

TRUST BOARD MEETING IN PUBLIC
29 JANUARY 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.

Learning

In terms of infection prevention control, I am disappointed to report that the instances of *clostridium difficile* infection have risen during the last two months, with seven recorded in November and ten in December. We also recorded one instance of MRSA bacteraemia infection in December. We are conducting an in-depth review with the full multidisciplinary team to identify any things to learn from moving forwards. It is also with regret that I acknowledge that we recorded a never event in December. Although we take these instances extremely seriously, I am relieved to note that the patient suffered no adverse effects. Our instances of pressure ulcers have improved over the last two months, with none recorded in November and two in December. I am also pleased to see that we have now recorded three months with no falls causing severe harm. We recorded 400 births in November and 401 in December. In the same months we recorded 88 and 95 deaths respectively.

We received 53 formal complaints in November and 49 in December, and have performed well against our target of 85% of complaints responded to within 25 days, achieving 95% in the last month. I know a great deal of effort has gone into ensuring those who take the time to write to us receive a response in a timely manner and am grateful to everyone involved. It is always heart-warming to receive accolades from those who experience our care and I am pleased to report that we recorded 1334 accolades in November and 1165 in December.

It is important that we learn from what we do well in addition to instances when we could have done better, and continue to encourage excellence reporting; we recorded 45 reports in November and 52 in December. The following is a great example of a relatively small change that has made a big improvement to the safety of our care:

“...developed safe labelling of specimens in theatre by devising and creating sticky labels to adhere to specimen pots in addition to patient labels. This made labelling of specimens clearer to read and provided all the necessary data to aid safe processing of specimens.”

Indeed, it is often the sum of small but significant improvements like this that can make the biggest difference to the healthcare we provide. The Board will be familiar with our two-year corporate objectives, one of which relates to embedding a quality improvement culture and making it easier to get things done. I was pleased to observe recently quality improvement ‘huddles’ in, but not limited to, the pharmacy department. These are 15-minute standing meetings around a board that is visible to all staff in the department, in which all members of a team review issues or challenges and discuss possible actions to overcome these. Not only have these QI huddles led to improved staff engagement in making positive changes in their workplace, but the longevity of improvement projects is tracked and captured for all to see. I would like to congratulate Jayne Ballinger for her leadership of these initiatives. These huddles have been implemented with the help of our in-house QI team, and the practice is already starting to spread to other areas.

Quality and performance

As mentioned previously we are very keen to ensure all staff who can and consent to having the influenza vaccination have had it this winter, both for the protection of themselves and their colleagues and patients. At the time of writing this report the vaccination rate for front-line staff was 67.9%. In the last few weeks of the campaign we are continuing a variety of initiatives to make getting a vaccination as easy as possible for all staff, and talking about the importance of doing so.

Recently, I was pleased to receive the appended letter from the Director of Organ Donation and Transplantation at NHS Blood and Transport, and would direct members of the Trust Board to our Annual Report of the same.

All partners in Buckinghamshire are working closely together during this challenging winter period. The proportion of patients seen in Accident & Emergency (A&E) within four hours was 84.2% in November and 77.8% in December. As well as an increase in demand, we have also seen an increase in the acuity of patients,

with high levels of admissions as a result of influenza infection and norovirus, which is putting additional pressure on the system.

The high demand is also impacting on how long patients are waiting for planned elective and cancer treatment. The overall proportion of patients receiving cancer treatment within 62 days remains lower than target; the proportions by specialty are given in the Integrated Performance Report exception report, which also contains the detailed action plan towards improving this important measure for our oncology patients. We have also seen a statistically significant deterioration in our Referral To Treatment standard and actions to recover this will be of particular focus in the coming weeks.

A number of measures have been put in place to ensure patients get the right care, in the right place, for their needs whenever possible. This includes support to help people remain well and independent at home, Children's Community Hubs, and community and ambulance support for falls and frailty to reduce the need for hospital admission. We have also opened additional temporary capacity at Wycombe General Hospital to alleviate some of the pressure for beds at Stoke Mandeville Hospital.

Public awareness also forms a key part of this work, and we have been promoting alternatives to A&E for non-emergency illness or injury, such as the Urgent Treatment Centre at Wycombe Hospital, GP out of hours and extended hours services, pharmacy advice, access to mental health services and the use of the NHS 111 phone service and NHS111 online. Our winter messaging has been integrated with that of Public Health and Buckinghamshire County Council, to offer advice and information on issues such as weather and road conditions and advice to help look out for elderly and vulnerable residents.

People

At a time when we know staff are working extremely hard to deliver high quality care, the wellbeing of our staff is more important than ever. We have an ongoing programme to encourage staff to 'self-care', focus on their resilience and mental health, and take advantage of all that our Health & Wellbeing team have to offer.

We have also been launching a series of initiatives to help make the Trust a great place to work. The first was a 'celebrate as a team' initiative, and delivered Christmas hampers, sponsored by local businesses, for 12 lucky teams drawn at random as part of BHT's '12 Days of Christmas'. We have also made it possible for staff to order free tea and coffee.

From a long-term low in November, our nurse vacancy rate has increased over the last two months to 15%. This time of the year is notoriously difficult in terms of staff retention, and I am pleased to note that although above our overall target, the rate is nevertheless much lower than this time last year. This continues to remain a focus and it is great to see that we will have a number of new joiners following an open day held at Stoke Mandeville earlier this month.

At a Trust Board level, I am delighted to announce that we have appointed a substantive Chief Nurse who will be joining on 30 March 2020. Karen Bonner has extensive experience working in a number of large complex organisations and is currently at Chelsea and Westminster Hospital NHS Foundation Trust. Karen will be a great addition to the team and I look forward to welcoming her formally at a future Trust Board meeting.

Money

We have reforecasted our financial position for the end of the year and are now reporting a deficit of £29m; this position has been agreed with our key stakeholders. At Month 9, we are reporting £13.4m deficit against a plan for £1.5m. This includes the receipt of non-recurrent Performance Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate of Emergency Threshold (MRET) monies totalling £8.1m. The variance to plan is partly due to loss of £4.4m of central funding due to not delivering our planned financial position in quarter 3, and partly due to underlying pressures on our finances due to non-elective demand, aged digital infrastructure and estates issues. Further detail can be found in the finance report this month.

We are also in the detailed process of setting our budgets for next financial year and would like to thank the finance team and all those involved in inputting into departmental budgets for their time and effort, particularly against the backdrop of such high demand in the clinical setting.

We held a Finance Committee in Common with our colleagues from Buckinghamshire Clinical Commissioning Group (CCG) in January to discuss our collective financial position and forward planning for 2020/21. We also spent some time considering our activities together with our partners in the Buckinghamshire, Oxfordshire and

Berkshire West Integrated Care System (BOB ICS) towards achieving the vision set out in the NHS Long Term Plan and work is continuing to set out a balanced budget over the five-year planning period.

Strategic view

Together with colleagues across the BOB ICS, we have submitted a bid to become an Accelerator site linked to Ageing Well elements of the NHS Long Term Plan. One site from NHS South East will be chosen to progress plans to achieve a community response time of two hours for our patients as an alternative to A&E and 48 hours for rehabilitation support to enable swifter discharge for patients after a hospital stay. The programme will use population health data to anticipate and provide support for patients earlier in their care pathway. We are expecting an announcement by the end of January.

We were delighted to welcome Professor Martin Vernon (National Clinical Director for Older People and Person Centred Integrated Care, NHS England) to the Trust in November. Prof. Vernon led a very informative discussion with our community and therapy teams and colleagues from across the BOB ICS about the Ageing Well programme and what the future of frailty care should look like, with a particular focus on prevention and the use of population health data.

We are building our strategic case for change for health and care services in Buckinghamshire, both in response to the NHS Long Term Plan and the financial challenges the system faces. The joint CCG and Trust Board in January had an opportunity to share our plans in integrated and acute care and how the transformation of digital, estates and our workforce will help meet our aspirations for the communities we serve. Our plans will be developed further for review by the end of April before wider engagement with our stakeholders and patients later in the year.

We were pleased to meet with our Members of Parliament in Buckinghamshire earlier this month, and will continue to meet on a regular basis to discuss pertinent issues for our patients and residents. I would like to take this opportunity to formally congratulate them on their successful election; I look forward to working together over the coming months for the best interests of the people of Buckinghamshire and further afield who use our healthcare services.

Outstanding practice

In September we launched a pilot scheme to improve the way healthcare is delivered for children across the BMW and Maple Primary Care Networks in Aylesbury (Berryfields Surgery, Meadowcroft Surgery, Whitehill Surgery; and The Mandeville Practice, Oakfield Surgery, Poplar Grove Surgery).

The Children's Healthcare Hub initiative operates successfully in other parts of the country and is designed to both improve patients' experience and help us to operate more efficiently across the health and care system in Buckinghamshire. Appropriate cases are reviewed in multi-disciplinary teams of healthcare professionals, including a consultant paediatrician; these cases are managed and progressed without needing to refer patients for unnecessary face-to-face appointments. Specialist clinics are also held so that patients can be seen by a GP and specialist consultant at the practice when required. We intend to roll the scheme out more widely across the county in the coming months.

This month saw the launch of our new continuity of carer midwifery teams working within the community and linked to Wycombe and Aylesbury Birth Centres. This is part of our maternity transformation programme, which seeks to implement the vision set out in the Better Births review and the NHS Long Term Plan for improving maternity services in the UK. We are also launching a new mobile application this month to support women from the start of pregnancy to early parenthood; the mum & baby app will be available for all women across Buckinghamshire, Oxfordshire and Berkshire West.

Lastly, we recently received some excellent data from the National Hip Fracture Database (NHFD) indicating that our 2019 scores are better than the national average across all six quality benchmarks for managing hip fractures for our patients. Well done to the teams at Stoke Mandeville.

Quality benchmark	BHT score	NHFD overall
Prompt orthogeriatric review	97%	91%
Prompt surgery	69%	68%
NICE compliant surgery	80%	74%
Prompt mobilisation	80%	74%
Not delirious post-op	74%	70%
Return to original residence	81%	71%

Proud to be BHT

- Well done to the teams for holding our first National Optometry Conference in December 2019.
- Royal photographer, Julian Calder, took part in a photo shoot with some of our Queen's Nurses.
- BHT Pressure Heroes supported 'Stop the Pressure Day', a day focused on preventing pressure ulcers.
- There was lots of festive activity through December:
 - The Wolfsburg Bus Crew visited the Children's Ward in Stoke Mandeville Hospital and donated gifts
 - Starlight performed a pantomime for children on Ward 3 at Stoke Mandeville Hospital
 - Croxley Rebels Scooter Club visited Stoke Mandeville with selection boxes for the children and made a generous donation to be used to enhance care given to children being treated for burns
 - The Garsington Opera performed at Wycombe Hospital
 - We raised awareness for Save the Children's Christmas Jumper Day
 - We held a festive eco-decorations competition – congratulations to the winners: the paediatric decision unit at Stoke Mandeville Hospital!

Neil Macdonald

Chief Executive

Appendix 1 – Financial Recovery Board and Executive Management Committee

Appendix 2 – BOB ICS Briefing

Appendix 3 – Letter from Director of Organ Donation and Transplantation, NHS Blood and Transplant

Appendix 1 – Financial Recovery Board and Executive Management Committee

Financial Recovery Board

Financial Recovery Board (FRB) continues to meet each week, involving Executive Directors and other key senior leaders. As we enter quarter four, the focus of the last two months has moved towards budget-setting and cost improvement planning for 2020/21. Through FRB we have also discussed and agreed our year-end forecasted outturn, which I have referred to in the body of the report, as well as cost improvement plan progress for the remainder of the year. Our Director for Governance continues to report progress against our Financial Governance Action Plan by exception.

Executive Management Committee 22 November 2019 to 17 January 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 22 November 2019.

Corporate objectives

Quarterly reports for the following programmes:

- Continue to improve our culture
 - Listening to the patient voice
 - An organisation that learns
 - Making it easier to get things done
 - Culture of quality improvement
- Implement new workforce models
 - Make BHT a great place to work
 - Develop teams, talent and an inclusive workforce
 - Innovate with new models of care
- Tackle inequalities and variation
 - Build new community partnerships
 - Getting it Right First Time and reduce clinical variation

Strategy & Commercial

Estates quarterly report
 Armed Forces Covenant
 Buckinghamshire, Oxfordshire & Berkshire West (BOB)
 Integrated Care System (ICS) performance report
 Buckinghamshire Integrated Care Partnership
 Medicines Optimisation

Quality and Performance

Clinical audit update, including National Audit results
 Acuity dependency
 Care Quality Commission action plan
 Patient/staff story
 Picker maternity survey
 Safeguarding report
 Medicines quarterly report
 Children and young people's partnership plan
 Flu vaccination campaign weekly update
 Integrated Performance Report and exception reports
 Non-elective performance update

Money

Monthly capital, cash and key performance indicators report
 Efficiency programme 2019/20
 BOB ICS Financial Impact Assessment 2019

People

CARE value awards
 Education, learning and development report
 Freedom To Speak Up Guardian quarterly report
 Guardian of safer working hours quarterly report
 Long Service awards
 Library strategy
 Health & Social Care Academy

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

The following policies have been approved:

- Risk Management
- Hospital at Night
- Carers
- Career Break Scheme
- Business Continuity Plan
- Pension
- eRostering
- Safeguarding Adults
- Job Planning
- Mortality Review Process
- Resus Policy

Minutes from the following:

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

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Briefing Papers: January 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.

	Item	Paper
1	<p>CCG Management Arrangements and Engagement Report</p> <p>The System Leaders Group received the engagement report from the recent engagement exercise and recommendations regarding proposals for a single Accountable Officer/ICS Lead and single management team across the three CCGs.</p> <p>The attached papers are being considered by the three CCG Governing Bodies, which are meeting in January. To date, the Bucks CCG and Berkshire West CCG Governing Bodies have met and have agreed the principle of a single Accountable Officer/ICS Lead role, supported by a single management team. The Oxfordshire CCG Governing Body will meet on 30th January 2020.</p> <p>The next steps regarding a possible single CCG will be considered by CCG Governing Bodies in the coming months. Any options for future CCG configuration would be subject to consultation with CCG members later in 2020.</p>	<div style="text-align: center;">  2020 01 CCG Management Arrange </div> <div style="text-align: center;">  Appendix 1 Table of Stakeholder Mitigation </div> <div style="text-align: center;">  Appendix 2 CCG Engagement Activities </div> <div style="text-align: center;">  Appendix 3 Draft AO JD v0 5.pdf </div>
2	<p>BOB ICS Financial Impact Assessment</p> <p>The attached paper was considered at the January ICS System Leaders Group. It is the submission that was made to NHSEI on 20th December 2019, and sets out the ICS's latest view on the likely 19/20 outturn, the 20/21 deficit and steps that will be taken to mitigate this and move towards the necessary balanced position.</p>	<div style="text-align: center;">  Paper 2 - BOB ICS Financial Impact Assessment </div>

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Blood and Transplant

www.nhsbt.nhs.uk

November 2019

Dear Mr Macdonald and Dr Kenny,

2018/19 was another record year for organ donation in the UK with 1600 patients donating organs following their death. This excellent performance has continued into the first six months of 2019/20 as we have achieved a 1% increase when compared to the first six months of 2018/19. Every donation reflects the generosity and altruism of both the patient and their family and is a testament to the care and professionalism of colleagues across the NHS, without whose support no organ donation could take place. I would like to take this opportunity to thank you and your colleagues within your organisation for their dedication and commitment over the last year and to look forward to working with you to save and improve even more lives throughout 2019/20 and beyond.

This letter explains how your Trust contributed to the UK's success, as well as highlighting ways to maximise donation opportunities. Colleagues in England may also find the activity data provided helpful for Care Quality Commission (CQC) inspections. With nearly all UK nations expecting to have implemented opt out legislation by the end of 2020 we hope donation numbers will continue to increase and the lifesaving gift of organ donation will benefit many more lives.

Taking Organ Transplantation to 2020: Trust Performance - Apr-Sep 2019

From 3 consented donors, Buckinghamshire Healthcare NHS Trust facilitated 3 actual solid organ donors resulting in 7 patients receiving a transplant during the time period. This is in comparison to the first six months of 2018/19 when your Trust facilitated 2 actual solid organ donors from 4 consented donors.

Quality of care in organ donation - Apr-Sep 2019

- The referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service and the presence of a Specialist Nurse for Organ Donation when approaching families to discuss organ donation are key metrics that are monitored throughout UK hospitals.
- Your Trust referred 22 patients to NHSBT's Organ Donation Services Team; 20 met the referral criteria and were included in the UK Potential Donor Audit. There were no additional audited patients that were not referred.
- A Specialist Nurse was present for 4 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion.
- There was 1 (4%) missed opportunity to follow best practice out of 25 during the time period, compared with 1 (4%) out of 24 in the first six months of 2018/19.

For various reasons it may not always be possible to follow best practice; if there was an occasion when best practice was not followed your Organ Donation Committee Chair or Clinical Lead for Organ Donation will be able to explain the circumstances. For further information on best practice in organ donation see NICE Clinical Guidance 135.

What we would like you to do

- Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities.
- Discuss activity and performance data at the Board with support from your Organ Donation Committee Chair and Clinical Lead for Organ Donation.

Why it matters

In the first six months of 2019/20, 113 people benefited from a solid organ transplant in South Central. However, 8 people died on the transplant waiting list during this time and 351 people were still waiting as of the 30 September 2019.

Thank you for your ongoing support for organ donation and transplantation.

Yours sincerely,



Anthony Clarkson
Director of Organ Donation and Transplantation
NHS Blood and Transplant



Appendix 4 Healthcare worker flu vaccination best practice management checklist - for public assurance via Trust boards

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so	Yes – reports to Board re actions and progress for Board to endorse
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	6000 doses of Quadrivalent (QIVe) influenza vaccine ordered 100 doses of Adjuvanted Trivalent influenza vaccine (aTIV) ordered (over 65yrs) 40 doses of Cell based Quadrivalent (QIVc) influenza vaccine ordered (egg free)
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	Yes – Full report to Board in January 2019
A4	Agree on a board champion for flu campaign	Yes - Bridget O’Kelly, Director of Workforce and Organisational Development Tina Kenny, Medical Director, Peer Vaccinator
A5	All board members receive flu vaccination and publicise this	Yes - Dedicated flu session for Execs and Board members on 4 October 2019 Publicised
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	BHT Flu Team Occupational Health and Wellbeing, Human Resources, Divisional Reps (Matrons, Nurse Leads), Peer Vaccinator Reps, Pharmacy, Communications Infection Prevention and Control Bucks Integrated Care Partnership (Director of Emergency Care), Bucks County Council (Consultant in Public Health), Bucks Clinical Commissioning Group (Infection Prevention Control Lead Nurse) Trade Unions invited to flu meetings; they declined and requested updates through Joint Management and Staff Side Committee, which have been provided
A7	Flu team to meet regularly from September 2019	26/06/2019 – Flu Campaign Lessons Learnt and Planning Meeting 16/09/2019 – Flu Campaign Planning Meeting 16/10/2019 – Flu Campaign First Meeting and booked fortnightly meetings throughout the campaign.
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades	Yes – FAQs published, information and videos from key staff sent out via Swan live intranet site.

	unions	Exec walkabouts and Flu information flyers circulated.																		
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Yes – weekly updates of timetable and daily reminders. Both electronically and on paper. Social media used to promote flu campaign																		
B3	Board and senior managers having their vaccinations to be publicised	Yes																		
B4	Flu vaccination programme and access to vaccination on induction programmes	Yes																		
B5	Programme to be publicised on screensavers, posters and social media	Yes – communications programme in place																		
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Yes – weekly from November and full monthly report through HR and Workforce Group and Executive Management Committee (EMC)																		
C	Flexible accessibility																			
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	<p>Yes – details below</p> <table border="1"> <thead> <tr> <th>Division</th> <th>Peer Vaccinators</th> </tr> </thead> <tbody> <tr> <td>Surgery & Critical Care</td> <td>13</td> </tr> <tr> <td>Integrated Medicine</td> <td>9</td> </tr> <tr> <td>Integrated Elderly & Community Care</td> <td>28</td> </tr> <tr> <td>Women Children & Sexual Health</td> <td>13</td> </tr> <tr> <td>Specialist Services</td> <td>12</td> </tr> <tr> <td>Corporate – Other</td> <td>13</td> </tr> <tr> <td>Corporate – Occupational Health and Wellbeing Team</td> <td>14</td> </tr> <tr> <td>TOTAL</td> <td>102</td> </tr> </tbody> </table>	Division	Peer Vaccinators	Surgery & Critical Care	13	Integrated Medicine	9	Integrated Elderly & Community Care	28	Women Children & Sexual Health	13	Specialist Services	12	Corporate – Other	13	Corporate – Occupational Health and Wellbeing Team	14	TOTAL	102
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C2	Schedule for easy access drop in clinics agreed	<p>Yes – static flu stations operating on the three main sites for drop –in Wellbeing days held on three main sites with flu vaccinations available</p> <p>Dates scheduled for community sites</p> <p>Peer vaccinators in operation across all sites</p>																		
C3	Schedule for 24 hour mobile vaccinations to be agreed	Yes – some peer vaccinators available out of hours																		
D	Incentives																			
D1	Board to agree on incentives and how to publicise this	Badge given to all staff that have a flu jab ‘I’ve had my Flu Jab 2019/2020’																		
D2	Success to be celebrated weekly	<p>Regular communications to all staff</p> <p>Weekly updates to EMC</p>																		