

TRUST BOARD MEETING IN PUBLIC
25 MARCH 2020
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. Also appended is a summary from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to share an update on key developments over the last couple of months with our partners.

I will start by recognising the unprecedented times we find ourselves in as healthcare providers due to the coronavirus pandemic. We are doing everything we can to continue providing high quality, safe and compassionate care, and to ensure our colleagues have the necessary guidance and support to navigate this unfamiliar territory. It is a stressful time and I would take this opportunity to thank all of my colleagues for the extraordinary hard work and resilience they are demonstrating. With the situation evolving so quickly, I will invite my colleagues to provide the latest updates for Board members to be made aware of during the Board Meeting.

Learning

In terms of infection prevention control, instances of *clostridium difficile* infection have reduced in January from 10 to 2, with 3 in February, and we have had no reported instances of MRSA bacteraemia. We have also had no never events or falls causing severe harm. There were 394 births in January and 378 in February. In the same months we recorded 120 and 85 deaths respectively.

We are always grateful to receive feedback from patients and relatives experiencing our services, so that we can learn from what we do well and where we could do better. In January we received 63 formal complaints, and 50 in February, and we continue to perform well against our target of 85% of complaints responded to within 25 days, achieving 88% in January. We received 1896 accolades in December and 925 in January.

I am really pleased to see the number of excellence reports in the first two months of 2020 are the highest we have had in the last 12 months with 71 in January and 76 in February. The following is a fantastic example of the impact of a simple improvement:

“*** has taken the initiative to better increase the visibility of the emergency push bells in each of the anaesthetic rooms, by running a line of red tape down the wall from the ceiling to the bell. This enables anyone entering the anaesthetic room during induction to be able to locate the bell and summons emergency help within the area more swiftly. This is a very simple yet incredibly effective way of highlighting the bell and I am hoping to follow suit in the other two theatre suites”

Our ambition is to embed quality improvement (QI) in the way we approach new challenges and help guide us in our decision-making. One of the biggest issues we, like many NHS organisations in the country, face at present is the high demand for our non-elective services principally through our Emergency Department. With the support of our in-house QI team, together with members of staff who have been trained in QI methodology, we are using a QI approach to appraise the current demand, plan our development of this part of our site at Stoke Mandeville Hospital and, in due course, make these changes to improve the experience for our patients.

Quality and performance

From a low in December of 77.8% I am pleased to see the proportion of patients seen in Accident & Emergency (A&E) within four hours has increased in the first two months of 2020 to 81.9% in January and 82.6% in February. There is of course more to do to ensure our patients are being seen and treated in a timely manner, but I know the teams involved are working incredibly hard in these challenging times.

We reported one patient waiting more than 52 weeks from referral for treatment in December and two patients in February. Although all three patients have now been treated, I am disappointed to recognise this reflects a performance against the referral-to-treatment standards that has worsened over the past few months. This is of course a complex situation with a number of factors including reduced theatre capacity due to an estates issue and staff vacancies. I know the teams involved are working very hard to do all that we can to improve this situation, which we acknowledge is not the quality of patient experience that we strive for.

I am pleased to see the level of activity of one of our community services, the Community Assessment and Treatment Service (CATS) continues to be high, reflecting more patients being cared for in the community and their own homes.

As described in previous reports, we have a flu vaccination target of 80% of front-line workers this year. Over the winter we have had a comprehensive campaign to ensure all staff have access to receiving the flu vaccination for their own protection as well as that of their colleagues and our patients. As of 26 February 2020, the uptake of front-line staff was 72.7%. Although we are disappointed not to have met our 80% target, I am pleased to acknowledge that this is an improvement on our vaccination rate at the end of February 2019 of 68%. As always, the team will be reviewing and analysing this year's data to inform our approach next year so that we can aim to do even better.

People

The wellbeing and happiness of our colleagues is of the utmost importance and we are well aware of the additional strain that staff can experience during the winter months with high demand for our services. I am pleased to announce that we have signed up to the national 'Time to Change' pledge as a demonstration of our commitment to being able to talk honestly and openly about everyone's wellbeing. Led by our Health & Wellbeing Team, we are creating opportunities to ensure discussions about our wellbeing and mental health become a regular part of our working culture, including 'Just ASK' – Acts of Self Kindness. This is of course particularly timely and pertinent given the current global health situation and the potential detrimental impacts this can have on the mental health of both staff and our patients and the public.

Our staff turnover has improved following the expected slight increase in December, recording 13.5% in February. Our nurse vacancy rate has deteriorated slightly in the last few months at 15.2%. We anticipate a change in March when our nursing students take up employment.

We have now received our staff survey results for 2019. The priority areas to focus on over the coming year remain the same as last year, which are: reducing stress, reducing the incidents of bullying, harassment and abuse from managers and colleagues, and identifying the issues around staff saying they do not have sufficient equipment, materials or supplies to do their work properly. Further detail of the staff survey and our action plan for the coming months can be found in the report brought to the Board by the Bridget O'Kelly, Director of Workforce & Organisational Development.

In my last report I was pleased to advise that Karen Bonner will be joining the Trust as our Chief Nurse from 30 March 2020. I would like to take this opportunity to formally thank Jenny Ricketts, who has so expertly and commendably been our interim Chief Nurse since the end of October 2019. I am sure the Board will agree that Jenny has provided excellent leadership to the organisation and made an extremely valuable contribution as a member of the Board during this time; indeed it has been a pleasure to have her as part of it. We look forward to formally welcoming Karen Bonner at the Trust Board in May 2020.

Money

As we approach the end of this financial year, we are on target to close the year with a deficit of £29m. This includes the receipt of non-recurrent Performance Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate of Emergency Threshold (MRET) monies. At Month 11, we are reporting a £30.8m normalised deficit year-to-date, which is £13.9m adverse to plan. Although our capital spend is £9.7m behind schedule year-to-date, largely due to slippage of key capital projects such as A&E works, we are planning to complete our planned spend by the end of the financial year. Further detail can be found in the finance report this month.

Strategic view

We submitted our draft technical planning templates earlier this month to NHS England & Improvement, which covers our quality, operational, financial and workforce plan for the financial year ahead. For the first time this year, organisations are not required to submit individual narrative plans, rather we have provided input into the narrative prepared by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) as a whole. The final versions of the planning templates were due to be submitted at the end of April 2020, but this has been postponed due to the current situation with coronavirus.

Over the past few weeks I have been visiting staff at our various sites across the county to update them on key developments in the healthcare setting locally in Buckinghamshire and with our partners in the BOB ICS, and nationally. I have also been discussing with them the concept of our organisation as an 'anchor institution'. This is the idea that as a large-scale organisation that employs many people who belong to the local community, we

can be thinking about how we can bring social value to the local community through how we use our estate and procure goods and services, our environmental impact, and what we can do from a workforce and partnership perspective. We will be developing a report that outlines our commitments on these key areas.

Looking ahead, on 01 April the local council will be changing to a unitary 'Buckinghamshire Council'. This will replace all five of the district and county councils in Buckinghamshire. We look forward to continuing to work closely with our council colleagues for the benefit of the people of Buckinghamshire and wish them well during this transition.

Outstanding practice

I am delighted to recognise that our health visiting team is now fully accredited as Baby Friendly by the Baby Friendly Initiative, a global programme of UNICEF and the World Health Organisation. This is an enormous achievement and it is fantastic to see the service officially recognised in this way.

This year's BHT Staff Awards took place on 13 February 2020 at a special evening in the Gateway, hosted by Dez Kay from Stoke Mandeville Hospital Radio. For the first time, SMHR broadcasted the entire evening live on the radio. All finalists in each category were invited to the event, and the winners announced throughout the evening. The Staff Awards are a recognition of an outstanding contribution to the Trust in various categories so my huge congratulations to everyone who was nominated; below is a list of the winners. This year we introduced a new award reflecting this year's Small Change Big Difference campaign. It is always a pleasure to spend the evening celebrating my colleagues and I hope those who were fortunate to be there enjoyed the occasion too and felt proud. My thanks to the team who so professionally and expertly organised the event.

CEO Award for Leadership	John Abbott, Assistant Director, Surgery & Critical Care
Partnership Working Award	Alison Lewis, Patient Advocate
CARE Award for Collaborate	The Library Team
CARE Award for Aspire	Endoscopy Nursing Team and Technicians
CARE Award for Respect	Miss Sangeeta Suri, Obstetrics & Gynaecology Consultant
CARE Award for Enable	Nursing Teams Respiratory Wards 4 and 7
Healthcare Team of the Year Award	Paediatric Decision Unit
Quality Improvement Award	Early Pregnancy Unit
Outstanding Contribution Award	Mr Mike Adams & Miss Sarah Maling, Consultant Ophthalmologists
Support Services Ambassador Award	Cambi Brito, Housekeeper/cleaner, Ward 10
Small Change Big Difference	Anand Pancholi, Pathology
Volunteer of the Year Award	John & Heather Hardy, Parkinson's Speech and Language Therapy Group
Lifetime Achievement Award	Ruth Tyreman, Occupational Therapist, Neurology Community Head Injury Service
Patient Choice Award	Ian Benson, Advanced Physiotherapist, National Spinal Injury Centre
Special Recognition Award	Florence Nightingale Hospice

Proud to be BHT

- Our community nursing team for children with a learning disability has recently celebrated 10 years as a county-wide team. During this time they have offered advice and support to thousands of children, young people and families.
- At the HSJ Partnership Awards in February our integrated musculoskeletal (iMSK) service achieved Highly Commended in the Most Effective Contribution to Clinical Redesign category. This was a joint project

between BHT, Care UK and Buckinghamshire CCG to ensure patients get the right care in the right place; congratulations to all involved.

- Congratulations to Ruth Tyerman who has been awarded a Fellowship from the Royal College of Occupational Therapists, a fantastic achievement recognising Ruth's "unique contribution to neurological and vocational rehabilitation services national and internationally".

Neil Macdonald

Chief Executive

Appendix 1 – Financial Recovery Board and Executive Management Committee

Appendix 2 – BOB ICS Briefing

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Financial Recovery Board

Financial Recovery Board (FRB) continues to meet each week, chaired by the Chief Executive. In addition to an ongoing review of financial performance, as we near the end of the financial year, we are focusing on the financial planning for the year ahead. A large part of this at present is review of cost pressures submitted by each division/department and agreement of those to be funded. We are also reviewing our cost improvement plans for 2020/21, and our Director for Governance continues to report progress against our Financial Governance Action Plan by exception.

Executive Management Committee 24 January to 13 February 2020

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 clinical and corporate services. The following provides an overview of some of the key areas considered by the committee since 24 January 2020.

Corporate objectives

Quarterly reports for the following programmes:

- Implement new workforce models
 - Make BHT a great place to work
 - Develop teams, talent and an inclusive workforce
- Tackle inequalities and variation
 - Modernise outpatient services
- Enablers
 - Digital strategy
 - Commercial and corporate services transformation

Quality and Performance

Coronavirus preparedness
 Getting it Right First Time improving patient care and flow report
 Quality Surveillance annual assessment outcomes
 Ward to Board dashboards
 Care Quality Commission (CQC) insight report
 Integrated Performance Report and exception reports
 Non-elective performance update
 Infection prevention control report
 Patient experience/involvement quarterly report
 End of Life Care strategy quarterly report
 Maternity safety quarterly report
 Serious Incident report and action tracker
 Annual record keeping audit
 Clinical audit update
 National inpatient survey results
 National survey results urgent and emergency care
 FedBucks quality report
 Patient/staff story
 Flu vaccination campaign weekly update
 Ageing Well urgent community response

Strategy & Commercial

Community inpatient wards
 Operational panning 2020/21
 Buckingham Health and Care Centre outline business case
 Estates quarterly report
 Car parking proposal
 Research & innovation

Money

Annual financial plan / budget setting 2020/21
 Monthly capital, cash and key performance indicators report
 Efficiency programme 2019/20
 BOB ICS Financial Position
 Procurement strategy quarterly update
 Managed equipment service update

People

CARE value awards
 Gender Pay Gap report
 Appraisal and pay progression update
 Health and safety quarterly update
 Care Quality Commission regulations 18 and 19
 Annual safe staffing report
 HR performance
 Staff survey results
 Apprenticeships presentation to Board

Governance

Board Assurance Framework
 Corporate Risk Register
 Summary of internal audit work
 List of policies due to lapse in next 6 months
 Care Quality Commission well-led action plan
 Plans for Annual Governance Statement and Annual Report
 Caldicott and Information Governance Data Security & Protection Toolkit update
 Compliance with Legislation

The following policies have been approved:

- Counter Fraud and Bribery
- Nursing and Midwifery Revalidation
- Policy for the Provision of Same Sex Accommodation
- Policy for the Prevention and Management of Sharps Injury and Body Fluid Exposure Incidents
- Incident Response Policy

The following policy extension requests have been approved:

- Car parking
- Unlicensed Medicines
- Uniform and Dress Code

Minutes from the following:

- Health & Safety Committee
- Research & Innovation Committee
- Divisional Operational Committee
- Quality & Patient Safety Group
- HR & Workforce Group
- Resilience Committee
- Risk & Compliance Monitoring Group
- Caldicott & Information Governance Committee

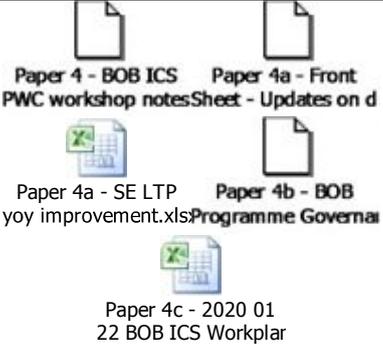
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Briefing Papers: February 2020

Purpose

The purpose of this briefing is to provide Chief Executives with key papers and updates to use as appropriate within their own organisations and with Boards.

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Item	Paper
<p>1</p> <p>Developing the LTP Operational Plan for 2021</p> <p>The ICS System Leaders Group considered a number of papers in relation to planning for 2020/21, in particular notes from a workshop to discuss the ICS’s collective approach to meeting the combined financial challenge.</p>	
<p>2</p> <p>Update on BOB Digital Workstream</p> <p>The attached paper outlines the aims of the BOB ICS Digital Workstream and how it will develop a set of system-wide principles to support the delivery of digital technology to improve care.</p>	
<p>3</p> <p>Update on BOB Primary Care Programme</p> <p>The attached paper was considered at the January ICS System Leaders Group. It describes progress made to date, governance arrangements and sets out the priorities for the coming year.</p>	