

TRUST BOARD MEETING IN PUBLIC
27 March 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 Executive Management Committee meetings, to provide the Board with oversight of the significant discussions of, and decisions taken by, the executive team over the past two months. 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, over the past two months.

1. Learning

As we continue to embed a learning culture in our organisation, we reflect on both high performing areas of our care as well as those where we have not met the high standards that we strive for.

We recorded 393 births in our care in January and 372 in February. There was one case of *clostridium difficile* infection in January and three in February, and no reports of MRSA in the last two months. There were also no reports of never events, and no patient falls resulting in severe harm. In January and February respectively, we recorded two and one Trust-attributed grade three/four pressure ulcer. 100 patients passed away in our care in January, and 92 in February.

We received 40 formal complaints in January and 59 in February; the speed of response improved in December to 82% responded to within 25 days, and further still in January (89%).

I am delighted that the increase in excellence reporting has continued; we recorded 79 and 81 excellence reports respectively in the months of January and February. This example highlights the impact of going the extra mile to think about care from the patient's perspective:

"**** has shown thought and professionalism as a special needs patient is coming in for surgery, to aid the family's preparation to getting the patient in, she has made a 'story board' showing the process of coming into Hospital, with photos of the ward, the nurses' station, the anaesthetic room, the surgeon performing the surgery etc. I feel this shows great understanding of the needs of the patient and the family and will ease the journey into Hospital greatly."

One of the objectives of the Trust Patient Experience Strategy is for patients and carers to be involved in our peer review processes. The introduction of Perfect Ward has provided an opportunity to implement this objective. In my last report, I described the positive impact of Perfect Ward Quality Rounds on improving team accountability and engagement. Continuing to develop this, we recently trained six members of our Patient Experience Group (PEG) to undertake the environmental and patient inspections that form part of the Perfect Ward Quality Rounds. To date, wards in the following specialities have requested a patient assessor: stroke and HASU; cardiac; trauma and orthopaedics; surgical assessment unit; general surgery; burns unit; plastic surgery; ophthalmology; and acute medicine for older people. The first patient assessments will be completed by the end of the month. We have seven more PEG members interested in being trained and will be running further Perfect Ward training for PEG members and for members of the NSIC patient group in April.

Our Service Improvement team have a number of ongoing quality improvement projects across different areas of the organisation. Last month I included an overview of a patient pathway project in lung cancer. This time, I'm pleased to share details of a project with the paediatric speech and language therapy (SLT) service. This started with the Service Improvement team supporting a workshop to engage with the SLT staff and partner organisations to review the current service provision and identify what was working well and where improvements could be made. A project board was established and quality improvement tools and techniques were utilised such as process mapping of the referral process which has now led to the referral criteria being updated to streamline the source of referrals. The process for the statutory assessments of children requiring an educational healthcare plan has also been refined which has resulted in a substantial increase in the percentage of completed assessments being returned within the 6 week period from 40% in June 2018 to 90.4% in December 2018. A needs analysis matrix has been devised by the teams to reduce possible variation in levels of provision. In order to release staff time for more clinical activity to meet the growing demand, a review of the skill mix in the service has led to alternative roles already appointed to support teams. Several streams of work are ongoing in this project, including a demand and capacity assessment, use of technology to support mobile working and setting up a School Advice Clinic, so that school staff can discuss children of concern with the link speech and language therapist as to whether they need to be referred for a full assessment or be managed locally with the guidance provided.

Quality and performance

In the last few weeks, we have welcomed the Care Quality Commission (CQC) inspectors to our Trust, who have reviewed several of our acute and community services. I would like to take this opportunity to thank all staff across our sites for accommodating the inspectors and sharing our stories. We anticipate receiving our draft report in June 2019; I was delighted to hear from the inspectors that universally our staff were welcoming, caring and keen to showcase the

superb work they do every day. We look forward to welcoming back the inspectors this week for the final 'Well Led' part of the inspection.

Our results from the NHS National Staff Survey were released this month. The survey took place in October and November 2018, coordinated and analysed by Quality Health. All staff in the Trust were invited and encouraged to respond; we had a good response with 51% of staff responding, 2% more than last year and higher than the average of our benchmarking group (41%). Overall the results are heartening, and reflect our continued dedication to improving our organisation for our staff and patients. The data show notable improvements in our safety culture, acknowledging the focus on this area in the last year; we now need to ensure we maintain momentum. The data also demonstrate that we have more to do as we plan the year ahead to ensure staff have sufficient resources to work efficiently. We also recognise that staff would benefit from greater communication from senior leaders and across sites. The HR team are working with Quality Health to review the data in detail, to inform our approach in the coming year.

In February I joined the second cohort for the BAME Building Bridges reciprocal mentoring programme. Two key insights emerged from the day: there is a lack of BAME representation from both staff and patient populations at engagement events, and a need for more education regarding awareness of unconscious bias influencing decision making. It was recognised by the group that many of the personnel who have negative experiences are unlikely to come forward at this point; however, more championing of inclusion, specifically discussions regarding race, will create safety in sharing experiences. A further BAME network meeting has helped to come up with job descriptions for inclusion champions, create ideas for inclusion week, and improve understanding of what is needed to create an inclusive culture.

Winter 2018/19 has seen a system-wide approach to delivery of the best care for patients, focused on reducing delays and providing care in the best setting for patients. The Trust continues to deliver improved A&E performance compared to 2017/18, with 87.5% against the 4-hour standard in January and 88.2% in February. I am disappointed to acknowledge that we reported one 12-hour trolley wait in January. This exceptional incident has been investigated extensively and the lessons learned identified. Clear focus is in place across system partners to provide the right care to patients in the right place, which will reduce length of stay and occupancy at BHT. We have already started planning for next winter, with teams coming together to reflect on the lessons from this year and identify priority areas for 2019/20.

I am pleased to report that our cancer performance against the 62 day standard has now been compliant (>85%) for three months in a row. In addition, the 104 days waits data continued to reduce from November, dropping to 3 in December and to 1 in January. I would like to congratulate the urology team for being one of the few services in the region to deliver the standard in this specialty; a testament to their hard work over recent months.

Our final figure for flu vaccination uptake this year was 68.0% at the end of February, which was 8% higher than our 2017/18 figure of 60%, but disappointingly below the 75% CQUIN standard. Based on January data (February figures not yet available), we were fourth in the region. We will evaluate this year's flu campaign to inform our approach for the 2019/20 flu season.

Our Year To Date deficit is £28.6m. During the year it became apparent that there were areas of our reporting that required strengthening and therefore a great deal of work has been ongoing in parallel to improve the robustness of this to set ourselves up well for the year ahead. Reflecting on the 2018/19 year as a whole, there were five key areas of challenge our 2017/18 exit run rate was £7.6m higher than accounted for in our plan; our contract income is lower than our costs; income from the Provider Sustainability Fund was less than anticipated; cost pressures largely from staff vacancies and estates costs; and under-delivery of our cost-improvement plan.

Looking ahead to 2019/20, we are developing in detail an Efficiency Plan across clinical and corporate services; we are strengthening our commercial income function; and working more closely than ever before with our partners in the Integrated Care System (ICS). The Director of Finance is working hard with colleagues across the system to address the financial gap which would subsequently allow both the Trust and the CCG to accept their respective control totals.

Strategic view

Early in the New Year, I spent time visiting staff in all sites across the Trust, updating them on current activities and listening to their feedback about what in their view is good in the Trust and what requires improvement. I was heartened that many staff reflected how great their team is and the enjoyment from caring for patients. All of the feedback informed the development of the Trust corporate objectives for the year ahead. We will focus on three objectives going forward, to allow an even more focused approach on delivery, and ensure clarity of our Trust's priorities for all staff. These are presented further in the agenda.

Many of the areas of improvement identified by staff will be addressed through two major strategies that we are developing at present and which will be delivered in parallel to our corporate objectives: our estates strategy, and our digital transformation strategy. It is a critical time for our Trust to make some big decisions to future-proof the

infrastructure of the services we provide across the county, and to ensure our staff have the resources and working environments they need; I look forward to sharing more on these exciting projects in future reports.

2. Outstanding practice

On Wednesday 13 March, I was delighted to showcase two of our many areas of outstanding practice to Roy Lilley, health writer and commentator on the NHS and social issues. Roy met with the teams at Marlow Community Hospital, who shared their approach to providing joined up care closer to home, working closely with our partners in the Integrated Care System (ICS) to deliver a bespoke approach. Moving to Wycombe, we then had a detailed discussion about our Medical Examiner role and all the excellent work that we have achieved, and continue to develop, to ensure we are learning from deaths. I would like to share a quote from Roy's published reflections that made me feel particularly proud of our Trust and the ethos of our staff: "In their own quiet, understated way this Trust is achieving great things..."

The NBOCA 2018 report on colorectal surgery was recently published and demonstrated some excellent statistics about our colorectal surgery service: our specialist nurses see 98% of patients at diagnosis, and 62% of all patients with a colorectal diagnosis are offered a curative resection (this is well above our peers and the national data). In addition, only 11% of all colorectal resections are conducted as an emergency (the NHS average is 20%); this goes against the trend and is a really important metric for our patients as emergency operations are linked to poorer patient outcomes. Our data quality in this area is very good and the support team facilitating this should be recognised.

In February we held the first Implantable Cardioverter Defibrillator (ICD) and Cardiac Resynchronisation Therapy Defibrillator (CRTD) Patient Support Group. This support group was set up to allow patients to talk about their experiences with other patients and relatives who are going through similar experiences. The hope is that the group will allow patients and relatives to discuss their experiences, positive moments, areas to improve on, first-hand knowledge and personal experiences. Hopefully the group will enable patients and their relatives to feel less alone about what they are going through and inspire them to be proactive about their own health and well-being. The group will meet every three months and the content for each meeting will be driven by anything that patients feel they would like to discuss or talk about. Anybody with an ICD or CRTD device is welcome, as are their family and carers.

Last month I congratulated the community wound care team for achieving the wound assessment 60% Commissioning for Quality and Innovation (CQUIN) target, I am delighted to update that they have now met the final quarter target (80%) by reaching 82.4%. A fantastic achievement by the team and everyone who supports them.

3. Proud to be BHT

I am delighted to report that two teams have been shortlisted in the HSJ Value Awards; congratulations and fingers crossed to everyone involved:

- Chaplaincy services shortlisted in HSJ Value Award Clinical Support Services Award
- Buckinghamshire Community Hubs shortlisted in HSJ Value Award Improving Value in the Care of Older Patients Award

The Tissue Viability Team was also shortlisted in two categories in this year's Journal of Wound Care annual awards; a fantastic achievement. In addition, our Leadership Development programme has been shortlisted in the HPMAs awards – well done to the Learning & Development team for recognition of their continued drive to support the development of our staff.

We celebrated Healthcare Science Week 8–17 March with insight mornings and presentations with our healthcare scientists. These members of staff are integral to the delivery of our clinical functions and it was fantastic to recognise them as such.

Neil Macdonald

Chief Executive