards on 14 March.

### 3. Proud to be BHT

- Two of our staff visited the Kampala region in Uganda to help shape antimicrobial stewardship in resource settings, and then back in the UK – I wish them very well and recognise the support that the whole team is providing to enable them to go.
- Our midwifery team held a number of events to mark International Day of the Midwife (05 May), including a bake-off competition.
- We also celebrated International Nurses Day earlier this month with a number of activities, including a pot luck lunch in Stoke Mandeville hospital, tea parties and coffee mornings. It was fantastic to celebrate all of our hard-working nurses and recognise those working across the NHS.
- Our staff's excellence, dedication and hard-work continues to be recognised:
  - Congratulations to Frances Taylor, one of our specialist dietitians, who has been shortlisted for paediatric nutrition professional of the year in the 2019 CN Awards.
  - Congratulations also to the team shortlisted for the second year running for the Children and Family award for Antibiotic Guardian 2019.

**Neil Macdonald**  
Chief Executive