

TRUST BOARD MEETING IN PUBLIC
30 January 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

We are consistently striving to improve our service, and to do this it is important that 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.

In November we recorded 376 births in our care; 432 in December. We recorded four cases of *clostridium difficile* infection in November and five in December, and no reports of MRSA in the last two months. There were also no reports of never events; however, I am disappointed to acknowledge that in November we recorded a patient fall resulting in severe harm. In November we recorded one Trust-attributed grade three/four pressure ulcer. There were no patient falls resulting in severe harm, or grade three/four pressure ulcers in December. In November 90 patients passed away in our care; in December this number was 92.

There were 53 formal complaints received in November and 51 in December; the speed of response was maintained in October at 92% responded to within 25 days, although this dropped to 79% in November. We received 1089 accolades in November. We can learn as much from interrogating what has gone well as what has not gone as well, so I am pleased to see that there has been a steady increase in excellence reporting over the past months: in November and December we recorded 68 and 77 excellence reports respectively. The common types of excellence reported are those related to professionalism, compassionate care and team work. I am pleased to share a seasonal example:

**** always goes above and beyond in her care for patients in the community. A patient we had seen recently was going to be spending Christmas day alone and expressed wishes that he could spend it with people. *** arranged for this patient to go to AGE UK in Marlow on Christmas day so he could have a proper Christmas dinner and be with other people. The patient reported that it was the best Christmas day he's ever had and was so thankful for everything *** had done for him."

The Perfect Ward app is now established in all inpatient wards and in community nursing services; importantly, this new approach for quality rounds encourages greater accountability and engagement by the whole team, and provides more robust data, allowing greater opportunities for learning and improving patient care.

As a learning organisation, we are developing our Quality, Service Improvement and Redesign (QSIR) programme to underpin everything we do, entitled "BHT Way". This programme has a focus on listening to the patient voice to inform what we do, and putting systems in place to make it easy to get things done. We now have a QSIR network of QSIR practitioners who held their first meeting in December.

We have several ongoing quality improvement projects; the lung cancer pathway project is a great example. With ~250 more 2 week wait referrals from 2013 to 2017 and a complex patient pathway, there was a need to streamline this to make the use of resources more efficient and improve the patient experience. The service improvement team collaborated with a large number of stakeholders over a 9-month period to redesign the patient pathway. Now, GPs can request a CT scan at the same time as requesting a 2 week wait referral appointment with the respiratory physician. After the scan, patients are now telephoned with their results and additional tests arranged for any patients with abnormal scan results. This novel way of managing the 2 week wait pathway has been achieved through reorganisation of services rather than requiring additional resource. Importantly, patient feedback has been good and data shows an improvement in the lung cancer patients 62 day statistics.

Quality and performance

The Buckinghamshire ICS Winter Director started in post in December. The end of 2018 saw strong A&E performance and the Trust was amongst the highest performers in the South. Significant and sustained improvements in reducing length of stay and freeing up beds across the acute and community hospitals have

supported this process. A&E performance in Q3 was 4.6% better than Q3 2017/18, with 3248 more patients treated under four hours, despite 4.7% growth in A&E attendance. Performance against the A&E four hour standard improved slightly to 89% in November, and we continue to focus on achieving 90% for the remainder of the year. As expected, January has seen a more challenging position, but we have worked collaboratively with our partners and neighbouring organisations to provide high quality care for our patients and their families through the busiest time of the year. Our extended emergency observation unit opened on time on 27 December 2018. I was pleased to join colleagues and the Leader of Buckinghamshire County Council, Cllr Martin Tett and the Mayor of High Wycombe, Cllr Sarfaraz Khan Raja, in marking the official opening of the Urgent Treatment Centre (UTC) at Wycombe, replacing the Minor Injuries and Illness Unit in line with our strategic goal of integrated urgent care.

After two months of compliance, our cancer performance against the 62 day standard deteriorated to 79.1% in October, although I am pleased that it returned to 85.4% in November. The 104 days waits also increased in October from 3 to 8; in November this returned to 5.

Over 60% of our staff have received the flu vaccine so far, but with our target of 75% we have more to do to educate around the importance for protecting our patients, particularly for our front-line staff in close contact with patients and relatives. We are ensuring that all night-shift staff have the opportunity to receive their flu vaccination, and our Chief Nurse is leading a targeted approach to staff groups with low uptake.

Our nursing vacancy rate remains our greatest workforce challenge and we reported 17.4% in December following a notoriously challenging month for recruitment and retention of staff. I am disappointed that this remains below our expectations and target of 12%, and the Board will want assurance that we have an action plan to get back to target over the coming months. Professional development is key to our people objective of ensuring our staff have the right skills and values to deliver excellence in patient care, and I am pleased to see that ten of our nurses are starting the Nurse Degrees Apprenticeships in February.

I mentioned the launch of our BAME network in my last Report. This initiative aims to understand the lived experience of staff within the Trust who are of BAME background, and to champion actions that can support inclusion. The network now has a chair, co-chair and a number of pillar leads and ongoing projects including: mentoring for development; supporting staff day-to-day; recruitment support; reciprocal mentoring "Building Bridges" (creating better understanding of the lived experience whilst also feeding into the leadership pipeline). The network also allows for the sharing of learning events locally and in the Thames Valley and Wessex Leadership Academy. Feedback so far has been positive with members talking about how the network has "empowered them to do more". I am pleased to be joining two of my executive director colleagues in participating in the "Building Bridges" reciprocal mentoring programme in February 2019. This is the first ever reciprocal mentoring programme at our Trust and in the region. It was started in December 2018 with eight partnerships; another launch event is planned for April 2019. Staff have described the event as enlightening, "having real conversations with real people".

Following the commitment by all divisions across the Trust to their own viable contributions towards closing the gap in our financial position, our Financial Recovery Board is carefully managing the last quarter of the year, and looking ahead to our plans for 2019/20. Our Year To Date deficit is £21.4m, £26.6m variance to plan.

Staff across the Trust received a special briefing from me which outlines the causes and their part in the solution, and I am confident that we are uniting as a Trust to tackle the way we work, learn and improve, as we think about the year ahead. It is clear that a number of contributing factors have led to our current financial position, including unplanned but necessary building maintenance, increasing demand on our services, and agency and bank staff spend, and that turning our situation around will require all staff to do their bit. We need our services and the way we work to be as efficient as possible whilst crucially maintaining high quality, safe patient care; reducing length of stay, smoothing patient flow and recruiting and retaining staff are just three of our plans towards financial recovery.

We are in the midst of contingency planning for Brexit. A contingency group has been established and is working closely with our system partners while we await further operational guidance from NHS England and NHS Improvement. Part of our contingency planning requires review of our staffing and on call and command arrangements for the three weeks prior to and following 29 March 2019, and ensuring all staff have the right messages (not stockpiling medicines, medical devices or clinical consumables) and that we are doing everything we can to reassure our patients and at this uncertain time.

Our contingency planning also involves ensuring that our EU staff are aware of the EU settlement scheme. Although the fees have now been waived, I am proud that our Trust showed our commitment to our invaluable EU staff by offering to cover the costs of the application fee for settle status. More than 8% of our staff are EU nationals and form a vital part of our workforce. Information workshops held towards the end of 2018 were attended by more than 200 staff and we are holding two more in the coming months. Already, 27 staff have applied for EU settled status with our support, and we are ensuring that we keep close contact with our EU colleagues throughout the coming months.

The Trust Board underwent a Well-led external review by Ernst Young in Q3. The report gave the Board a 'Good' assessment overall. It also highlighted some areas for improvement, which as a team we will thoroughly review and look to address moving forwards.

Strategic view

The NHS Long Term Plan was released on Monday 14 January, shortly followed by revised Planning Guidance for 2019/20. Over the coming months we will be working with our partners across the county to review our services and plans to ensure alignment with these 10-year goals. I look forward to sharing more detail in future reports as our plans evolve.

One of the focus areas of the Long Term Plan is better use of data and digital technology. Our ICS Joint Strategic Director (Information Assets and Digital Development) is leading our digital transformation, investing in key projects that will enhance patient experience, improve patient safety and drive operational efficiency. These include: staff information screens to improve access to data to drive flow; mobile devices to support real-time data input across sites; eObservations to allow real-time monitoring and faster escalation of any deterioration in a patient's condition; Careflow connect to support patient handover and effective internal communication; and e-prescribing to improve efficiency and help reduce medication errors. These innovations help future-proof our service and support our continuous ambition to improve patient care and our staff experience across all of our acute and community sites.

In December we strengthened our Executive team with the appointment of Ali Williams as our new Commercial Director. Ali will provide oversight of our estates and property management functions to our Trust Board. She will also be focusing on generating external revenues for the Trust, which is a key part of our strategy to tackle our financial position.

2. Outstanding practice

The Trust has received its highest ever Sentinel Stroke National Audit Programme (SSNAP) results. The team maintained an A rating in the national stroke audit for the last round of results, reflecting care given between July – September 2018. A quarter of Trusts achieved an A rating in this round, although our score of 93/100 puts us in the top 5 out of 116 acutely admitting teams in England, Wales and Northern Ireland. Of particular note was the impressive time to consultant review for stroke patients admitted to the unit, based at Wycombe Hospital, which was a median of 3h 10min compared to a national average of 9h 30min. Overall the team achieved an A or B rating in each of the ten domains which make up the total score, reflecting a strong performance across the board from acute care through to rehabilitation and discharge planning, which is a testament to the skill and dedication of the entire multidisciplinary team.

In January we rolled out our Purple Rose model of end of life care across the Trust. This joins together all our end of life care plans into a very easy to follow set of actions for staff to ensure that patients and their families experience as good and dignified a death as possible that takes their wishes into account. It is so important that care is well-managed and relatives are well-informed of the services available to support them at this time, and the Purple Rose model will help ensure this.

I was delighted to receive a letter from the Knowledge Services Development Lead for HEE working across the South, notifying the result of our NHS Library Quality Assurance Framework 2018 assessment. I have appended the letter to this Report, and would like to highlight that our service is one of only seven in the South to achieve full in all criteria assessed. Congratulations to the team for their dedication and hard work.

I also extend my congratulations to the community wound care team, who are the only team nationally to achieve the wound assessment 60% Commissioning for Quality and Innovation (CQUIN) target. Achieving this

in Q2, they are on plan to meet the 80% target in Q4. Fantastic work by our community nurses and the teams supporting them.

3. Proud to be BHT

The 14th annual Staff Awards were held in November. These are a fantastic and important annual event in our Trust's calendar, recognising and celebrating the invaluable contributions of staff, volunteers and contractors to the high quality patient care that we deliver. It was a fabulous evening and I extend my congratulations to those who were one of the more than 200 nominations received from staff and patients.

We installed temporary operating theatres at Stoke Mandeville to tackle the growing number of cataract procedures required by patients in Buckinghamshire. Supported by the Buckinghamshire Clinical Commissioning Group, this initiative is uniquely provided by our own consultant ophthalmologists, and has national interest from the School of Ophthalmology and Department of Health who will be looking to understand if it could be rolled out in other areas to tackle this national issue.

The last two weeks of November 2018 was 'Fabulous Fortnight': we trialled this initiative at our Stoke Mandeville Hospital site, focusing on the 10 Stepping Stones to Excellent Patient Care, ensuring patients receive the right care in the right place at the right time, improving patient experience during their journey through the hospital and community care system, and re-energising frontline staff to reset their service. The fortnight was a fantastic success, with a number of improved metrics across the site, such as an increase in discharges before 10am, increasing capacity and allowing improved patient flow.

I was joined by my colleagues to create a video titled 'Building a climate of respect' to help raise awareness of the issue of bullying in the NHS and resources available to staff to support and tackle them.

On Tuesday 04 December 2018 at 19:30 exactly, Stoke Mandeville Hospital Radio (SMHR) celebrated 40 years of services to the hospital. I was delighted to join the team for the birthday celebrations, which was marked by the fantastic news that the team has been awarded an FM license. May I take this opportunity to congratulate the SMHR team for this milestone in their history and thank them for the invaluable service they provide for patients and relatives around the world.

We launched our flu song competition to emphasise the importance of our staff receiving their flu vaccination. The pathology department outdid themselves with their adaptation of Wham's 'Last Christmas', which made national press for 'taking the NHS Christmas song game up another notch'. It is fantastic to see staff engagement and teams coming together for some fun amongst the hard work.

Neil Macdonald
Chief Executive