Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

Meeting: **Trust Board Meeting in Public**

Date: **Wednesday, 29 July 2020**

Time: **9.00am – 11.30am**

Venue: **Virtual Meeting**

Start Time	Item	Subject	Purpose	Presenter	Encl.
9.00	**1.**	Chair's Welcome to the Meeting and Meeting Guidance Apologies for absence: David Sines	Information	Chair	Verbal
	2.	Declaration of Interests	Assurance	Chair	Verbal
	3.	Patient Story: the introduction of virtual visits to help patients, carers and families keep in touch	Discussion	Chief Nurse	Paper
	4.	Chief Executive's Report	Assurance	Chief Executive Officer	Paper
Performance					
9.40	**5.**	Integrated Performance Report • Quality • Workforce • Finance	Assurance	Chief Operating Officer	Paper
	6.	Recovery and Renewal update	Assurance	Chief Operating Officer	Paper
Strategy					
10.00	**7.**	Buckinghamshire Integrated Care Partnership Engagement Programme	Information	Director of Strategy & Business Development	Paper
COMFORT BREAK – 5 minutes					
Finance					
10.20	**8.**	Finance and Business Performance Committee Chair's Report	Assurance	Committee Chair	Verbal
	9.	Charitable Funds Committee Chair's Report	Assurance	Committee Chair	Paper
Quality					
10.30	**10.**	Infection Prevention & Control Monthly Report	Assurance	Chief Nurse / Medical Director	Paper
	11.	CQC improvement/action plan	Assurance	Chief Nurse	Paper
	12.	Patient Experience Annual Report	Assurance	Chief Nurse	Paper

	13.	Medical Appraisal and Revalidation Annual Report	Assurance	Medical Director	Paper
	14.	Learning from Deaths	Assurance	Medical Director	Paper
	15.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper

COMFORT BREAK – 5 minutes

Workforce

11.00	**16.**	Impact of Covid -19 on BAME colleagues	Assurance	Director of Workforce and Organisation Development	Paper
	17.	Freedom to Speak Up Annual Report	Assurance	Director of Workforce and Organisation Development	Paper
	18.	Strategic Workforce Committee Chair Report	Assurance	Committee Chair	Paper

Risk and Governance

11.20	**19.**	Modern Slavery Statement	Assurance	Director for Governance	Paper
	20.	Audit Committee Chair's Report	Assurance	Committee Chair	Paper

Information

	21.	Board attendance record	Information	Director for Governance	Paper
	22.	Private Board Summary Report	Information	Director for Governance	Paper
	23.	Risks identified through Board discussion	Discussion	Director for Governance	Verbal
		ANY OTHER BUSINESS			
		Date of Next Meeting: Wednesday 30 September 2020, 9am, Hampden Lecture Theatre, Wycombe Hospital			

The Board will consider a motion: "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website www.buckshealthcare.nhs.uk

Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

3

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	A patient story – the introduction of virtual visits to help patients, carers and families keep in touch
Board Lead	Chief Nurse Karen Bonner
Type name of Author	Associate Chief Nurse Jo Atkins
Attachments	Virtual visits video
Purpose	Discussion
Previously considered	No

Executive Summary

Key Points:

During an unprecedented time when patient visiting was strictly limited, it was important that we found ways for friends, carers and relatives to stay in touch with their loved ones in hospital.

'Virtual' visits using electronic devices such as phones or iPads was one way to do this in a range of settings and circumstances.

A number of devices have been kindly loaned to the trust from the system to support this important initiative and a total of 52 iPads were updated to allow use of Zoom, Skype and Microsoft Teams for our inpatient wards and departments.

This video involved some of our therapy staff on the stroke unit at Wycombe Hospital and demonstrates how staff at all levels have been using 'virtual' visits via iPads to help patients keep in touch with family, carers and friends, as well as being able to prepare families and carers for the patient's discharge.

https://youtu.be/sb3R4dllNDo

Decision	The Board / Committee is requested to endorse this story and celebrate the positive impact that the introduction of 'virtual' visits has had within a range of our clinical settings

Relevant Strategic Priority

Quality ☒	**People** ☐	**Money** ☐

Implications / Impact

Patient Safety	Improved experience of the care that our patients receive

Risk: link to Board Assurance Framework (BAF)/Risk Register	No risk identified
Financial	No risk
Compliance CQC Standards Person-centred Care	Patient centred care
Partnership: consultation / communication	Working in partnership with patients, families and carers
Equality	Equal access
Quality Impact Assessment [QIA] completion required?	N/A

Buckinghamshire Healthcare NHS Trust

TRUST BOARD MEETING IN PUBLIC
29 JULY 2020
CHIEF EXECUTIVE'S REPORT

Introduction
This is our first Trust Board in Public for a few months due to the unprecedented response to the Covid-19 pandemic; as such I will provide a brief summary of our management of the incident response during this time. Appended to this report is a summary of the Financial Recovery Board and Executive Management Committee meetings to provide oversight of the significant discussions of the senior leadership team in other areas. Also appended is a summary of latest developments from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), and the Buckinghamshire Recovery Framework.

I would like to start with an enormous thank you to the public. This period has been extraordinary in many ways, not least the compassion and support shown to the healthcare sector and key worker industries; I would like to take this opportunity to offer a whole-hearted thank you on behalf of the Trust.

We have been deeply humbled by the incredible support and generosity shown to the NHS, both nationally through the ten weeks of Clap for Carers, and more locally with a staggering array of acts of kindness, donations and offers for us here at Buckinghamshire Healthcare NHS Trust, including catering for staff; toiletries; IT equipment; drinks and snacks; personal protective equipment; hand-made laundry bags for scrubs; artwork; and even brand new fold-up bikes (please see the Appendix 1 for more details). I am aware that many colleagues have, and still do, rely on the generosity of the local community for accommodation when they need to stay away from home to protect loved ones. Our thanks also to Ron Dennis and the Salute the NHS team, who have delivered meals and care packages to NHS staff across the country during the pandemic, including 40,000 meals to our colleagues.

I would also like to thank our local partners in Buckinghamshire and across the BOB ICS, who have been, and continue to be, fundamental to our response to the pandemic. Finally, I am extremely proud of how all of our colleagues and volunteers in the Trust have come together during this time, supporting each other, and for many, making personal sacrifices along the way to protect their families. My thanks to you all.

There is no doubt the pandemic has impacted everyone in all sorts of ways, and devastatingly there are many who have lost loved ones. I am deeply saddened that in May one of our colleagues, Jun Terre, passed away having tested positive for Covid-19. Jun was one of our amazing healthcare assistants at Stoke Mandeville Hospital, and our thoughts are with his wife and loved ones.

Response to the Covid-19 pandemic
As part of our initial response to the Covid-19 pandemic we paused the majority of elective care, maintaining cancer and urgent services in line with national guidance and with the support of capacity at neighbouring private healthcare facilities. We made significant changes to how we operate as an organisation, with >2000 colleagues moved to remote-working from home, and accelerating our digital programmes to make internal meetings, training and outpatient appointments virtual wherever possible; in April, >60% of appointments were conducted virtually.

As the initial phase of our response to the pandemic subsided, we took some time as a Board to reflect on the unprecedented, significant changes, both that we experienced as an organisation, and that we and our colleagues experienced as individuals. This was informed by an all-staff survey seeking feedback on our management of the incident response and the important things colleagues felt we should take forward. In light of the altered landscape we refocused our objectives as follows, anchoring back to our Trust CARE values:

- COLLABORATE: Provide safe, accessible and effective care
- ASPIRE: Take a leading role in our community
- RESPECT: Ensure staff are safe, supported and listened to
- ENABLE: Maximise opportunities and learning

COLLABORATE: Provide safe, accessible and effective care
During our initial response to the pandemic we were working more closely than ever before with our partners in the BOB ICS and this has certainly continued, as we work together to find the most efficient and effective way to use our resources across the ICS to provide accessible services for our patients. More locally, we have established a joint Recovery & Renewal Board with Buckinghamshire & Oxfordshire Clinical Commissioning Group (CCG) to coordinate and oversee our safe restoration of services. A more detailed update on this will be provided by the Chief Operating Officer later in the agenda.

While urgent and cancer services have been maintained during the past few months, we are acutely aware that there are many patients waiting for planned treatment and we apologise that many have been delayed; we are grateful for the public's patience in this regard. A significant area of focus has been assessing any possible clinical harm as a result of delaying treatment, and as we restart services, prioritising according to clinical need.

We were concerned to see that referrals dropped during the peak of the pandemic, perhaps reflecting the public's anxiety or reluctance to seek healthcare services or because of concern about the NHS capacity; I am pleased to see that cancer referrals are coming back up to pre-Covid-19 pandemic levels (currently 75% on average), and would take this opportunity to encourage anybody that has a concern about possible symptoms to see their GP and not delay in getting treatment.

I am disappointed to acknowledge a never event occurred earlier this month, which has been comprehensively reviewed in line with our processes for events of this nature. I am also disappointed to report that we recorded one fall causing severe harm in May; this has been declared a serious incident and is being investigated in line with Trust procedures.

Members of the Board will recall our Infection Prevention and Control (IPC) Board Assurance Framework, and IPC remains a significant focus for us now and over the coming months as we make adjustments to both clinical and non-clinical areas of all of our sites to ensure the safety of staff, patients and visitors. We have on-site capacity for Covid-19 infection testing allowing rapid testing of patients and staff as necessary.

Our Emergency Department (ED) performance against the 4-hour standard is not at the level that we aspire to, recording an average of 88.7% for quarter one; the reasons are complex but a key challenge has been needing to use part of our Acute Medical Unit (AMU) for additional intensive care capacity, causing difficulties with patient flow through the ED. Our Buckinghamshire Integrated Care Partnership Urgent and Emergency Care team are working hard to resolve these issues, as we recognise this does not reflect a good experience for our patients. We also recognise the importance of resolving these issues ahead of the forthcoming anticipated increase in demand over the winter period.

As part of our response to the pandemic we had to implement visitor restrictions, including in our maternity services. We are currently reviewing these restrictions and will look to ease them as soon as it is safe to do so, while keeping in line with national guidance for social distancing.

In line with Buckinghamshire Council, payment for visitor car parking on our sites will be reinstated from 01 August, having been frozen for the past few months. We are pleased to be introducing automatic number plate recognition (ANPR) to make it easier to pay: in addition to Stoke Mandeville Hospital, this will be rolled out over the coming months at Wycombe and Amersham Hospitals, and our community hospitals in Marlow, Buckingham and Thame. We are also reviewing the layout of our patient parking to try and make accessing services as easy as possible.

ASPIRE: Take a leading role in the community
We are working closely with colleagues in social care in the Buckinghamshire Council and the CCG to ensure we are providing sufficient support to the care homes in our area; this includes support for FIT-testing of masks, IPC training, and providing multidisciplinary expertise through expanding our existing Community Assessment and Treatment Service model.

During our incident response to the Covid-19 pandemic we had to make changes to our services in the interests of protecting the health of the local population, and as we restart our services in a different way due to the ongoing IPC requirements, we may need to consider making some permanent changes to how we deliver care. We are therefore starting a process of seeking feedback and perspectives from a diverse range of people who use health and care services in Buckinghamshire to ensure changes we make are fair and make sense in the long-term. Initially this will be an online programme focusing on the following four themes:

- **Non-face-to-face services:** accessing care online, by video or by phone
- **Keeping people safe:** delivering services differently to prevent the spread of infection
- **Community services:** working together to promote independence and deliver care in people's homes and communities
- **Reducing health inequalities:** improving health for vulnerable groups and people living in deprived areas

I look forward to keeping you updated as this important programme of work progresses.

Buckinghamshire Council have established a Covid-19 recovery framework (see Appendix 3) with partners built on four thematic partnerships, with each becoming a focal point for leading in-depth recovery planning. These partnerships and areas of focus are as follows:

- **Health and Wellbeing Board** – population health
- **Local Enterprise Partnership Board** – economic recovery
- **Buckinghamshire Growth Board** – public realm, environment and infrastructure recovery
- **Voluntary and Community Sector Board** (this proposal is for a new partnership built upon the joint working developed through the Covid-19 response) – community resilience

The leads of the Boards come together with other key partners at the Strategic Partners Forum. As mentioned earlier, the health response to recovery is steered by the Buckinghamshire Integrated Care Partnership Board with the Trust and CCG working together on recovery planning led by the Chief Operating Officer. Separate Recovery Boards also exist for mental health and social care.

RESPECT: Ensure staff are safe, supported and listened to
The health and wellbeing of our colleagues is always of utmost importance, never more so than now when the stress and strain experienced by our colleagues over the past months is widely recognised.

Working environments have changed to accommodate the necessary IPC requirements for Covid-19, and these may continue to do so as we establish new ways of operating as a Trust. As such, significant resource has gone into offering all staff a risk assessment for their working environment, so that we can mitigate any risks to their health and safety at work, or make alternative arrangements where necessary. This programme is ongoing, and as of 17 July: 83% of all of our staff had had a risk assessment; 77% of our Black, Asian and Minority Ethnic (BAME) colleagues; and 79% of those defined as 'at risk'.

It is widely acknowledged that the BAME community has been disproportionately impacted by the Covid-19 pandemic. In June representatives from the Trust's BAME staff network presented to the Trust Board, sharing the lived experience of individuals from this cohort, discussing the importance of having a strategy and taking action to improve the culture relating to zero tolerance of discrimination, and holding the Board to account for these. I am grateful to my colleagues for their time and commitment to bringing this to the forefront of our minds, and look forward to working closely with the network over the coming months.

Earlier this month, our Freedom To Speak Up Guardian organised a speaking up event for our BAME colleagues and allies. We were privileged to be joined by Yvonne Coghill, Director for WRES Implementation in NHS England, who highlighted racial inequalities as part of the broad inequalities agenda.

Our Health & Wellbeing team has been working tirelessly to support our colleagues, and we have started a programme of making our outdoor spaces welcoming places to spend a break or lunch time, funded through charity funding and support from our partners including Sodexo. £30,000 of the amazing support we received through public donations and NHS Charities Together has been distributed through staff bids of up to £500 per team to contribute to items for their wellbeing such as picnic benches. As a result, >60 teams and >1000 staff have benefited. The National Spinal Injuries Café has undergone a rebrand and refurb: Café Oasis provides another space for staff to spend their breaks; my thanks to the team running it so professionally.

I am delighted to advise that we will be hosting our first virtual nurse recruitment open day on 28 July – please see our website for details. It is more important than ever that we secure adequate staffing across clinical and non-clinical areas to ensure our services our robust, and I hope the experience of the past few months will encourage many aspiring nurses to join us and be part of the NHS.

ENABLE: Maximise opportunities and learning
The phrase 'innovation in a crisis' has certainly borne true over the past months, and it has been inspiring to see my colleagues across the organisation come together and find new ways of doing things. Our task now is to embed the innovation and learn from how we have handled the first phase of our response to this pandemic. As well as the safe restoration of our healthcare services, we are also refining our business continuity planning to ensure we are as prepared as we can be for a possible future surge in Covid-19-related demand.

The way we have conducted business has also changed. In many ways more colleagues have felt involved in informing service changes, and our Quality Improvement and Transformation team is leading an exciting programme of work to restructure how we make improvements at service level and support and enable change on a larger scale within the Trust. I look forward to updating further on this work in future reports.

As always, we continue to use the rich data provided by feedback from the public, either through excellence reports or nominations for CARE values, or formal complaints. From April 2020, all formal complaints were

given a 60-day reporting time in line with national guidance; from this month we return to a 25-day time frame, and 40 days for complex cases. In May we recorded 30 formal complaints.

Financial reporting
For the first three months of the financial year 2020–21 we have reported a breakeven position in line with NHS England & Improvement (NHSE/I) Covid-19 planning guidance. This includes Covid-19 expenditure totalling £9.4m to date, and the assumption that income will be received through NHSE/I to cover these costs. Cost improvement plans are on hold until 01 August. The remainder of 2020–21 remains uncertain from a financial perspective; in our current draft plan (subject to Board approval) from August onwards, we assume a £2.5m deficit per month, and a £20.1m deficit at the end of the financial year. Further details will be covered later in the agenda by the Director of Finance.

Proud to be BHT
Huge congratulations to Jan Knight, our Community Nutrition Nurse Specialist, who has been awarded the status of Queen's Nurse by the Queen's Nursing Institute in recognition of her commitment to promoting the highest standards of patient care in the community. This is an incredible achievement, and reflects Jan' has a broad experience in acute care settings and nursing home management, and as a nutrition nurse specialist in the community works within the District Nursing teams across Buckinghamshire. This unique role aims to ensure that all the community nurses' patients are screened for malnutrition and are managed accordingly.

Commendations to Dr Raha West and the Trust Intensive Care team on the contribution they made to the success of the national RECOVERY clinical trial, which recently identified dexamethasone as the first drug to show reduced risk of dying by a third in ventilated patients and a fifth in those receiving oxygen. More than 150 people took part in the study at Stoke Mandeville and Wycombe hospitals and contributed to this discovery.

We have become the latest NHS specialist stroke centre to adopt the Brainomix e-Stroke Suite imaging platform across our Wycombe and Stoke Mandeville hospital sites. Created in Oxford with expert clinical input from frontline NHS stroke physicians, the award-winning Brainomix e-Stroke Suite uses cutting-edge Artificial Intelligence (AI) & Deep Learning methodology to help stroke physicians make life-saving decisions.

I am very pleased that our new sterile services department project is now set up, which will deliver c.5 million surgical instruments per year to theatres and other services across the Trust, supporting the quality and care available for our patients. The modern and updated facility includes state of the art specialist equipment, and a bright and modern working environment for colleagues in this department.

In June we celebrated NHS Virtual Pride and UK Black Pride with a radio show from Stoke Mandeville Hospital Radio, a virtual celebration, and a ward/department decoration competition; congratulations to the winning teams in Cellular Pathology at Wycombe Hospital and Radiography at Stoke Mandeville Hospital!

We are tremendously grateful for everyone who has donated or raised money for us. To give you just a few examples:

- Four-year-old Penelope took part in the 2.6 Challenge and completed a 2.6km bike ride. Her initial target was to raise £260 but through lots of support and generous donations she has raised over £1,000.
- Thomas Hearn has climbed the equivalent height of Mount Everest (29,029 feet) by stepping up and off a 24" box. His achievement raised over £5,000 for frontline staff working in Covid-19 areas.
- And Mr Chris Pool, who is 86 and a retired orthopaedic surgeon who used to work at Stoke Mandeville Hospital, has raised £4,050 so far to help to improve the wellbeing of current BHT staff at Stoke Mandeville Hospital. He is cycling between Great Missenden and Chequers 874 miles, the same distance as travelling between Land's End and John O'Groats.

Neil Macdonald
Chief Executive

Appendix 1 – Acts of Kindness presentation
Appendix 2 – Financial Recovery Board and Executive Management Committee
Appendix 3 – Buckinghamshire Recovery Framework
Appendix 4 – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) bulletin

Acts of Kindness…

Buckinghamshire Healthcare NHS Trust

Amazon wish list

- Approximately 1,700 amazon parcels arrived from the Amazon wish list set up by a member of the public.
- These gifts included personal hygiene products & snacks. They were used for care packages for those being swabbed and to support teams across the Trust.
- A big thank you to our ICP partners who helped with unpacking, storage and distribution to community sites – they were brilliant.

Eggs, eggs and more eggs

- Approximately 15,000 Easter eggs were delivered from both local and national companies, community groups and individuals, including 6,000 from Lindt.
- Eggs were distributed across all sites for managers to collect for their teams.
- Eggs were also distributed to Police, Ambulance Service, Social Services, Olympic Lodge, Fire Service, Air Ambulance, GP surgeries.

Thank you Tring Park School of Performing Arts

All of the staff at Buckinghamshire Healthcare Trust loved the Easter eggs

Laundry Bags

- Over 4,000 laundry bags have been made by local community groups and individuals including the Women's Institute (WI)
- These were distributed across the three main sites and community sites

Care Packs – Self Isolation (Swabbing)

- Care packages including the items above were put together and handed out to BHT staff who came on site to be swabbed.
- A team of 7 volunteers across Stoke and Wycombe assisted with putting the packs together.
- Positive feedback was received from a number of our employees about how these packages made them feel as though they were working for a caring organsiation.

Care packs – 12 week shielding

- Occupational Health conducted wellbeing calls with all staff who were 12 week shielding. They were asked if they would like to receive a care package and consent gained to use their address.
- 80 care boxes (above) were donated by a local company RH Amar.
- The Acts of Kindness Team worked in collaboration with the Commercial Services Team to get packs to staff members using volunteer drivers

Feedback
Care Packs - 12 week shielding

'I have just received a Care Pack from the Trust as I am shielding. Thank you so much for this and a big thank you to the volunteer driver who delivered it for me.

It really cheered me up and the contents are delicious looking , it really is a lovely thing to do.'

Holland & Barratt - welcome packs

HOLLAND & BARRETT

A little something to say a

HUGE THANK YOU

to our NHS heroes

We can't thank you enough for all that you're doing to keep our country safe during this time.

Here's a little pick me up from Holland & Barrett, whether you need healthy snacks to get you through your next shift, or cream to soothe your tired hands.

As a further token of our thanks, we're extending our staff discount to all NHS workers, with 30% off Holland & Barrett products, and 15% off branded products online and in-store. There's more information on how to claim on our website www.hollandandbarrett.com/info/nhs

Our staff would be so happy to see you with your gift boxes, so please share any happy pictures you have! #welltogether

Thank you again for everything you do to keep us all safe and healthy.

Lots of love,
Holland & Barrett

- A number of these bags were donated by Holland and Barrart.
- As there are smaller numbers of these, they were used to give out at the Junior Doctors induction as a welcome bag.
- They were also given out at the new student nurses induction as a welcome to the Trust.

Feedback - Welcome packs

'A big thank you from the Pre-Registration Team and our Deployed Students to the Acts of Kindness team.

Distribution has started today and thank you's are starting to come in from the students. At a time of significant clinical pressures and when we are looking to recruit those about to qualify to join us on the front line, I believe this has supported our efforts in making students feel appreciated and valued.'

(Pre-registration team)

Celebrating success

When smaller donations were received these were used for specific teams, celebrating success and also recognising great team working and positive behaviours. One example of this was the research and innovation team at both Stoke and Wycombe.

Stores team thank you

- John Lewis (High Wycombe) donated some gift bags for both ladies and gents…just enough for the stores team who did a great job with PPE.
- They also supported the Acts of Kindness team with receiving some deliveries and also storage of items.

2 Bikes – brand new and fully serviced

- 2 brand new fold up bikes were donated. A local bike shop provided a free service for both bikes.
- A campaign was launched where staff members could nominate others who could benefit from having a bike to travel to and from work.
- 60 nominations were submitted and two employees were presented with the bikes.

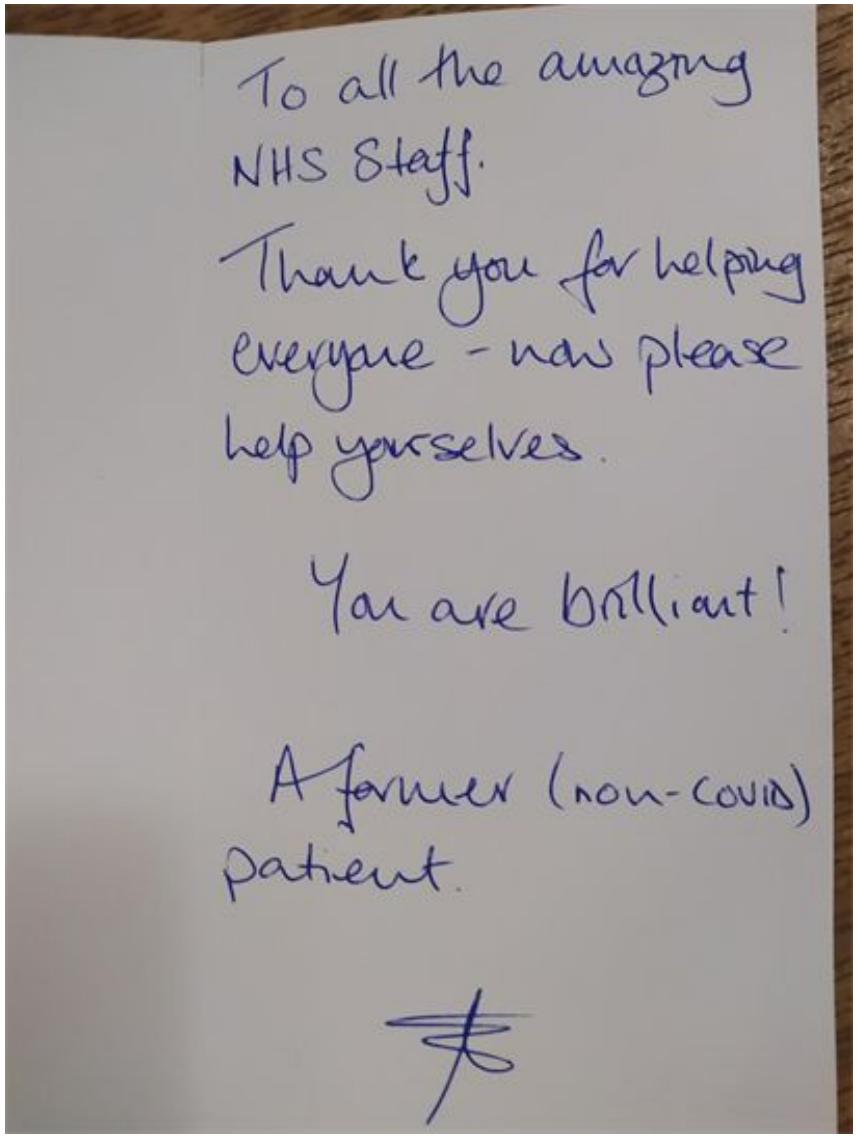
Local artist

- A local artist painted this for the Trust.
- A prominent place for this piece of artwork will be decided so that it can be enjoyed by staff and patients.

HUEL – donated protein shakes & bars

Cakes from a local community

Gifts from a former patient



Chupa Chups were appreciated by those wearing full PPE

5,000 KIND bars

3,000 Millie's Cookies

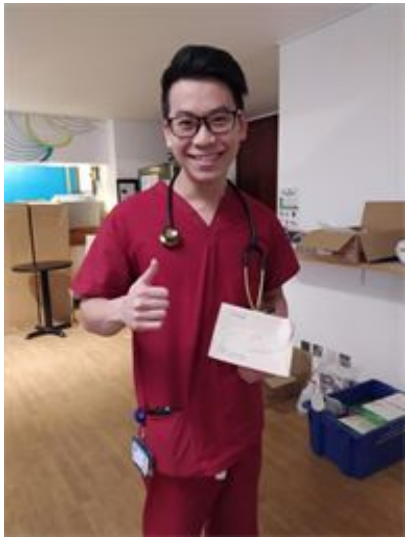
Tropic products from the Wheelie Wife

These were donated by the partner of a spinal injuries patient through donations from her Tropic customers.

5,000 CLIF protein bars

170 Boxes of Green & Black's Chocolate

Weekly meals from the MASH INN



Gift a Galaxy

People could gift a Galaxy chocolate bar to a colleague who had been an absolute star.

Metro Bank - hampers

Metro bank donated 2 hampers that were given to two of our smaller community sites. Metro Bank also donated children's activity bags to those children on the wards.

Team boxes

Team boxes were put together including a selection of donations and also advice for teams on wellbeing support that was available. These were distributed across all main sites and also to our community sites. Chafonts & Gerrard's Cross in photo above.

The Acts of Kindness Team

- The Leadership & Organisational Development Team formed the basis of the Acts of Kindness team, with support from other teams to make it all happen including property services, Stores team, Theatre staff, Dental nurses etc.
- The team were supported by 8 volunteers who came on site for a couple of hours each week.

Our volunteers were AMAZING…

8 Volunteers supported the work across Stoke Mandeville & High Wycombe
Here is some of their feedback:

Dear Elaine & Team
The pleasure is all mine!
What a great team of people to work with.
'Acts of kindness', perfectly fits yourself and the team!
I wish you all great success in all you do.
Look forward to seeing you all very soon!
Stay safe.
Kind regards
Jacqui

Hi Elaine,

Thanks so much for your email and kind words.

I have really enjoyed volunteering and in particular working with the team. Azra and Bridget were just great!

Thanks for all your support and if there is ever anything I can do to help please do not hesitate to contact me.

Thanks again

Sam

Expressing our thanks…

Thank you postcards will be sent by mail or electronically to all companies, community groups and individuals who donated.

Appendix 2 – Financial Recovery Board and Executive Management Committee

Financial Recovery Board

Financial Recovery Board (FRB) has continued to meet weekly, chaired by the Chief Executive. During the first two months of this financial year, FRB focused on financial planning, cost improvement plan targets, and updates on estates, commercial and case for change. There was also an extended session dedicated to reviewing cost pressures for 2020/21. More recently, FRB has also considered plans the from the Quality Improvement and Transformation team regarding supporting and enabling improvements at service level and change on a larger scale across the Trust, as part of the *Maximise opportunities and learning* objective.

Executive Management Committee 19 May to 14 July 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. During the last few weeks this has also included important updates relating to our Covid-19 pandemic response. 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 19 May 2020.

Quality and Performance
Emergency Preparedness, Resilience and Response
Integrated Performance Report and exception reports
Non-elective performance update
Operating standards
Safer staffing
Maternity safety and staffing reports
Getting it Right First Time Surgical Site Infection Survey 2019 data
Cancer waiting times and Covid-19 update
Clinical harm assessment of elective surgery
Serious Incident report and action tracker
Patient harm and safety surveillance
Corporate quality & safety huddles
NHS Benchmarking 2019 community services analysis
Draft Quality Accounts 2019/20
Recovery and renewal programme
Patient Experience Annual Report
Clinical Audit update, including national audit results
Patient story
Care Quality Commission action plan
Learning from deaths annual report
Medical appraisal and revalidation annual report
Freedom To Speak Up Guardian annual report
Guardian of Safer Working Hours annual report

People
Covid-19 impact on staff, including on BAME staff
Bucks Health & Social Care Academy update
Staff support
CARE awards
Workforce strategy
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System workforce strategy

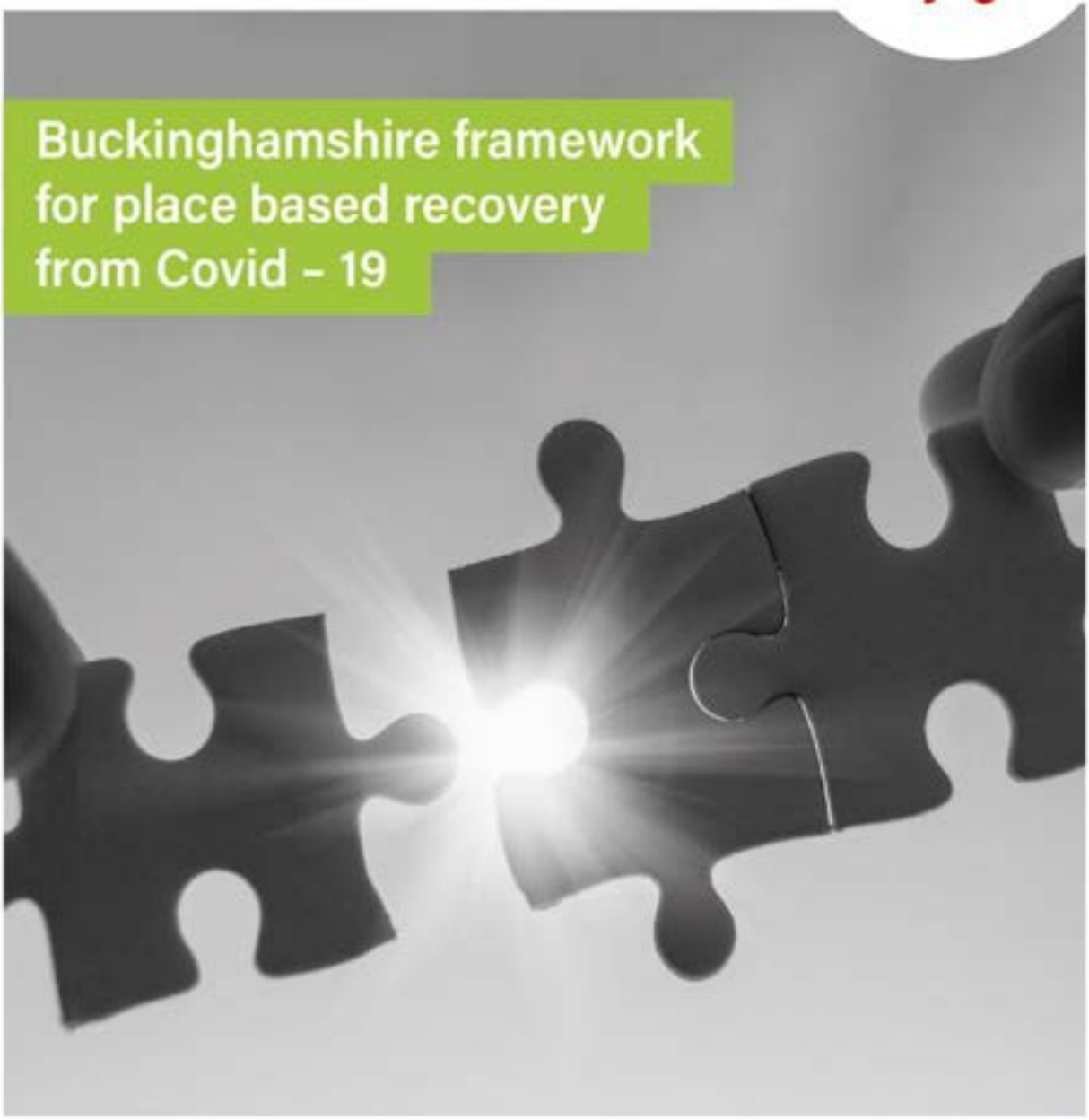
Money
Monthly finance report
Efficiency programme 2020/21
2019/20 capital outturn
Covid-19 cost-tracking
2020/21 cost pressures
Contract activity and income review
Buckinghamshire Integrated Care Partnership financial position
Financial transformation

Strategy, Estates & Commercial
Digital strategy
Windows 10 mobile working business case
Case for change and engagement programme
Annual Health & Safety report
Annual fire safety report
Estates performance quarterly report
EU Exit

Governance
Corporate Risk Register
External reviews register
Internal audit annual plan and report
Annual workplan
Recovery governance
Risk appetite
Annual Report
Care Quality Commission well-led action plan
Memorandum of Understanding review process
Minutes from Research & Innovation Committee

THE 3 R'S TO RECOVERY

Buckinghamshire framework for place based recovery from Covid – 19



June 2020

Background

Recovery is defined as the “Process of rebuilding, restoring and rehabilitating the community following an emergency or disaster, continuing until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been met”. It is a co-ordinated process of supporting affected communities in the reconstruction of the economic and social infrastructure and restoration of emotional, social, economic and physical well-being. Recovery in this case will need to enable people to develop a new ‘normal’ state until the risk of further Covid-19 outbreaks is mitigated. However unlike with a traditional disaster, the Coronavirus situation will not have an easily defined move from the emergency response phase into recovery phase.

As the UK emerges from the first peak of cases and deaths from Covid-19 it is beginning to take the first cautious steps towards easing the lockdown and towards recovery. However, it will be several months before all services and activities are opened up again . This crisis has impacted on every section of our society and the process of recovery will take years rather than weeks or months.

Early findings and lessons from the first few weeks of the crisis and response are as follows:

- The economic consequences are severe – the OBR anticipates a 35% fall in GDP in Q2 if lockdown continues through June. Unemployment is expected to rise by 2 million to 10%. Lower paid sectors tend to be harder hit by lockdown (from IFS estimates).
- Education and learning has been affected with the loss of up to 5 months teaching. Educational disparities are also anticipated to grow as disadvantaged pupils have fewer learning opportunities outside school.
- Lockdown will also have longer term health impacts. Non-Covid visits to GPs and daily hospital visits for illnesses such as heart disease have seen sharp drops. New and existing mental health challenges will have lasting effects as people deal with bereavement, the effects of social isolation and financial and other economic pressures.
- Communities and individuals have demonstrated high levels of social capital through volunteering and support for others.
- Organisations and individuals have transformed the way that they work – achieving change in a few weeks that might have taken years to achieve.
- New and stronger alliances have been formed that have focused on the task at hand.

Recovery Planning in Buckinghamshire – A Place Based Approach

The UK Government announced its first plans for a phased exit from lockdown on Monday 11th May 2020. At this stage a national recovery plan has not been published although it is likely that some sectors, particularly health, will have a structured, national template which will be delivered through existing structures (e.g. Integrated Care Systems).

The Local Resilience Forums have co-ordinated the emergency response to the Covid-19 crisis at a regional level. In Thames Valley, the TVLRF has identified common strategic priorities for recovery and will play a coordinating role in providing progress information to government. However, delivery plans will be developed and led at the place level (Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes).

Organisations and partnerships, however large or small, will all have individual or sector-based recovery plans. Some will be focused solely on the individual organisation (e.g. local business), others will have a strong national template (NHS) and a few will look both internally at the organisation and externally in their role as a system coordinator and community leader (e.g. the council). It is likely that for some organisations, particularly those that have been hit hardest by the crisis, their focus will be on their immediate survival, rather that the indirect or longer term consequences.

Taking a place based approach to recovery at a Buckinghamshire level enables us to build on the existing networks and partnerships, strengthen those arrangements that have been set up during the response phase, establish new networks or forums where there are gaps, in a way that will benefit the county in the future and capitalise on the willingness of communities and groups to identify and respond to local issues.

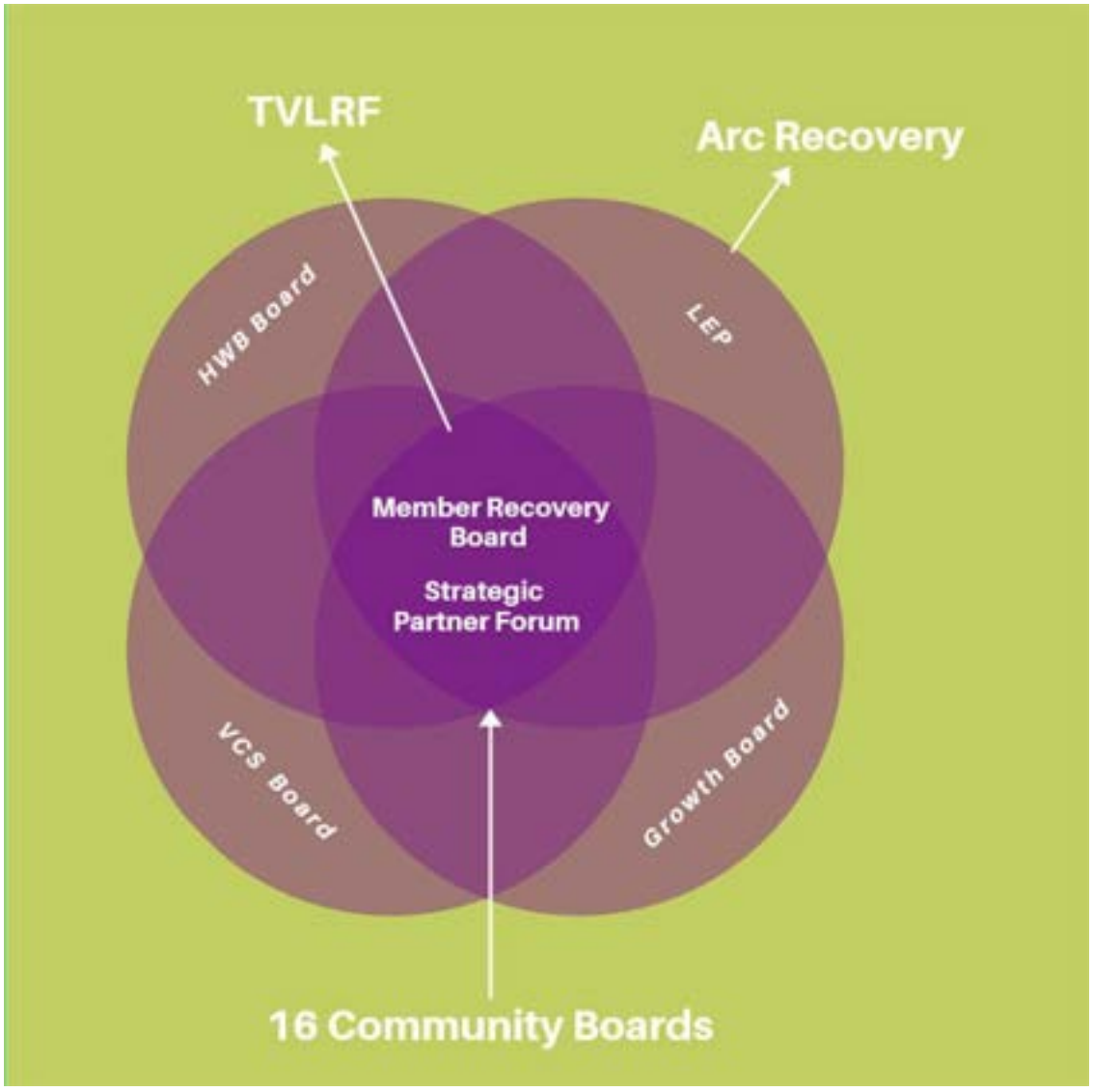
The place based approach will identify the themes, dependencies and interdependencies to maximise outcomes for Buckinghamshire.

Place Based Governance

There are already multiple levels of national and regional governance around recovery plans and there is a danger that organisations could be engulfed by bureaucracy and governance. Place based governance should be proportionate and utilise existing structures, with new arrangements only established where there are gaps and there is a benefit in bringing people together.

The model for recovery in Buckinghamshire is set out at model 1 below:

Diagram 1 – Recovery Model for Buckinghamshire



Appendix 1 sets out the membership of each of these partnerships.

Roles and Responsibilities

i) Member Recovery Board

As part of the national infection control plans, we are required to establish a 'Member Led Engagement Board'. In order to avoid duplication, it is intended that this Board will also take on the role of leading the delivery of the Buckinghamshire Recovery Framework, and providing political oversight. Core Membership will include Council portfolio holders, with partners joining the meeting according to the agenda items.

2) Strategic Partner Forum

The purpose of this Forum is to bring together leaders from the private, public and voluntary sectors to share information and understand dependencies. It is a forum for debate and problem solving. This forum was established in January this year and will reconvene shortly.

3) Thames Valley Local Resilience Forum

The LRF will provide a forum for sharing best practice and will coordinate information about activities across the Thames Valley, in order to inform Government about progress.

4) Community Boards

The 16 Community Boards provide a key mechanism for local engagement, coordination and action across Buckinghamshire. Each Community Board will have a recovery sub-group focused on driving local action, alongside local partners.

5) Thematic Boards

Four key partnerships across the County have been identified as playing a leading role in shaping and delivering against social, economic and environmental priorities for Buckinghamshire. The partnerships are as follows:

- Health & Wellbeing Board
- Voluntary and Community Partnership
- Growth Board
- Local Enterprise Partnership

The lead Council Portfolio Holder for each of these partnerships will sit on the Member Recovery Board.

The 3 Rs Approach to Recovery

Buckinghamshire is adopting a '3 Rs' approach to Recovery:

1. **Reset** – At the present time, it is clear that recovery will be to a new normal. Although there have been many difficult and disruptive consequences to the crisis, there have also been changes to the way that individuals and organisations work, live and play that have brought benefits. Some of these were accelerations to existing transformation plans and others were borne out of necessity. Whilst we are all still operating in this period of change it gives an opportunity to reimagine and reform our previous thinking and embed the opportunities into future designs. For Buckinghamshire, this is aligned to the work we are doing to restructure the Council and improve services.
2. **Resilience** – any recovery in the short to mid-term will require us to learn to live with Covid-19 and be able to respond to increases and decreases in infection rates. This will affect everybody – both in work and social lives. Many people will have also been personally and collectively impacted by the crisis. Our staff who have been fully deployed will need time to recharge and recover, individuals who have lost friends and family will need time to grieve and many will be affected by mental health.
3. **Restoration** – as the crisis took hold many parts of society were effectively put on hold and will need to restart at an appropriate time and in an appropriate way. However, whilst the activity might have paused, the requirement for it did not always stop and in fact in some settings (for example health) might have been aggravated. Planning an orderly restoration which understands the complexity of the whole system will be essential, whilst also taking the opportunity to reset the new operating model and build resilience into our system and people.

Principles for Place based Recovery in Buckinghamshire

Alignment across an agreed set of principles will ensure that any dependencies and interdependencies are managed in the best interests of the wider system and those that it serves. Building on the principles of individual organisations and sectors, principles for Buckinghamshire are:

- **Sharing information and resources –** to ensure that individuals, communities and organisations provide, and access, appropriate information, specialist services and resources.
- **Using an inclusive and multi-disciplinary approach -** to identify the themes, dependencies and interdependencies to maximise outcomes for Buckinghamshire.
- **Listen to individuals, communities and businesses –** to recognise the changing needs of affected individuals, families and groups within the population over time.
- **Work with communities –** to ensure the active participation of the affected communities and a strong reliance on local capacities and expertise.
- **Well-being at the core –** ensuring that all agencies involved in wellbeing and social support are engaged in decision-making
- **Equity and fairness for all -** to ensure that no individual, community or organisation is unfairly disadvantaged as a result of recovery actions.
- **Exploit opportunities arising from the pandemic –** to encourage and retain transformational improvements where appropriate (for example “Digital by Default”).
- **Be agile and innovative -** we will be light on bureaucracy and tight on delivery.
- **Learn from others –** to exploit opportunities to embed good practice.

Plans & Priority Areas for Recovery

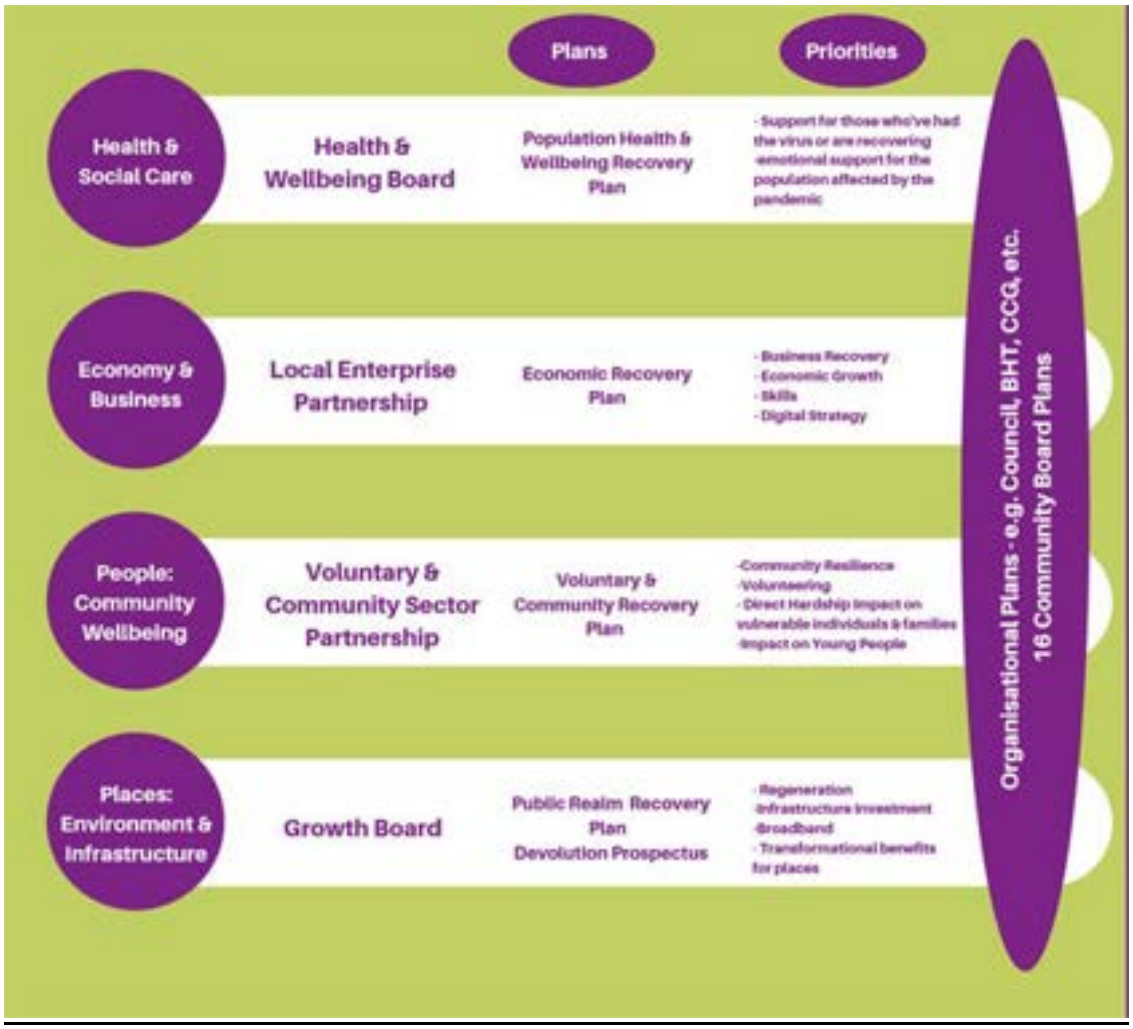
The TVLRF has identified 4 strategic priority areas:

1. **Health and Wellbeing Impact**
    a. Assistance for those who have either had the virus and are recovering or those who have lost someone to the virus.
    b. Emotional support for the whole population who have been affected by significant disruption to their lives and may react to the threat of the pandemic or future pandemics in challenging ways.
2. **Direct Hardship Impact**
    a. Assistance for those who have lost their livelihood and potentially homes, relationships and more because of the global pandemic.
    b. Support for learners and recent leavers who need educational and career support to move to the next stage of their life.
    c. Memorials and other marks of respect
3. **Structural Economic Impact**
    a. Support for business and the Government to re-establish economic activity and an appropriate fiscal environment.
    b. Detailed assessments of impact across sectors and places, retraining and funding to assist restructuring.
    c. Apprenticeship support and job brokering (if required).
    d. Business advice and counselling.
4. **Building resilience and seizing the positives**
    a. Future resilience to epidemic or pandemic viruses.
    b. Do we want services operating how they were, or do we want to recommission to new standards and behaviours?
    c. What changes to service, operations, behaviours and legislation are required to maintain low virus transmission rates and public safety?
    d. Pick up and cherish the transformational benefits of the behaviours demonstrated during the pandemic.
    e. Carbon Reduction/Air Quality/Less commuting
    f. NHS and other key worker recruitment
    g. Community Action/Volunteering

Within Buckinghamshire, each of these priorities have been aligned to relevant partnerships.

The following diagram provides an initial view about the alignment of emerging priorities and recovery plans to the 4 thematic partnerships. It also reflects the fact that individual organisations will have their own separate recovery plans which overlap the partnership plans.

Diagram 2 – Thematic Partnerships – Plans & Priorities



Each partnership will have its own supporting structures in relation to recovery, as well as regional and national networks. These relationships are set out at Appendix 2.

Next Steps

Understanding Impact

To support recovery planning, work is taking place to understand the impact of Covid through surveys, engagement, analysis of key data sources and horizon scanning. These impact assessments will collectively inform the development of the thematic recovery plans.

The key areas of work taking place include:

Economic Evidence Base

A review by the LEP of the evidence base developed for the local industrial strategy.

Public Health Impact Assessment

A health and inequality impact assessment using local qualitative and descriptive information to identify negative and positive potential impacts on 4 key areas- services, people, environment and economy and any inequalities within these areas. This includes a population survey.

Community Impact Assessment

A desk-based exercise focused on collating the risks and opportunities identified by partners in Buckinghamshire. This will be used to inform the TVLRF level impact assessment.

NHS Model for Service Delivery

Engagement activities to understand the impact of different ways of delivering health services on individuals and communities.

Developing Plans

Detailed recovery plans are under development for each of the four themes as follows:

Thematic Recovery Plans	Lead	Timescale
Population Health & Recovery Plan	Jane O'Grady	July 2020
Economic Recovery Plan	Richard Harrington	September 2020
Voluntary & Community Plan	Claire Hawkes	July 2020
Public Realm Recovery Plan	Richard Barker	July 2020
Devolution Prospectus	Sarah Ashmead	September 2020

In addition, the 16 Community Boards will be developing their area action plans by September.

A set of key indicators will be developed to enable the Recovery Board and the Strategic Partners Forum to understand our collective progress.

Appendix 1 – Partnerships

Member Recovery Board

- Martin Tett - Leader, Buckinghamshire Council
- Anita Cranmer - Cabinet Member for Education and Skills, Buckinghamshire Council
- Angela Macpherson – Deputy Leader & Cabinet Member for Adult Social Care, Buckinghamshire Council
- Mark Shaw - Cabinet Members for Children's Services, Buckinghamshire Council
- Gareth Williams - Cabinet Member for Communities and Public Health, Buckinghamshire Council
- Katrina Wood – Deputy Leader & Cabinet Member for Resources, Buckinghamshire Council

Strategic Partner Forum

- Martin Tett – Leader, Buckinghamshire Council
- Rachael Shimmin –Chief Executive, Buckinghamshire Council
- Matthew Applegate – Chief Executive, Vale of Aylesbury Housing Trust
- Matthew Bailes – Chief Executive, Paradigm Housing Group
- Nick Braisby – Vice-Chancellor, Buckinghamshire New University
- Carole Burslem – Chief Officer, Bucks & Milton Keynes Association of Local Councils
- Jenifer Cameron – CEO, Action4Youth
- John Campbell – Chief Constable, Thames Valley Police
- Imelda Goldsboro – Senior Partnership Manager, Department for Work and Pensions
- Francis Habgood – Chairman, Buckinghamshire Safeguarding Children & Adults Boards
- Richard Harrington – Chief Executive, Buckinghamshire Local Enterprise Partnership
- James Kent – Chief Executive, Buckinghamshire Clinical Commissioning Group & ICS Executive Lead
- Michael Loebenberg – Local Area Commander, Thames Valley Police
- Neil MacDonald – Chief Executive, Buckinghamshire Healthcare NHS Trust
- Trevor Morrow – Chief Executive, Red Kite Community Housing
- David Norris – Head of Service Delivery, Buckinghamshire Fire & Rescue Service
- Andrew Smith – Chairman, Buckinghamshire Local Enterprise Partnership
- Jason Thelwell – Chief Fire Officer, Buckinghamshire Fire & Rescue Service
- James Tooley – Professor, University of Buckingham
- Chris Ward – Assistant Chief Constable, Thames Valley Police

Health and Wellbeing Board

- Gareth Williams - Cabinet Member for Communities and Public Health, Buckinghamshire Council
- Raj Bajwa -Clinical Chair, Buckinghamshire Clinical Commissioning Group
- Jenny Baker - Chair, Healthwatch Bucks
- Dr Nick Broughton - Chief Executive, Oxford Health
- Isobel Darby - Cabinet Member for Housing & Homelessness, Buckinghamshire Council
- Martin Gallagher - CEO, The Clare Foundation
- Katie Higginson - Group Chief Executive, Community Impact Bucks

- James Kent - Chief Executive, Buckinghamshire Clinical Commissioning Group & ICS Executive Lead
- Neil Macdonald - Chief Executive, Buckinghamshire Healthcare NHS Trust
- Angela Macpherson - Deputy Leader & Cabinet Member for Adult Social care, Buckinghamshire Council
- Robert Majilton – Deputy Chief Executive, Buckinghamshire Clinical Commissioning Group
- Jane O'Grady - Director of Public Health, Buckinghamshire Council
- Gill Quinton - Corporate Director, Adults & Health, Buckinghamshire Council
- Dr Sian Roberts - Clinical Director, Buckinghamshire CCG
- Mark Shaw - Cabinet Member for Children's Services, Buckinghamshire Council
- Dr Juliet Sutton - Clinical Director, Buckinghamshire CCG
- Tolis Vouyioukas - Corporate Director, Children's Services, Buckinghamshire Council
- Dr Karen West - Member GP, Buckinghamshire CCG
- David Williams - Director of Strategy, Buckinghamshire Healthcare NHS Trust

Local Enterprise Partnership

- Andrew M Smith – Chairman
- Philippa Batting - Managing Director of Buckinghamshire Business First
- Steve Bowles - Cabinet Member for Town Centre Regeneration, Buckinghamshire Council
- Steven Broadbent - Member of Buckinghamshire Council
- Adrian Brown - Managing Director, Berkeley Strategic
- Isobel Darby – Cabinet Member, Housing & Homelessness, Buckinghamshire Council
- Lucy Edge - Chief Operation Officer, Satellite Applications Catapult
- Hiren Gandhi - Partner, Blaser Mills Law
- Michael Garvey, Chairman, Buckinghamshire Business First
- Alistair Lomax - Director of Arc Universities Group
- Eman Martin-Vignerte - Head of External Affairs, Governmental & Political Relations, Bosch
- Nick Naylor - Cabinet Member for Transport, Buckinghamshire Council
- Clare Pelham - Chief Executive, Epilepsy Society
- Emma Potts - Chief Operating Officer and University Secretary, University of Buckingham
- Martin Tett - Leader, Buckinghamshire Council

Buckinghamshire Growth Board

- Martin Tett - Leader, Buckinghamshire Council
- Richard Harrington, Chief Executive, Buckinghamshire Local Enterprise Partnership
- Neil Macdonald - Chief Executive of Buckinghamshire Healthcare Trust
- Angela Macpherson – Deputy Leader & Cabinet Member for Adult Social Care, Buckinghamshire Council
- Nick Naylor – Cabinet Member for Transportation, Buckinghamshire Council
- Rachael Shimmin - Chief Executive of Buckinghamshire Council
- Ian Thompson Corporate Director for Planning Growth and Sustainability, Buckinghamshire Council

- Warren Whyte – Cabinet Member for Planning & Enforcement, Buckinghamshire Council
- Katrina Wood – Deputy Leader & Cabinet Member for Resources, Buckinghamshire Council

Voluntary and Community Sector Partnership

To be confirmed

Community Boards

Community Board	***Chairman***	***Coordinator***
Buckingham & Villages	Charlie Clare	Sophia Comer
Winslow & Villages	Susan Renshell	Leone Dale
Wing & Ivinghoe	Anne Wight	Katrina Kelly
Haddenham & Waddesdon	Michael Rand	Elaine Hassall
Aylesbury	Mark Winn	Amy Jenner
Wendover	Julie Ward	Michelle Parker
Chesham & Villages	Patricia Birchley	Helen Cavill
Missendens	Peter Martin	Liz Charleston
North-West Chilterns	Gary Hall	Jackie Binning
Amersham	Graham Harris	Lizzie Wright
South West Chilterns	Dominic Barnes	Makyla Devlin
Beaconsfield & Chepping Wye	Anita Cranmer	Andy Chapman
High Wycombe	Arif Hussain	Fay Ewing
Beeches	David Anthony	Jack Pearce
Wexham & Ivers	Jilly Jordan	Lee Scrafton
Denham & Gerrards Cross & Chalfonts	Santokh Chhokar	Ani Sultan

Appendix 2 – Thematic Partnerships Supporting Structures (to be added)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

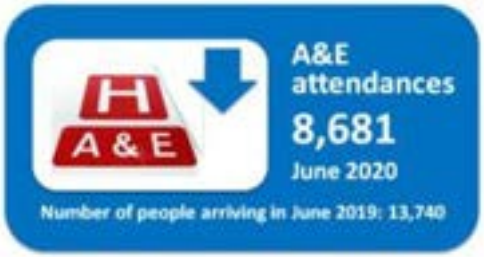
Briefing Papers: May 2020

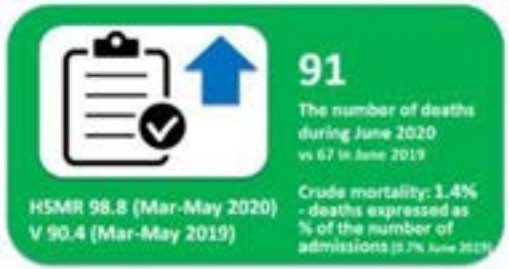
Purpose

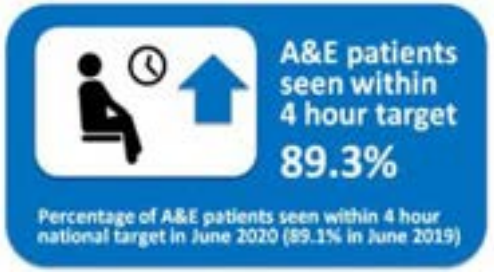
The purpose of this briefing is to provide Chief Executives with key papers and updates to use as appropriate within their own organisations and with Boards.

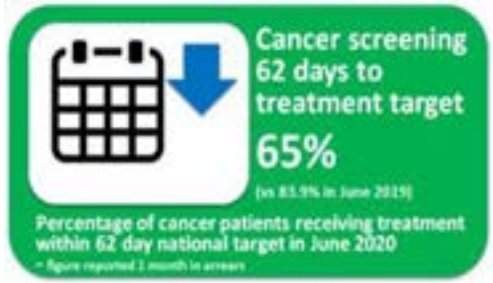
	Item	Paper
1	**System Surge Plan** The ICS System Leaders Group (SLG) considered a proposed approach to managing adult critical care demand and activity during a surge or super-surge during the Covid-19 pandemic. This included a process across the BOB ICS to manage critical care surge escalation and provide mutual aid between hospitals and critical care networks. The SLG agreed that there should be further work on the plan, including input from SCAS on transport arrangements.	Paper 2 - 2020 05 06 - System Surge Pl
2	**Second Phase of Covid-19 Response** The SLG discussed the recent letter from Simon Stevens and Amanda Pritchard, which sets out the priorities for the second phase of the Covid-19 response. In particular these include use of the independent sector up until end contract period, restoring emergency clinical services in line with national guidance set out and a consideration as to whether there is capacity to undertake some non- urgent elective care.	Paper 3 - 2020 05 06 - 2nd Phase C-19
3	**BOB ICS System Recovery and Restoration** The Group considered and agreed proposal to create a BOB ICS Recovery and Restoration Board that would replace the existing Programme Board. Terms of Reference are being developed.	Paper 3a - BOB ICS System Recovery v5.1

Performance: June 2020 in numbers









Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

5

Agenda item	Integrated Performance Report
Board Lead	Dan Gibbs
Type name of author	Dan Gibbs
Attachments	None
Purpose	Information
Previously considered	21 July 2020 - Finance & Business Performance Committee 28 July 2020 - EMC

Executive Summary

Enclosed herein the integrated performance report for June 2020. The purpose of this document is to provide oversight of quality, workforce, performance and finance delivery against key business performance indicators.

The report indicates significant impact to operational performance caused by the covid-19 pandemic. Elective care has been compromised due to the cancellation of all routine activity for a period of c. 13 weeks. This has resulted in significant 52-week breaches and a significant drop in compliance with the elective care and diagnostic standards. Limited elective resource will mean that progress on recovery will be slow.

A review of key performance indicators is underway to include harm reviews and performance recovery linked to COVID-19 implications.

Development of this report will continue and we expect to submit a full and complete IPR for August 2020, edited to include feedback and changes from committee members plus historic pertinent data. This will include recovery trajectories (and performance against them), harm reviews and outcome measures from interventions.

Decision	The Committee is requested to consider the report.

Relevant strategic priority

Quality ☒	**People** ☒	**Money** ☒

Implications / Impact

Patient Safety	Assured through changes in pathway
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	Type in box
Compliance Select an item. Select CQC standard from list.	National Standards and Quality targets
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box

Buckinghamshire Healthcare NHS Trust

Integrated Performance Report

June 2020

CQC rating (June 2019) - *GOOD*

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Integrated Performance Report

Contents

Section

1. New look IPR
2. Quality and Safety
3. Workforce
4. Operational Performance
5. Harm Reviews
6. Finance

Making Data Count Icon Key

Special cause (unexpected) variation - Improvement.

Special cause (unexpected) variation - Concern

Common cause (expected) variation

Safe & compassionate care,

every time

Quality & Safety
Spotlight Report from Medical Director and Chief Nurse

Buckinghamshire Healthcare NHS Trust

- Management of Infection prevention and Control continues to be challenging. Emphasis is being placed upon both Covid and none Covid related activity to sustain performance across all areas. CDT numbers for May show an improvement and following RCA's were all identified as unavoidable.
- Work on reducing harms associated with pressure ulcers and falls remains high priority. The monthly clinical forums have restarted which focus upon quality improvement (QI). A Falls task and finish group have reviewed the falls pathway and are currently piloting a number of initiatives, including revised documentation and use of QI methodology to improve safety on wards through improved local data and ownership. The fall with harm has been subject to an SI investigation.
- Complaints volume is returning to normal levels following a significant reduction during the early pandemic. Significant progress has been made on overdue complaints following focused efforts in the last quarter.
- FFT rate reporting was suspended at the outset of the pandemic and we await national guidance on restarting data collection. BHT has continued to collect data form their electronic platform, but without all of the usual prompts.
- Comments relating to maternity services which have impacted negatively on response rates relate to cessation of visiting and partners being present during scans. Visiting restrictions are being reviewed currently and will be eased imminently. A number of initiatives were put in place during the pandemic to enable families to continue to maintain contact with their friends and family members.

Safe & compassionate care,

every time

Quality & Safety Overview

NHS
Buckinghamshire Healthcare
NHS Trust

Performance Indicator	Target	Jun-19	Jul-19	Aug-18	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	Monthly trendline
QUALITY DASHBOARD																					
MRSA	0	0	0	0	0	0	0	1	0	0	0	0	0	0	⇨	0				0	SPC chart is not applicable for this KPI as the number is generally zero
Clostridioides Difficile (C Diff)	0	4	5	9	4	6	7	10	2	3	3	1	8	4	⇩	13				13	
Never Events	0	0	0	0	0	0	0	1	0	0	0	0	0		⇨	0				0	SPC chart is not applicable for this KPI as the number is generally zero
Falls causing severe harm	0	2	0	1	1	0	0	0	0	0	1	0	1		⇩	1				1	SPC chart is not applicable for this KPI as the number is generally zero
Medication errors causing severe harm	0	0	0	0	0	0	0	0	0	0	1	0	0		⇨	0				0	SPC chart is not applicable for this KPI as the number is generally zero
Line infections																					
Failures to isolate																					
Crude mortality (rolling 12 months)		1.1%	1.1%	1.0%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.2%	1.3%	1.3%	⇨	1.3%				1.3%	
Hospital Standardised Mortality Ratio (HSMR)		89.5	88.2	87.8	88.7	90.3	91.4	93.6	97.3	97.4	98.8	n/a	n/a	n/a	⇩	n/a				n/a	SPC chart is not applicable for this KPI
Medical Examiner screens selected for further review																					
Sepsis screening - one hour suspicion to needle																					
Extended perinatal mortality (per 1000 cases)		4.06	3.70	3.90	3.31	3.11	3.10	2.91	3.23	3.41	3.33	3.34	4.16		⇩	3.74				3.74	
Stillborn 24 weeks or later (per 1000 cases)		4.94	2.67	3.77	4.00	3.73	3.41	3.03	2.98	3.16	3.12	3.13	3.74		⇩	3.44				3.44	
New mothers seen within 14 days																					
Avoidable cardiac arrests	0	0	2	1	1	1	1	2	2	3	4	3	2	1	⇧	6				6	
VTE assessment		97.1%	96.5%	96.6%	97.3%	97.0%	97.0%	95.7%	97.1%	96.7%	95.5%	90.6%	91.1%		⇧	90.0%				90.9%	
Pressure ulcers - deep tissue damage		4	6	5	1	6	0	2	5	4	5	3	2		⇧	5				5	
Safeguarding training (C&YP Level 2)																					
A&E - median time to triage																					
O/S Clinical audits causing concern		7	7	8	7	8	7	5	6	9	10	4	5		⇩	5				5	

Safe & compassionate care,

every time

Buckinghamshire Healthcare NHS Trust

Patient Experience

Performance Indicator	Target	Jun-19	Jul-19	Aug-18	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	Monthly trendline
PATIENT EXPERIENCE DASHBOARD																					
New complaints	Monitor	59	54	60	57	47	53	49	62	48	40	26	30		⇩	56				56	
Complaints - still outstanding after 90 days		12	12	18	21	14	16	18	12	10	15	9	7	6	⇧	7				7	
Complaints - response within 25 days																					
Patients discharged before noon																					
Outstanding patient safety alerts																					
Mixed sex breaches																					
12 hour trolley waits in A&E																					
Friends & Family - overall response rate		26.4%	22.3%	21.9%	23.2%	27.8%	24.6%	20.5%	21.0%	20.6%	n/a	n/a	16.0%		⇨	n/a				n/a	No data for March and April
Friends & Family - Inpatient - +ve response		98.4%	97.4%	97.9%	97.6%	88.8%	90.5%	88.0%	90.2%	90.1%	n/a	n/a	90.2%		⇨	n/a				n/a	No data for March and April
Friends & Family - A&E - +ve response		86.3%	83.2%	78.5%	80.9%	77.7%	77.9%	76.7%	83.0%	81.2%	n/a	n/a	92.8%		⇨	n/a				n/a	No data for March and April
Friends & Family - Maternity - +ve response		97.1%	100.0%	100.0%	100.0%	99.1%	97.4%	94.4%	89.2%	92.7%	n/a	n/a	86.6%		⇨	n/a				n/a	No data for March and April

Safe & compassionate care,

every time

Buckinghamshire Healthcare NHS Trust

Workforce

Spotlight Report from Director of Workforce

Our people and teams continue to be impacted by COVID-19.

The HR and Occupational Health teams have responded pro-actively in particular to the health and wellbeing needs of our people. We are supporting our staff that are shielding or working from home, as well as front line staff. We offer bespoke psychological wellbeing support to teams and individuals. In addition, our people have access to a new (nationally funded) Employee Assistance Programme and NHS Employers' support programmes.

We continue to provide comprehensive staff testing programmes and supportive absence management. The roll out of a comprehensive risk assessment process is a national priority and we have actions in place to ensure that everyone has completed a risk assessment by the end of July.

Key activities have adapted to ensure services best serve current needs, including virtual and centralised recruitment and maintaining protocols to manage temporary staffing .

The Education team have provided a dedicated FIT Mask testing programme, as well as maintaining essential training and clinical up-skilling programmes to support staff being temporarily redeployed due to COVID-19. The requirement for statutory training levels to be maintained has been temporarily paused.

Nursing vacancy levels increased – a key driver has been the pausing of international recruitment opportunities. After an initial delay, we have been able to support our international healthcare workers to complete their Occupational English Tests, to enable them to gain UK NMC registration. Work is ongoing to understand the drivers of the overall increase in turnover rates.

Safe & compassionate care, every time

Workforce Overview

Buckinghamshire Healthcare NHS Trust

Performance Indicator	Target	Jun-19	Jul-19	Aug-18	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	Monthly trendline
WORKFORCE DASHBOARD																					
Staff Turnover		14.0%	13.5%	13.5%	13.1%	13.1%	13.4%	13.6%	13.5%	13.5%	13.5%	12.0%	13.8%	13.3%	↑	13.0%				13.0%	
Sickness		3.7%	3.8%	4.0%	3.8%	4.5%	4.3%	4.2%	4.3%	4.2%	5.2%	7.1%	5.3%		↑	6.2%				6.2%	
Nursing vacancy rate		15.9%	15.4%	14.9%	15.2%	13.8%	14.0%	15.0%	15.0%	15.2%	15.3%	14.8%	15.5%	15.5%	→	15.3%				15.3%	
Wards with 30%+ nursing vacancies																					
Monthly Exception Reports - Junior Doctors																					
Medical locums employed for longer than a month																					
Job Plans completed																					
Agency spend vs plan																					
Temporary staff - % spend		9.6%	9.8%	9.9%	9.9%	10.0%	10.0%	10.0%	10.2%	10.4%	10.3%	12.7%	12.2%	12.6%	↓	12.5%				12.5%	
Temporary staff - shifts requested		5,520	5,736	5,913	6,083	6,368	6,369	6,708	6,629	7,212	8,322	7,028	6,654		↑	6,841				6,841	
Temporary staff - shifts breaching Agency Cap		198	119	127	143	131	152	213	96	27	109	233	215		↑	224				224	
Bank fill rate																					
Average time to replace vacancy (days)		57	53	57	53	66	60	61	67	61	60	52	52		→	52				52	
Statutory training		91%	91%	90%	91%	90%	90%	89%	90%	89%	88%	88%	87%	86%	↓	87%				87%	
Appraisals completed																					
Apprentices - spend vs levy																					
Occupational Health referrals - stress		30	37	30	35	24	38	33	51	37	24	34	30	40	↓	104				104	

Safe & compassionate care,

every time

Buckinghamshire Healthcare NHS Trust

Operational Performance
Spotlight Report from Chief Operating Officer

ED performance has continued to be challenging – infrastructure problems at Stoke Mandeville in critical care and necessary life-cycle work reducing the available acute bed base. Infrastructure limitations - e.g. ability to isolate more than two people in resus - in the ED itself result in fragility and activity is now beginning to pick up. Teams are working hard to bring life-cycle wards back into play and commission ward 18. The Trust was invited to submit a proposal seeking capital investment to develop same-day emergency care and prepare for winter. This has been done and the outcome is awaited. The Trust continues to work in partnership with Buckinghamshire County Council and the CCG to improve outflow from the acute hospitals.

Recovery and renewal is underway. All patients on the admitted pathway have received a clinical harm review. And are prioritised according to risk of harm (process reviewed at Quality and Governance Committee). Elective operating at Wycombe Hospital started 21 May opening two theatres providing 20 sessions per week. Further theatre sessions are planned for opening throughout July and August. Up until 7th July, 118 patients received elective care at Wycombe. The Trust continues to utilise sessions at the BMI Chiltern Hospital, operating on 185 patients in June. The Trust began to send imaging patients to augment throughput as part of recovery – 183 were scanned in June, a figure that will grow as time progresses. Cancer 2WW referrals increased in June compared to May (average of 225 vs 219 per week) but are still below pre-covid levels. All tumour sites are working through their patient lists progressively and this is monitored regularly locally and at TVCA.

Diagnostics remains a significant challenge but recovery has begun – endoscopy has seen the biggest impact but work is ongoing to reasonably mitigate and all patients have been reviewed and received FIT tests where appropriate.

Operational Performance Overview

Buckinghamshire Healthcare NHS Trust

Performance Indicator	Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	SPC chart
OPERATIONAL PERFORMANCE DASHBOARD																					
A&E - 4 hour performance	95%	89.1%	87.0%	83.4%	82.7%	81.5%	82.4%	77.8%	81.9%	82.6%	83.4%	86.7%	89.4%	89.3%	↓	88.5%				88.5%	
A&E - Child under age one - triage in 15 mins		85.0%	82.7%	90.7%	83.3%	76.6%	71.0%	62.0%	83.1%	82.3%	78.4%	89.8%	87.5%	89.7%	↑	89.0%				89.0%	
A&E - Patients over 12 hours in A&E	0	309	419	540	565	661	559	731	651	586	232	75	123	183	↓	381				381	
A&E - Delayed ambulance handovers	0	27	32	64	114	137	144	213	137	111	71	43	37	47	↓	127				127	
Patients returning to A&E within 72 hours																					
RTT - Open Pathway performance	92%	88.3%	86.7%	85.3%	84.4%	84.3%	83.4%	82.8%	82.5%	81.5%	77.1%	69.2%	60.0%	49.0%	↓	59.4%				59.4%	
RTT - number of open pathways																					
RTT - Patients waiting over 52 weeks	0	0	0	0	0	0	0	1	0	3	11	106	305	608	↓	340				340	
RTT - Patients waiting over 26 weeks	0	1,296	1,372	1,641	1,885	1,879	2,044	2,366	2,606	2,701	3,134	4,501	6,289	7,807	↓	6,199				6,199	
RTT - Diagnostic waits under 6 weeks	99%	97.7%	99.9%	99.9%	99.7%	99.6%	99.5%	97.8%	94.0%	99.5%	96.8%	79.0%	48.6%	65.7%	↑	64.4%				64.4%	
Cancer - 2ww - first appt within 2 weeks	93%	94.0%	98.1%	96.0%	98.2%	93.1%	85.8%	84.1%	77.4%	82.3%	81.6%	82.5%	96.4%		↑	89.5%				89.5%	
Cancer - 2ww - treatment within 62 days	85%	84.2%	75.8%	83.4%	78.7%	81.7%	80.3%	85.7%	76.0%	73.9%	71.5%	67.9%	65.0%		↓	66.5%				66.5%	
Cancer - screening - treatment within 62 days	90%	80.0%	90.0%	57.1%	82.6%	85.7%	78.9%	93.8%	69.0%	78.6%	70.6%	100.0%	75.0%		↓	87.5%				87.5%	
Cancer - 31 days to first treatment																					
Cancer - 104 day waits																					
Reablement - urgent response time																					
District Nursing - urgent response time																					
Elective operations cancelled on the day	Monitor	32	66	21	38	35	35	44	38	43	39	1	0	7	↓	7				7	
Outpatient appointment disruption	Monitor	17.1%	17.0%	19.4%	17.9%	15.5%	16.9%	18.8%	18.4%	19.1%	25.8%	48.1%	40.9%	34.1%	↑	41.0%				41.0%	
Average bed occupancy (G&A)																					
Emergency readmission within 30 days		6.6%	5.9%	6.2%	5.7%	6.3%	6.5%	7.1%	6.6%	6.1%	5.1%	7.2%	7.5%		↓	7.3%				7.3%	
Patients with expected discharge date																					
CAT clinic activity																					
GP referrals																					
Neck of femur fracture to theatre in 36 hours		76.4%	84.6%	60.0%	59.2%	68.7%	54.0%	42.3%	59.3%	48.7%	n/a	28.1%	20.5%	36.0%	↑	28.2%				28.2%	

Safe & compassionate care,

every time

Buckinghamshire Healthcare NHS Trust

Operational Performance

Delivery of Standards, Risks to delivery	Actions/mitigations:	Impact and Outcomes
Urgent and Emergency Care • Acute medical capacity • Discharge processes • Conversion rate	• Additional ward capacity coming on stream in August • AMU function returning to medicine • Implementing D2A (discharge to assess) project to improve outflow • Increased use of ambulatory care • System UEC board re-established	• Improved compliance with 4 hour standard for admitted pathways • Reduced crowding in department • Reduced medically fit for discharge numbers • Improved partnership working
Elective care • Backlog created by cancellations • Social distancing and PPE restrictions • Staffing issues • Patient reluctance to attend	• Green pathways established at Wycombe • Continuing use of independent sector • Clinical harm review of waiting lists • Default to non face-to-face consultations • Flexible job plans	• Sustained suspected cancer and urgent services • Patients with highest risk prioritised • Referral rate increase • Delayed patients assessed and contacted

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Efficiencies

Performance Indicator	Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	Monthly trendline
EFFICIENCY & USE OF RESOURCE DASHBOARD																					
Theatre utilisation		91.4%	91.8%	92.4%	92.4%	91.2%	91.7%	89.0%	89.7%	89.1%	87.8%	84.4%	70.9%	69.8%	⇩	75.0%				75.0%	
Clinical coding within target	95%	50%	69%	64%	61%	71%	78%	83%	88%	96%	97%	98%	99%	99%	⇨	99%				99%	
Impact of non compliance with Best Practice Tariff																					
Receipts without a purchase order																					
Outpatient appointments - DNA's	<5%	5.7%	5.5%	5.8%	5.9%	6.1%	5.9%	6.1%	5.7%	5.2%	7.2%	5.6%	4.8%	4.7%	⇧	5.0%				5.0%	
Outpatient appointments - not cashed up		1.9%	1.7%	2.0%	1.1%	1.2%	1.5%	1.6%	2.4%	2.8%	3.8%	4.4%	1.4%	3.4%	⇩	3.1%				3.1%	
Outpatient letters to GP's within 14 days		73%	71%	76%	73%	70%	72%	69%	70%	70%	69%	54%	74%	84%	⇧	71%				71%	
Stranded patients at 7 days																					
LoS > 21 days - patients in acute hospitals		111	107	102	96	91	107	100	105	104	41	35	45	34	⇧	38				38	
LoS > 21 days - patients in community hospitals		32	20	19	14	16	18	17	13	17	23	10	11	11	⇨	11				11	
Delayed transfer of care (DTOC)	<3.5%	4.4%	5.0%	7.1%	6.4%	5.9%	5.6%	4.6%	4.3%	4.6%	n/a	n/a	n/a		⇨	n/a				n/a	No data from March to May
SMH - Average medical length of stay (days)		6.6	7.6	7.6	7.4	7.1	7.2	7.7	7.4	7.4	9.8	8.3	7.2	7.5	⇩	7.7				7.7	
Comm Hosps - Average length of stay (days)		20.7	43.9	33.6	31.1	32.7	24.3	29.2	34.9	22.5	27.1	15.1	20.3	25.9	⇩	20.4				20.4	

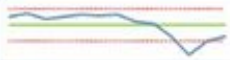
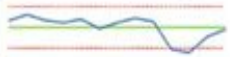
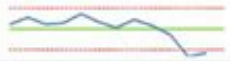
Safe & compassionate care,

every time

Buckinghamshire Healthcare NHS Trust

Harm Review and Recovery

Measures to manage COVID delays

Performance Indicator	Target	Jun-19	Jul-19	Aug-18	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Variation	Q1	Q2	Q3	Q4	YTD	Monthly trendline
HARM REVIEW DASHBOARD																					
A&E attendances		8,126	8,482	7,804	8,075	8,437	8,294	8,413	7,641	7,268	5,779	3,692	5,305	5,809	⇧	14,806				14,806	
CSRU attendances		486	525	489	472	498	444	472	501	484	315	294	392	432	⇧	1,118				1,118	
Total strokes		-	-	-	-	-	-	-	-	-	-	-	-	-							
Cancer - 2 week wait referrals		-	-	-	-	-	-	-	-	-	-	-	-	-							
Cancer - COVID delays		-	-	-	-	-	-	-	-	-	-	-	-	579		n/a				579	SPC Chart not available
Elective referrals		18,578	21,079	18,763	19,003	21,959	19,735	17,399	20,192	18,087	14,938	7,577	8,868	-	⇧	16,445				16,445	
Clinical Harm assessment - likelihood of death		-	-	-	-	-	-	-	-	-	-	-	-	6		n/a				6	SPC Chart not available
Clinical Harm assessment - significant harm		-	-	-	-	-	-	-	-	-	-	-	-	1,460		n/a				1,460	SPC Chart not available

Safe & compassionate care,

every time

NHS
Buckinghamshire Healthcare
NHS Trust

Finance

Spotlight Report from Director of Finance

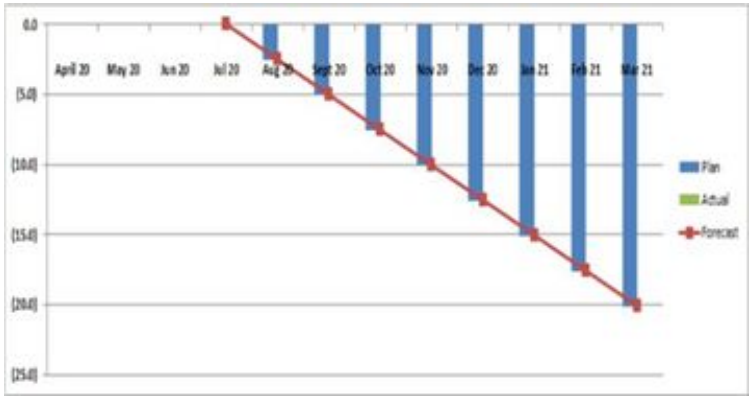
2020/21 I&E month 3 year to date (YTD) headline position of break even in line with the provisional annual budget agreed by Board in April 2020. This is supported by £0.9m of non-recurrent true up income funding (previously referred to as break even income funding). This income has been accrued based on the latest guidance from NHSE/I. This income is subject to their review and final approval.

YTD position includes £9.4m of Covid-19 related incremental expenditure and income, resulting in a neutral impact to the year to date position.

Full year forecast of £20.1m deficit in line with plan. This plan is based on a number of key assumptions and an assessment of risk undertaken in April 2020. Due to the level of uncertainty and additional risk created by the Covid-19 pandemic, this is a draft plan and it remains subject to final review and approval by the Board. The Trust is developing a full recovery plan which may result in a final plan and forecast that is materially different to the current plan. The Trust is also awaiting formal guidance. NHSE/I has suggested that current funding arrangements may continue for months 5-12 subject to an expectation for providers to continue to break-even for the remainder of the financial year.

Finance: income and expenditure

Retained surplus / (deficit), before PSF/FRF/MRET



Key Highlights

- The Trust reports a breakeven position YTD which is in line with plan.
- The breakeven position includes the full impact of year to date (YTD) Covid-19 revenue expenditure totaling £9.4m. It is assumed full income will be received to cover this expenditure and this income is therefore also reflected within the YTD position. The level of Covid-19 incremental expenditure required to address the pandemic is inherently uncertain and does not have a budget. This incremental expenditure on Covid-19 is expected to reduce after the peak. Covid-19 expenditure and income has been separated in the table opposite to provide clearer management reporting of the underlying position of the Trust.
- The Trust's plan assumes a breakeven position from April 2020 through to July 2020 in line with NHSE/I Covid-19 planning guidance. It is assumed £0.9m non-recurrent income will be received YTD to enable the Trust to report a break even position in line with this plan. The normalised deficit excluding this £0.9m additional income is a YTD deficit of 0.9m. This result is better than planned, mainly due to lower spend in non-pay.
- Efficiency plans are on hold until the 1st August 2020 and therefore no recurrent delivery is planned for the first four months of the 2020-21 financial year.
- The Trust's plan from August 2020 (month 5) onwards, assumes a £2.5m deficit position per month and a £20.1m deficit year end position. The Trust is currently forecasting delivery of this £20.1m deficit plan. The Trust plan is based on a number of key assumptions and an assessment of risk undertaken in April 2020. Due to the level of uncertainty and additional risk created by the Covid-19 pandemic, this is a draft plan and it remains subject to final review and approval by the Board. The Trust is developing a full recovery plan which may result in a final plan and forecast that is materially different to the current plan. Further guidance is expected from NHSE/I relating to planning assumptions for the period August 2020 through to the end of the 2020-21 financial year.
- Other income is £1.1m lower than plan, mainly due to the loss of car parking and PP income. Further details are provided later in this report.
- Non-pay costs (mainly drugs and clinical supplies) are £3.5m lower than plan YTD due to reduced elective activity levels.

Trust I&E Performance (£M)

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Plan	YTD Actuals	YTD Variance	Annual Plan	Forecast
Contract Income	33.9	33.5	(0.3)	101.6	102.1	0.5	414.8	414.8
Other income	2.2	2.4	0.2	6.6	5.5	(1.1)	27.0	27.0
Total income	**36.1**	**36.0**	**(0.1)**	**108.2**	**107.6**	**(0.6)**	**441.8**	**441.8**
Pay	(24.3)	(23.2)	1.1	(72.9)	(72.1)	0.8	(284.5)	(284.5)
Non-pay	(14.5)	(14.5)	0.0	(43.5)	(40.1)	3.5	(170.3)	(170.3)
Total operating expenditure	**(38.8)**	**(37.6)**	**1.2**	**(116.4)**	**(112.1)**	**4.3**	**(454.8)**	**(454.8)**
EBITDA	**(2.7)**	**(1.7)**	**1.0**	**(8.2)**	**(4.5)**	**3.7**	**(13.0)**	**(13.0)**
Non Operating Expenditure	(2.3)	(2.1)	0.2	(6.8)	(6.2)	0.6	(27.1)	(27.1)
Retained Surplus / (Deficit) before Covid-19 expenditure	**(5.0)**	**(3.8)**	**1.2**	**(15.0)**	**(10.7)**	**4.3**	**(40.1)**	**(40.1)**
Covid-19 incremental expenditure	0.0	(2.2)	(2.2)	0.0	(9.4)	(9.4)	0.0	0.0
Covid-19 income reimbursement	0.0	2.2	2.2	0.0	9.4	9.4	0.0	0.0
Covid-19 Projected Top Up Payment	3.3	3.3	(0.0)	9.8	9.8	0.0	13.0	13.0
Covid-19 Retrospective True up Payment	1.7	0.5	(1.1)	5.2	0.9	(4.3)	6.9	6.9
Retained Surplus / (Deficit) after the impact of Covid-19	**(0.0)**	**0.0**	**0.1**	**(0.0)**	**0.0**	**0.0**	**(20.1)**	**(20.1)**
Non Recurrent I&E	1.7	0.5	(1.1)	5.2	0.9	(4.3)	6.9	6.9
Normalised I&E Surplus / (Deficit)	**(1.7)**	**(0.5)**	**1.2**	**(5.2)**	**(0.9)**	**4.3**	**(27.1)**	**(27.1)**

Divisional I&E Performance (£M)

Division / (£m)	YTD Variance	Annual Plan	Forecast	Forecast variance	Finance YTD Sector Rating	Forecast Sector Rating	Signed off by division	Current Month Run Rate M01	M02	M03
Integrated Medicine	0.6	(77.5)	(79.3)	(1.8)	1	0	Yes	(6.4)	(6.2)	(6.4)
Integrated Elderly Care	0.7	(38.5)	(37.0)	1.5	1	0	Yes	(3.0)	(2.9)	(3.1)
Surgery And Critical Care	3.3	(98.8)	(93.8)	5.0	1	1	Yes	(7.5)	(6.9)	(7.2)
Women and Children	1.0	(49.1)	(48.0)	1.1	1	1	Yes	(3.9)	(3.8)	(3.7)
Specialist Services	1.3	(76.1)	(72.6)	3.5	1	1	Yes	(6.3)	(5.9)	(5.8)
Total Clinical Divisions	**6.9**	**(340.0)**	**(330.7)**	**9.3**				**(27.0)**	**(25.7)**	**(26.2)**
Chief Executive	0.1	(4.5)	(4.5)	0.0	1	1	Yes	(0.3)	(0.4)	(0.4)
Chief Operating Off-Management	0.1	(3.8)	(3.8)	0.0	1	1	No	(0.6)	0.1	(0.4)
Corporate Services	(5.7)	1.2	(7.3)	(8.5)	1	1	Yes	(1.2)	(2.0)	(2.2)
Commercial Director Mgmt	(0.0)	(0.0)	(0.0)	0.0	2	1	No	(0.0)	(0.0)	0.0
Finance Dept	0.1	(6.0)	(6.0)	0.0	1	1	Yes	(0.4)	(0.5)	(0.5)
Information Technology	(0.0)	(7.4)	(7.4)	0.0	3	1	No	(0.7)	(0.6)	(0.6)
Performance and Delivery	0.1	(3.8)	(3.8)	0.0	1	1	No	(0.3)	(0.3)	(0.3)
Property Services	(0.3)	(54.7)	(55.5)	(0.8)	1	1	No	(4.6)	(4.7)	(4.9)
Human Resources	(0.0)	1.5	1.5	0.0	1	1	No	0.2	0.0	0.1
Medical Director	0.1	(0.2)	(0.2)	0.0	1	1	Yes	(0.0)	0.0	(0.0)
Nursing Director	0.1	(16.8)	(16.8)	0.0	1	1	No	(1.4)	(1.4)	(1.3)
PDC And Depreciation	(0.1)	(18.3)	(18.3)	0.0	1	1	Yes	(1.5)	(1.6)	(1.6)
Bht-Bhpl Sla	(0.0)	0.1	0.1	0.0	1	1	No	0.0	0.0	0.0
Covid-19 Division	(0.0)	0.0	0.0	0.0	N/A	N/A	N/A	(0.0)	(0.0)	0.0
Strategy And Business Dev	(0.0)	4.4	4.4	0.0	1	1	Yes	(0.0)	(0.0)	(0.0)
Total Corporate	**(5.7)**	**(108.4)**	**(117.7)**	**(9.3)**				**(10.8)**	**(11.3)**	**(12.1)**
Contract Income	(3.8)	434.8	434.8	0.0				37.6	37.3	37.8
Provisions	2.1	(6.5)	(6.5)	0.0				0.0	(0.4)	0.4
Donated Asset Reporting Adj	0.4	0.0	0.0	0.0				0.1	0.1	0.1
Retained Surplus / (Deficit)	**(0.0)**	**(20.1)**	**(20.1)**	**0.0**				**(0.0)**	**(0.0)**	**(0.0)**

Finance: cash & Accounts Payable / Receivable

Cash Position

Accounts Payable & Accounts Receivable

Accounts Receivable

Table 9 - Accounts Receivable

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.1	0.2	0.2	0.5	4.9	5.9
Non-NHS	1.3	1.2	0.9	0.6	3.1	7.1
% of total	11%	11%	9%	9%	61%	100%

Month 02

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.2	0.4	0.9	1.0	4.2	6.8
Non-NHS	1.4	1.0	1.1	0.2	3.0	6.7
% of total	12%	10%	15%	9%	54%	100%

Accounts Payable

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.0	0.0	0.0	0.0	-0.2	-0.2
Non-NHS	0.0	0.0	0.0	0.0	0.0	0.0
% of total	-2%	-4%	0%	-2%	107%	100%

Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	574	392	68%	7	5	71%
Non-NHS	15,276	10,003	65%	54	42	79%
Total	15,850	10,395	66%	61	48	78%

Cash – Key Highlights

- The cash flow assumes that block payments will continue to the end of the year. This has been confirmed but the Trust's contracting team who have advised further guidance surrounding this will be available by the end of the month.
- The committee is asked to note that the Trust will be holding higher closing balances through the early months of 2020-21 until funding arrangements return to normal. This is assumed to occur in March 2021.
- No borrowing is required for July 2020.
  As agreed with Bucks CCG repayment of system wide working will occur in months 6,7 and 8.
  Cash to support the planned capital programme (£23.5m) and COVID-19 (£13.4m) capital costs are expected to flow to the organisation to offset capital expenditure. This is still subject to approval.
- The cash flow assumes the Trust will draw cash to support the forecast deficit position and that this will be accessed a month in arrears.

Accounts Payable & Accounts Receivable – Key Highlights

Accounts Receivable

- Debtors have decreased by £0.5m from £13.5m in month 2 to £13m in month 3.
- Overdue has decreased by £0.3m in month from £11.9m to £11.6m.
- Additional resources from the commissioning team has been assigned to aid the reduction of NHS overdue debt as the majority of this relates to contractual disputes.

Top 5 outstanding debts at month 3 are:

1 - Oxford University Hospitals NHS FT £1.9m.
2 - Bucks County Council £1.8m.
3 - Wessex Specialist Commissioning £1 m.
4 - Imperial College Healthcare NHS Trust £0.9m.
5 - Buckinghamshire Council £0.8m.

Accounts Payable

- The accounts payable aging reflects invoices approved on the system ready for payment. The Trust has unusually low outstanding creditors, currently supplier invoices are being settled as soon as they are approved in order to restore relationships with suppliers.

Better Payment Practice Code

- BPPC which requires that 95% of suppliers are paid within 30 days of invoice date remains an area of challenge for the organisation. This is particularly pronounced in light of the operational pressures around COVID-19. The Trust is investing in technology to allow swifter ordering and receipting of goods which facilitate the more efficient processing of invoices for payment.

Communications and engagement June 2020

Comms in numbers

Channel	Measurement	May	JUNE
Staff awareness	COVID-19 briefings	18	22
	BHT today	18	22
Press	Enquiries	8	11
	Statements issued	2	0
	Press releases	13	13
Twitter	Followers	9,510	9608 (↑98)
	Tweets	80	76
	Retweets	372	186
	Likes	1300	750
	Replies	83	33
Facebook	Followers	5185	5081 (↓104)
	Posts	49	36
	Shares	3765	333
	Likes	17708	3533
	Comments	1878	462
Videos - YouTube	Created (by comms)	18	25
	Published	22	28
	Views (May videos only)	4066	2336
	Channel views total	89688	45700
Website	Updates posted	325	67
	Users	42000	42000
Patient engagement	events	1	3
	communications panel	0	1

Top performing media:

National level:

- **The One Show** (and across local media) Chief Nurse Karen Bonner discusses Windrush generation and recollections of her mother working in NHS.
- **BBC news at 10** (and BBC local media) Patient recruited at SMH for Recovery trial talks of her experience of COVID-19 and being part of the trial.
- **Nursing Standard** Onsite English tests for overseas nurses

Local level:

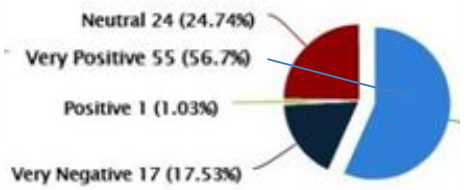
Radio interviews

- Neil Macdonald (Trust COVID-19 response),
- Jan Knight (Queens Nurse),
- Dr Raha West (recovery trial)

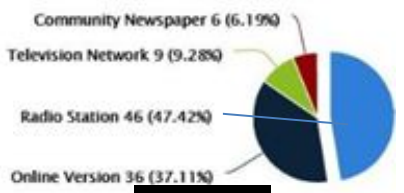
Top performing social media:

Top tweet: #ThankYou to Osman Bozdag & Balaal Alyas, Biomedical Scientists on #BiomedicalScienceDay2020

News by sentiment



News by media type



External key campaigns & messages :

External

- Thank yous
- biomedical science day
- Face coverings awareness
- AH road closure information
- Beat the heat
- Breastfeeding week
- visitor restrictions reminders
- Volunteering week
- School nurses school readiness support
- Chief nurse on the One Show - Windrush
- Recovery trial – BHT involvement
- Virtual pride
- Bike donation
- Cycling fundraiser
- ICU applause
- Jan Knight
- Jun Terre funeral respects
- Maternity BAME
- Mental health awareness week
- Overseas nurses Eng tests
- Stroke garden
- WBC update

Internal

- Charitable funds bid panel involvement
- Organised for HS2 to supply a shuttle bus for patients from nearest bus stop to Amersham Hospital.
- Transgender policy approved by Board
- Rainbow Badge training resumed
- Carers Week – launched carers network

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Recovery and renewal programme update
Board Lead	D.H.R. Gibbs – Chief Operating Officer
Type name of Author	Matan Czaczkes and Isobel Day
Attachments	(20-07-03) R&R programme update V0.1 (MCz)
Purpose	Assurance
Previously considered	F&BPC 21 July 2020 EMC 7th July 2020 EMC 7th May 2020 EMC 21st April 2020

6

Executive Summary

Activity levels are steadily rising as services begin their restart process. Coupled with high levels of assurance around infection prevention and control compliance, the emerging service recovery is positive and should be celebrated.

All services are providing cancer and urgent activity, the vast majority are delivery routine virtual appointments, most have also restarted some routine face-to-face activity, with the rest having plans to do so.

All required NHSE recovery actions have commenced and 93% (42/45) BHT related actions have either been delivered and assured or completed awaiting assurance.

Issues still remain however. A significant issue arises from the tension between the need to quickly restart services and the imperative to maintain excellence in IPC.

Next steps for the programme include stepping up restart across all service lines, expansion of participation in national home testing pilot, conducting conduct campaign learning and development of 'renewal' projects work across delivery groups.

Decision	The EMC is asked to note this update

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money** ☐

Implications / Impact	
Patient Safety	Yes
Risk: link to Board Assurance Framework (BAF)/Risk Register	
Financial	No
Compliance CQC Standards Person-centred Care	Yes
Partnership: consultation / communication	Yes
Equality	Yes

Quality Impact Assessment [QIA] completion required?	No

Your community Your care
Developing Buckinghamshire together

Recovery and Renewal Programme

Update report

Isobel Day, Recovery Director
Matan Czaczkes, ICP Programme Manager

Matan Czaczkes
July 2020

Recovery and Renewal highlight report

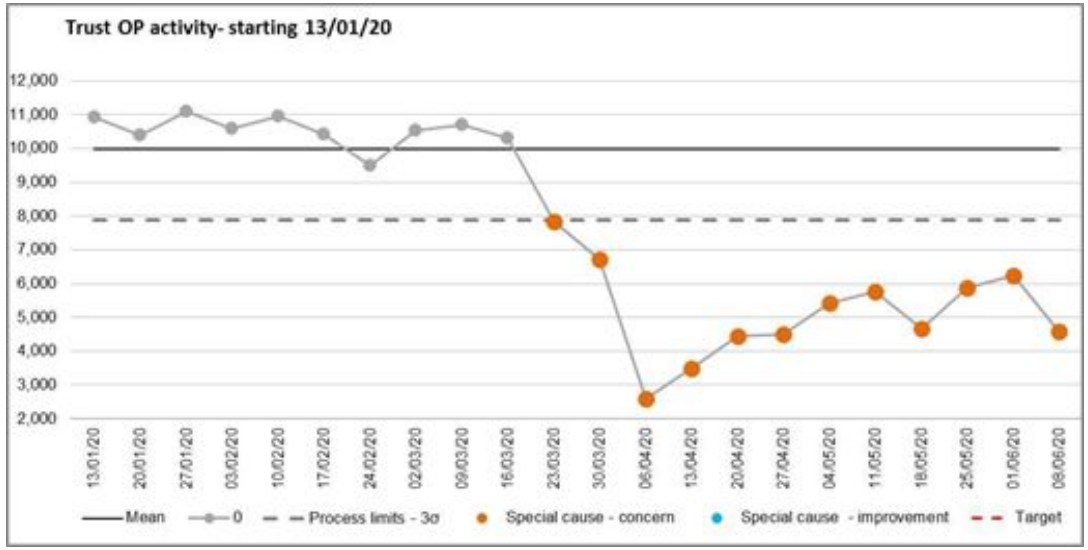
Lead: Isobel Day
PM: Matan Czaczkes

Programme Summery

The joint BHT & CCG programme aims to deliver the duel objectives of restarting service provision and renewing service delivery post the Covid pandemic

Implementation plan on track? **Yes**

OP Activity



Actions in last period

- 'Check and challenge' service restart process complete for all divisions
- Recovery programme governance finalised including joint chairing
- Final IPC guidance published
- Participation in national home testing pilot began
- High level new model of outpatient care developed
- Recovery programme resourcing requirements mapped
- Commenced all NHSE Phase 2 actions and delivered 84% (40/48)

Actions in next period

- Restart across all service lines
- Recruit to recovery team roles
- Review system wide care principles
- Expansion of participation in national home testing pilot
- Conduct campaign learning and learning sessions
- Development of programmes of 'renewal' work across delivery groups
- Develop detailed protocol around new outpatient model designed

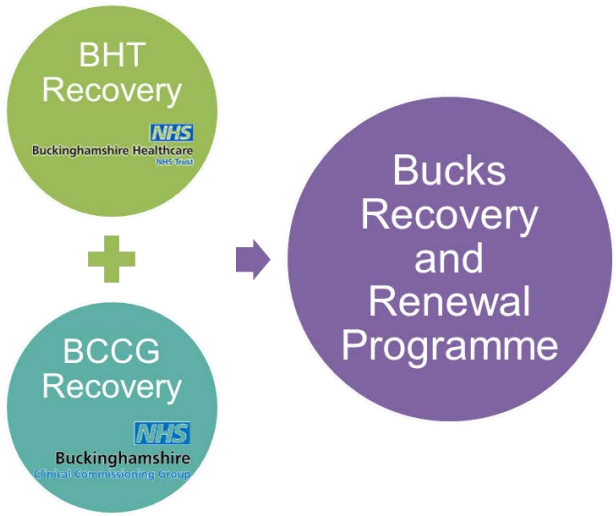
Manager comments

Activity levels are steadily rising as services begin their restart process. Coupled with high levels of assurance around infection prevention and control compliance, the emerging service recovery is positive and should be celebrated. Renewal efforts are also beginning in earnest with the five delivery groups launching multiple work streams across the programme.
Serious issues still remain however. Uncertainty around future site usage is making it difficult for services to plan long term. The tension between the need to quickly restart services and the imperative to maintain excellence in infection prevention and control will not easily be resolved

Reminder: R&R programme approach

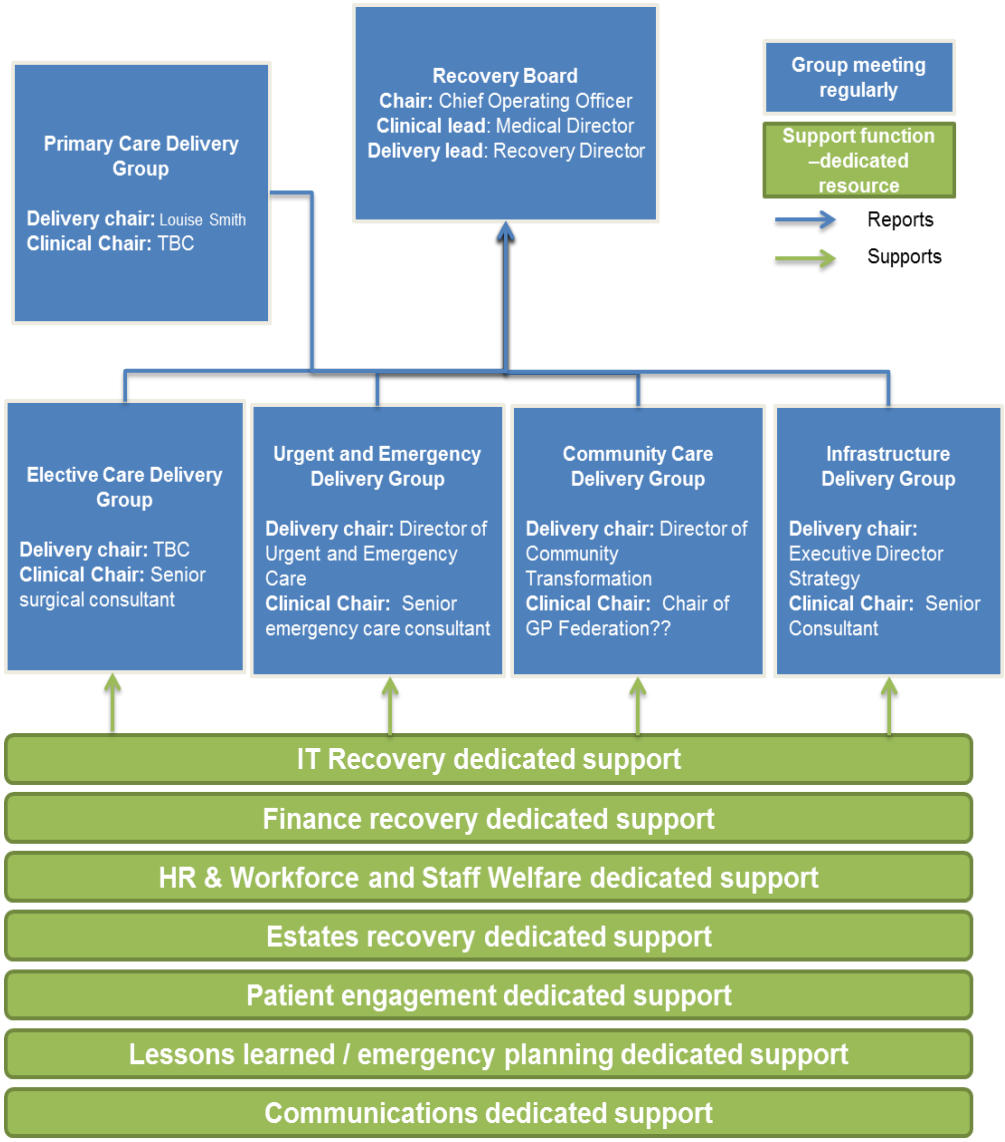
A joint approach

To facilitate a joined up, whole system approach BHT and Bucks CCG will delivering our Recovery and Renewal work via a joint programme:



To carry out the required change five recovery delivery groups have ben set up, which will be overseen and coordinated by the joint Recovery and Renewal Board. Enabler and support functions will feed into each of these.

Programme structure

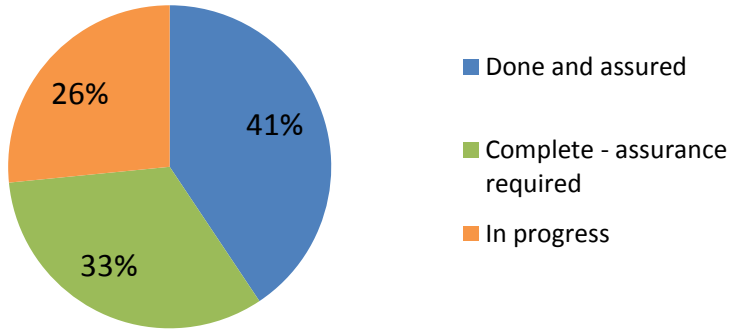


Progress against NHSE Phase 2 recovery requirements

On 29 April 2020 NHSE wrote to all providers asking that they initiate the second phase of COVID response programme. The tables below set out current progress against these requirements, at a system and trust level

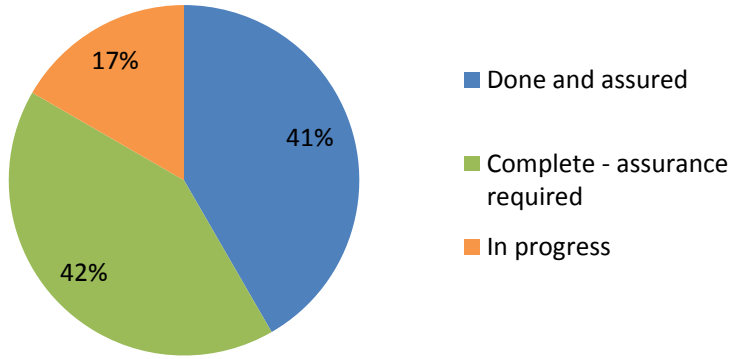
IPC Progress against NHSE phase 2

Done and assured	26	41%
Complete - assurance required	21	33%
In progress	17	27%
Not started	0	0%
Total	64	100%



BHT Progress against NHSE phase 2

Done and assured	20	42%
Complete - assurance required	20	42%
In progress	8	17%
Not started	0	0%
Total	48	100%



Outpatient service restart update (1 of 2)

In response to COVID-19 providers of elective care have had to shift resources to support critical care capacity in an accelerated timeframe. A large proportion of routine elective activity has had to be suspended to release this capacity. As the number of infections decrease services are now beginning to restart. The tables below sets out the current BHT outpatient restart position as of 30 June

Speciality	Appointment type	Are you already providing cancer and urgent service	Have you restarted non face to face routine	Have you restarted face to face routine
T&O and Urology	IP/DC	Yes	N/A	No
	Outpatient	Yes	Yes	No
Pain Management	IP/DC	N/A	N/A	Yes
	Outpatient	N/A	Yes	No
Gynaecology	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	Yes	No
Neuro	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	Yes	No
ENT	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	Yes	No
Oral Surgery	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	No	No
Dermatology	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	No	No
Endo/Diabetes	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	Yes	Yes
Respiratory	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	Yes	Yes
Rheumatology	IP/DC	Yes		N/A
	Outpatient	Yes	Yes	No
Gastroenterology	IP/DC (endo)	Yes	N/A	No
	Outpatient	Yes	No	No

True as of 30 June

Service restart update (2 of 2)

Speciality	Appointment type	Are you already providing cancer and urgent service	Have you restarted non face to face routine	Have you restarted face to face routine
Breast	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	N/A	Yes
General Surgery	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	No	No
Plastics	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	No	No
Vascular	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	No	No
Cardiology	IP/DC	Yes	N/A	Yes
	Outpatient	Yes	Yes	Yes
Therapies	IP/DC	N/A	N/A	N/A
	Outpatient	N/A	Yes	??
Peadiatrics	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	Yes	Yes
Community Peads	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	Yes	No
TIA	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	N/A	Yes
Community services (brought in site)	IP/DC	N/A	N/A	N/A
	Outpatient	Yes	Yes	No
Opthalmology	IP/DC	yes	N/A	N/A
	Outpatient	Yes	Yes	No
Spinal	IP/DC	Yes	N/A	N/A
	Outpatient	Yes	??	Yes

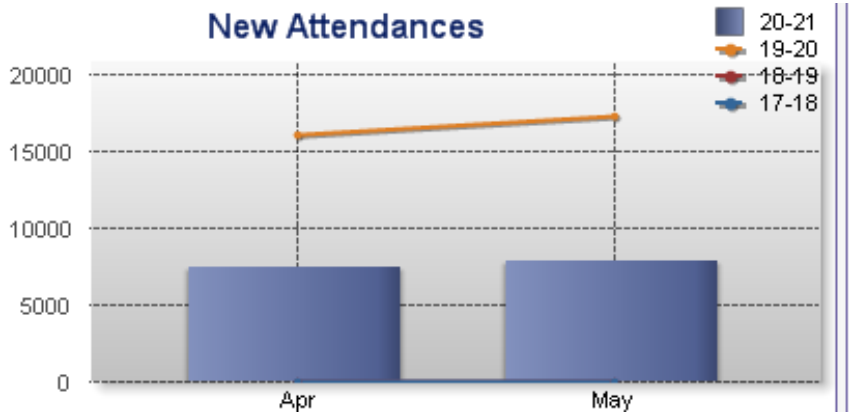
True as of 30 June

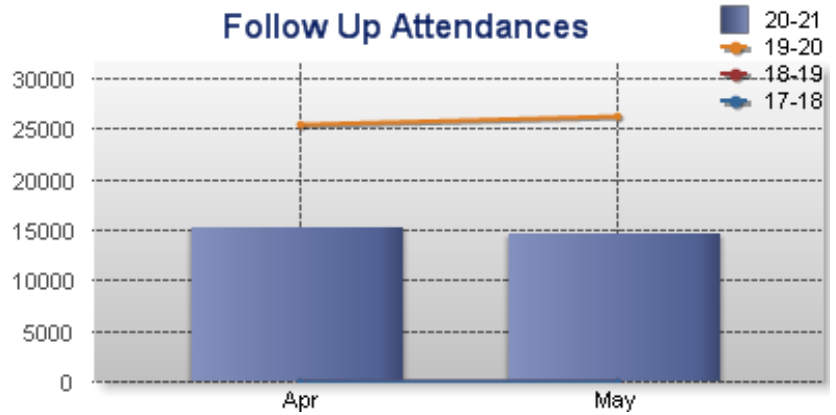
Restart and IPC

Perhaps the biggest issue in terms of restarting and ramping up face-to-face routine appointments is availability of rooms, which links to the need to maintain excellent infection prevention and control protocols.

Outpatient activity

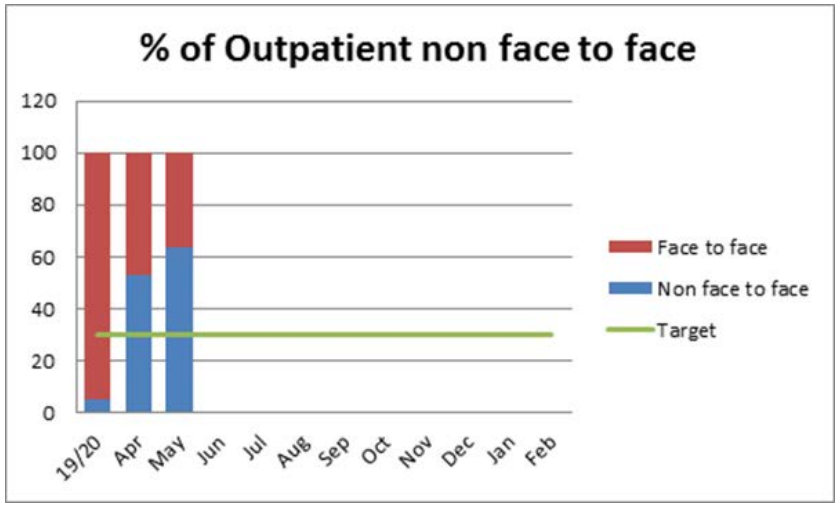
Activity in May continued to be significantly lower than the same time last year. A similar trend is expected in June, however we expect to see a gradual increase in activity from July.





Virtual appointments

Given restrictions on face-to-face appointments, the activity that is taking place is being mainly driven by virtual appointments:



Infection prevention and control

The final version of BHT's 'excellence in infection prevention and control' as now been published.

To ensure that services are safe to restart each service has produced an 'exit framework' check list, with service restart plans reviewed within a 'check and challenge' process.

All divisions have now undergone the check and challenge process and have been given authorisation to *gradually restart* services on the understanding that *restart may have to be stopped* or rolled back if IPC issues emerge.

Headline requirements/outputs from check and challenge sessions

- Development of overcrowding 'trigger and response' plans
- Confirmation of local IPC protocols and plans
- Production of investment plans to keep staff and patient safe while continuing to deliver services
- Clinical chairs to review and approve further restart plans as they are made

Key issues and trust position (1 of 2)

Issue	Position
Delayed presentation: referrals into secondary care over the Covid period have sharply decreased, including for urgents and cancers.	• Cancer referrals are now back to 75% of pre-Covid levels, with some specialties at 100%. • Modelling has been carried out to work out 'shortfall' in referrals during Covid period and help services plan accordingly • Trust is participating in national communications encouraging patients to seek help if needed
Backlog: the pause in routine activity over the Covid period meant that in April activity was only 51.6% of the same time last year. This, coupled with delayed presentation, has resulted in a backlog of routine patients	• Services across all divisions have developed plans to reopen routine capacity, with those not already reopened planning to do so gradually over the next two weeks • Shift to telephone/video appointments is being used to provide capacity to see routine appointments • Reduction in capacity due to infection prevention and control requirements does mean however the will take time to recover
Waiting times: waiting times for many, but not all, specialties our increasing due to the backlog issue and reduced capacity.	• The overall waiting list has not increased as a direct result of COVID risks due to the continued treatment of Cancer and Urgent patients and the reduction in referrals. This may change as delayed presentations return • As of April over 100 patients will have been waiting longer than the 52 week limit national target • All appointments are being prioritised in terms of clinical need and then time order • A letter will be sent out to all patients on the waiting list where there is an expectation of longer waiting times to inform them of the situation and explains the reasons for this.

Key issues and trust position (2 of 2)

Issue	Position
Risks from delays treatment: delaying treatment for patients could introduce risk as their conditions worsen.	• Urgent and cancer appointments have not been cancelled and are being prioritised • A clinical review has taken place of every person whose treatment has been delayed to ensure the clinical risk is managed
Equity of access: patients whose treatment has been delayed over the Covid period should not be disadvantaged	• Appointments for patients cancelled over the Covid period will be booked in as a matter of priority. Other than for clinical reasons patients will not be seen 'out of order'. This will involve 'moving up' patients on the waiting list to make room for those displaced during the Covid period • All appointments are being prioritised in terms of clinical need and then time order
Safety when attending appointments: risks of infection as a result of attending appointments need to be minimised	• BHT and primary care have adopted a 'virtual first' policy with telephone and video consultations now the default. • In April over 60% of appointments in the trust were conducted virtually. This is helping the trust to actively manage overcrowding concerns across sites • A detailed and accessible patient leaflet has been produced to guide patients around what to expect and how to prepare for a face-to-face appointment. Printing will begin ASAP and a copy will be sent out with every appointment letter.

Joint risk register

In order to gain a system view the BHT and BCCG risk registers will be aligned to provide a single R&R risk register. This work is ongoing.

Governance approval timeline

In the first report a timeline to establish programme governance was set out. This has now been completed. Next steps for the programme centre around full service restart, learning and development of new models of care

DONE!

- **April** – Early discussion and indicative approval of proposed programme with Bucks ICP and BCCG
- **April** – Establish links with BOB ICS and begin developing systemwide programme
- **April** – Approval of BHT internal governance framework
- **April** – Development of delivery groups TOR according to approved framework
- **May** – Development of BOB ICS recovery programme governance
- **May** – Approval of ICP recovery governance at shared executive meeting
- **May** – Proceed with business recovery implementation timeline (see next slide)

IN PROGRESS

- **July** – Restart across all service lines
- **July** – Recruit to recovery team roles
- **July** – Agree system wide care principles
- **August** – Expansion of participation in national home testing pilot
- **August** – Commence campaign learning and conduct learning sessions
- **August** – Development of programmes of 'renewal' work across five delivery groups
- **August** – Develop detailed protocol around new outpatient model designed

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Buckinghamshire Integrated Care Partnership (ICP) Engagement Programme
Board Lead	David Williams , Director of Strategy
Type name of Author	Daniel Leveson , Deputy Director of Strategy
Attachments	None
Purpose	Approval
Previously considered	EMC, Bucks ICP Board, Health and Well-Being Board, CCG Governance Board

Executive Summary

Covid-19 has fundamentally changed the way we provide health and social care in Buckinghamshire. The Bucks ICP has agreed to undertake a comprehensive programme of community engagement about the changes we have already made and discuss some the changes we are considering to reset services for our population.

An ICP Steering Group is developing community engagement programme around the following themes:

- **Digital Services:** accessing routine appointments by telephone, video or online.
- **Keeping People Safe**: delivering services differently to prevent the spread of infections.
- **Community services**: organisations working together to promote independence and deliver care in people's homes and communities.
- **Reducing health inequalities**: improving health for vulnerable groups and people living in deprived areas.

The Getting Bucks Involved stakeholder group, The Health and Wellbeing Board, CCG Governing Body and ICP Partnership Board have all provided input and support to launch the programme.
.

Decision	The Board is asked to support the community engagement programme and note a Bucks ICP Steering Group will finalise both the public narrative and survey for launch in early August.

Relevant Strategic Priority

Quality ☒	**People ☒**	**Money☒**

Implications / Impact

Patient Safety	Any changes to services will ensure patient safety.
Risk: link to Board Assurance Framework (BAF)/Risk Register	**BAF 1.1; 1.3; 1.4; 1.5.** **BAF 2.1; 2.2; 2.3.** **BAF 3.1; 3.3** **BAF 4.1**
Financial	Transformation in services will support a financially sustainable health and care system.
Compliance NHS Regulation Good Governance	Regulators require a clear strategy for transformation, engagement and financial recovery.
Partnership: consultation / communication	We have a duty to engage community, staff and patients in changes in health and social care services
Equality	Equality impact assessments will be

	required to develop preferred options for change.
Quality Impact Assessment [QIA] completion required?	Quality impact assessments will be required for options

STRICTLY CONFIDENTIAL

Any planned changes are subject to appropriate patient and resident engagement and involvement

Buckinghamshire Integrated Care Partnership (ICP) Engagement Programme

1.0 Introduction

The Buckinghamshire Integrated Care Partnership (ICP) aims to meet the health and social care needs of the Buckinghamshire population addressing the challenges of demographic change and population growth, health inequalities and financial sustainability.

On 9 June 2020, the Buckinghamshire ICP Partnership Board approved a paper that summarised the impact of Covid-19 and proposed a programme of community engagement about the changes we have made or are considering making.

We have set up an ICP Steering Group to develop an engagement programme around the following 4 themes:

- **Digital Services:** accessing routine appointments by telephone, video or online.
- **Keeping People Safe**: delivering services differently to prevent the spread of infections.
- **Community services**: organisations working together to promote independence and deliver care in people's homes and communities.
- **Reducing health inequalities**: improving health for vulnerable groups and people living in deprived areas.

This is an opportunity for us to ask individuals and community groups to tell us what they think about changes we have made as well as changes we are considering in the future. The process will involve virtual focus groups and other targeted engagement activity as well as analysis, reporting and support for options appraisal.It is the first phase of public engagement and will complement other engagement activity such as the Health Impact Assessment survey. We plan to launch the engagement at the beginning of August subject to ICP Steering Group support.

2.0 Responding to Covid-19

In response to Covid-19 health and social care organisations have made rapid changes to how services are accessed and delivered. Covid-19 will continue to have profound impacts as we begin to reset the system. Some of the key things to consider include:

- The impact Covid-19 has had on the morbidity and mortality of our population, particularly in vulnerable groups and those receiving care in the community.
- Changes in the behaviour of people accessing health and care services including A&E, social care, primary care, mental health and routine and urgent referrals.
- The impact on our care processes and the rapid roll-out of digital appointments including rapid changes in outpatient services and general practice consultations.
- The impact on the health and wellbeing of health and care staff and the additional support they need as well as safety measures such as personal protective equipment (PPE).
- The changes to our buildings and facilities and the impact of social distancing and segregation to reduce the risks of infection.
- Growth in waiting lists for planned care and diagnostics (including cancer pathways) and the impact on people's health.
- Rapid technology adoption to enable remote work in communities and home-working for many support services staff.
- Collaboration to enable rapid discharges from hospitals and to support people in their homes to avoid unnecessary admissions.
- Changes in how people access urgent care services implementing talk before you walk and appointment-based services via a single point of access.
- The likely impact of recession on financial pressures and the impact on health inequalities as the wider determinants of health adversely affect people living in deprived areas.

3.0 Buckinghamshire ICP Programme of Engagement

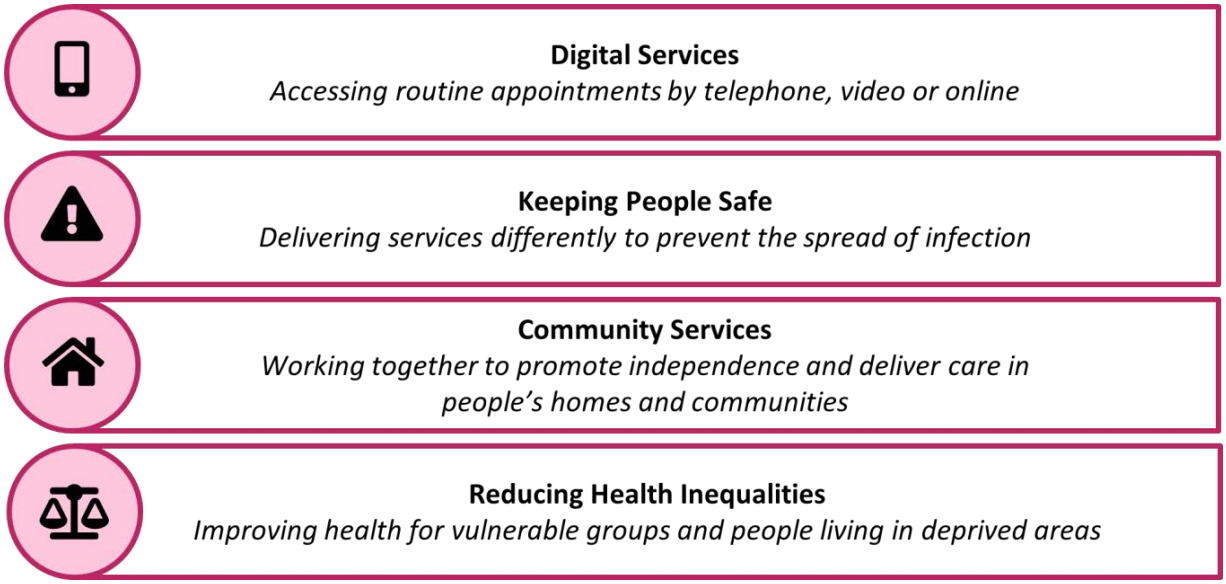
STRICTLY CONFIDENTIAL

Any planned changes are subject to appropriate patient and resident engagement and involvement

3.1 During the Covid-19 emergency we made changes in the interests of protecting the health of the population. If there are changes we have made, or changes we are considering, that we would like to make permanently we need to engage the public.

Good communication and feedback from a diverse range of people alongside clinical perspectives will improve our understanding of the impacts of Covid-19 and the changes we have made. Each interaction is an opportunity for co-production, to identify things we may not have considered and to work with people to make changes sustainable

We are proposing to develop content and engage communities about the following 4 themes:



3.2 The engagement activity we wish to undertake will:

- Support the ICP in understanding the views of residents (especially those living in deprived areas and members of BAME population) and other stakeholders on their views of health and social care services in the future.
- Enable the ICP to co-design options for our approach to healthcare including physical location of services in dialogue with patients and stakeholders (including staff)
- Ensure the ICP in Buckinghamshire is adhering to a process for redesigning services that is in line with best practice and legal requirements

3.3 We recognise that our approach to how we undertake this process needs to take into account the impact of Covid-19 on how we can engage with our population and stakeholders. However, this does not mean we cannot undertake meaningful engagement.

We will take a phased approach to the engagement:

Phase 1: Getting health support during lockdown – how was it for you?

To help us start to explore the impact of changes in health and social care and develop options for new models of care that to deliver the aims of the ICP:

- Online engagement survey to help us understand **resident's** views on changes we have made or are considering making.
- Online engagement survey to help us understand our **staff's** (across all organisations within the ICP and VCS) views on changes we have made or are considering.

- Engagement toolkit – to allow groups, families, town and parish councils, Patient Participation Groups etc. to hold their own discussions and then feedback to us.

Phase 2: Workshops and Focus Groups

This Phase will overlap with Phase 1. Its purpose is to ensure we target specific groups to understand their challenges and concerns. Where possible we will also undertake after the engagement survey to use the data gathered to understand the issues and co-design our approach to meet the aims of the ICP.

Whilst, this will be for the selected agency to decide on exact methodology, we suggest it will be feasible to undertake some groups online or Face-to-face (when this becomes possible).

- **Co-design workshop** of an appropriate length, with approximately 30-40 participants from all stakeholder engagement groups and 'umbrella' organisations, and those impacted by Covid-19.
- **5 to 7 x Focus Groups** of at least 70 participants, specifically considering service users and patients and ensuring we address health inequalities and those impacted by Covid-19.
- **20 x one-to-one** interviews to reach different demographics or directors in organisations

Engaging with Buckinghamshire Councils newly developed **Community Boards** to understand the needs of these communities

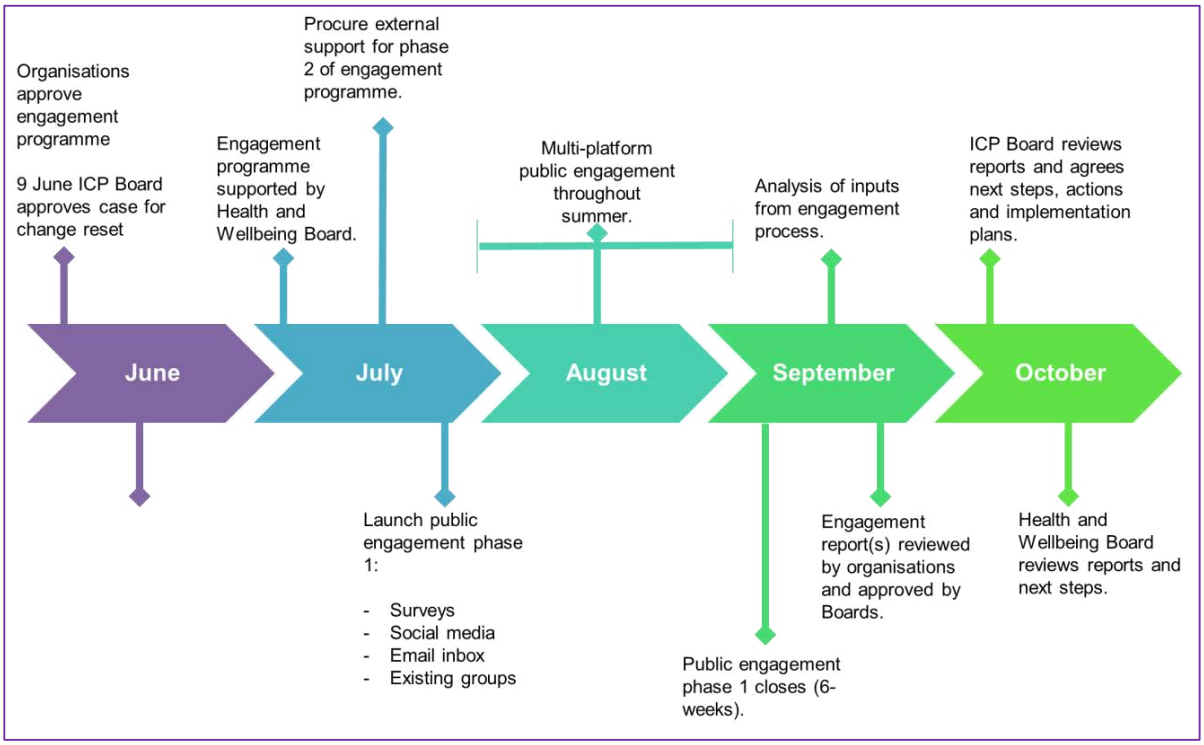
Phase 3: Findings Report and Options Appraisal

- Review the feedback and who we have heard from and prepare key findings report to make next decisions on options appraisals.
- Identify what has been said.
- Identify any gaps in who we have heard from.

We have sought support from the **Getting Buckinghamshire Involved** **Steering group** on the public narrative and survey whose role it is to co-design and/or review all engagement and consultation activities for the health and care partnership.

4.0 Timeline and Governance

4.1 It is proposed that the first phase of engagement will begin in August and run through into September. We are undertaking a thorough stakeholder analysis to understand if there are particular groups that may not be able to participate fully during August and September.



7

4.2 Public Health is leading the Health Impact Assessment (HIA) and Joint Strategic Needs Assessment (JSNA) in Buckinghamshire and will provide vital insight about the impacts of Covid-19 on population health and wellbeing. The ICP engagement process will work alongside the HIA and JSNA and community boards will play a pivotal role.

4.3 The Bucks ICP Board will oversee the process and allocate leadership responsibilities and resources.

5. Recommendation

The Board is asked to:

- Support the community engagement programme
- Note a Bucks ICP Steering Group with support from the Getting Buckinghamshire Involved Steering Group will finalise both the public narrative and survey for launch in early August and support the ongoing engagement programme

STRICTLY CONFIDENTIAL
Any planned changes are subject to appropriate patient and resident engagement and involvement

Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Charitable Funds Committee (CFC) / Sub-Committee Assurance Report.
Board Lead	Rajiv Jaitly, Non-Executive Director / Charitable Funds Committee Chair
Type name of Author	Nelson Garcia-Narvaez - Charitable Fund Head of Finance
Attachments	Charitable Fund's Dashboard as at 31/03/2020
Purpose	Approval
Previously considered	At the CFC meeting on 28th May 2020.

Executive Summary

This briefing provides an update on the Buckinghamshire Healthcare NHS Trust Charitable Fund's activities reported to the CFC meeting on 28th May 2020.

The meeting was quorate and the declarations of interest were recorded in the minutes.

The investment portfolio value and the necessaries actions were discussed and taken.

There were no issues to report in the activities of the Charitable Fund.

Bid applications were approved in line with the Charitable Fund's guidelines.

Decision	The BOARD is asked to **NOTE** this paper and **ENDORSE** the bid application for £136,384.

Relevant Strategic Priority

Quality ☒	**People** ☐	**Money**☒

Implications / Impact

Patient Safety	N/A
Risk: link to Board Assurance Framework (BAF)/Risk Register	N/A
Financial	N/A
Compliance Select an item. Select CQC standard from list.	Good Governance
Partnership: consultation / communication	N/A
Equality	N/A
Quality Impact Assessment [QIA] completion required?	N/A

9

1 Introduction/Position

KEY AREAS OF DISCUSSION DURING THESE COMMITTEES:

Investments
The Committee received a portfolio valuation report as at 31st March 2020, presenting the performance of the charity's investment portfolio over the last quarter. The Committee was informed that the total portfolio market value based on a bid price was £7.07m which represents a decrease of £1.29m compared to the previous valuation of £8.36m as at 31st March 2019 that was presented on 30th May 2019 meeting. The overall performance of the portfolio market value has been a decrease of 15.43% in the last twelve months, due to the market conditions during this period and £0.3m investment disposal to pay for projects approved by the Committee.

Financial Statements and Reports

The Committee noted the Charitable Fund's Financial Reports as at 31st March 2020.

The Committee assessed and approved the Management of the Charitable Funds Policy, the Unrestricted Reserve Policy, the Risk Assessment and the Terms of Reference

Bids

The Committee was presented with the following Bid Application to the **value of** £136,384, which requires presentation to the Trust Board for endorsement:

- Bid 2020-020 seeking funding at a total cost of £136,384 from The NSIC General Amenity (Fund 2121), The Spinal Injuries Research (Fund 2091); and Masson Legacy for Spinal Research (Fund 2094). Each of these funds will be contributing £45,461.33.

The Committee was also presented with the following Bid Application with **values of under** £100,000 which was approved and is now being presented to the Trust Board for information purposes:

- Bid 2020-025 to purchase a Histology Tissue Processor to be used throughout the Trust at the total cost of £74,500.

2 Problem
There were no issues to report during these Charitable Fund Committees.

3 Possibilities
N/A

4 Proposal, conclusions recommendations and next steps.
N/A

5 Action required from the Board

5.1 The Board is asked to:

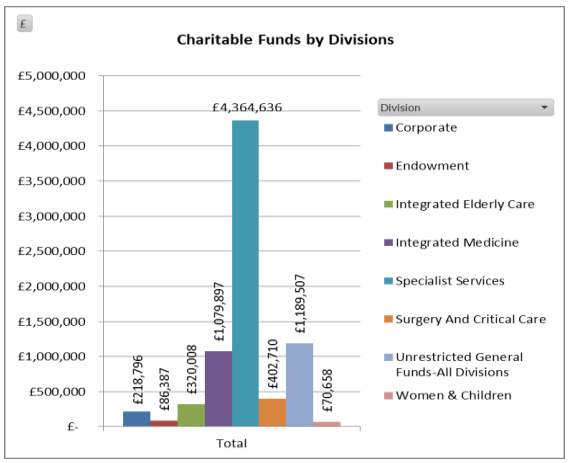
a) Note the Information.

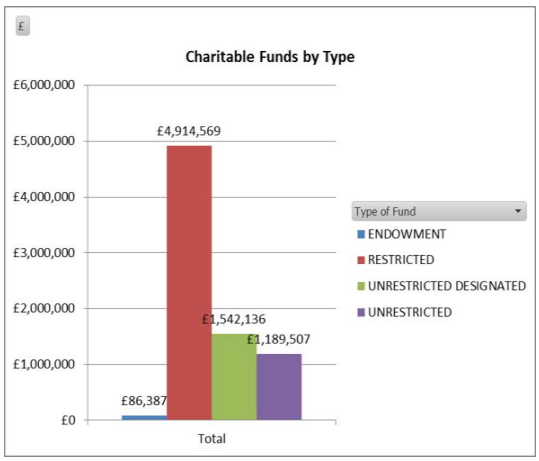
b) Endorse Bid Application 2020-020 for £136,384 authorised by the CFC.

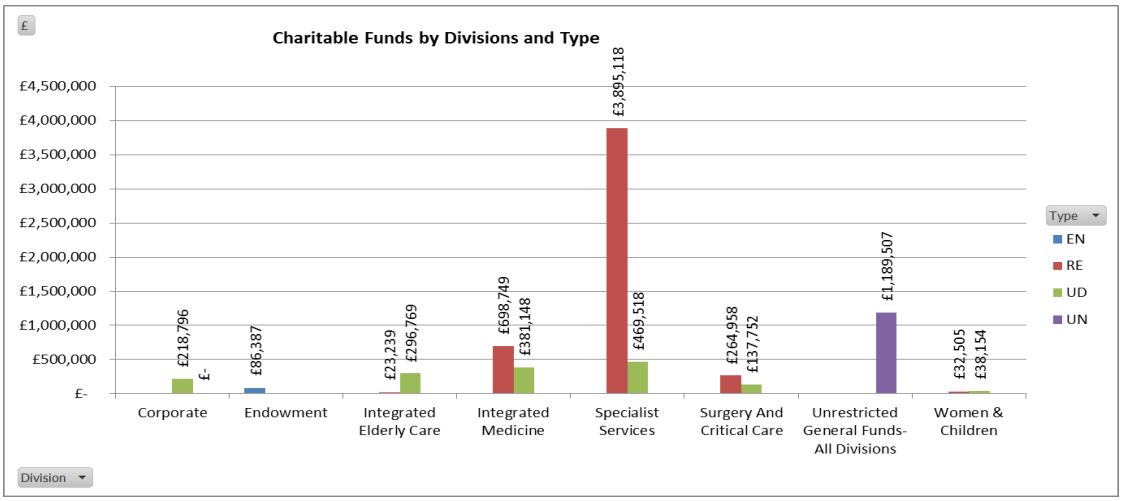
APPENDICES

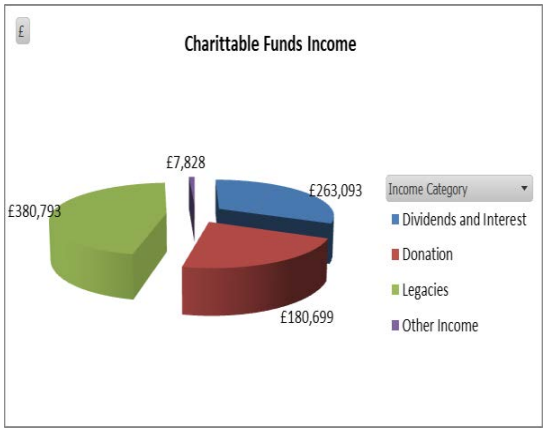
Appendix 1: Charitable Fund's Dashboard as at 31/03/2020

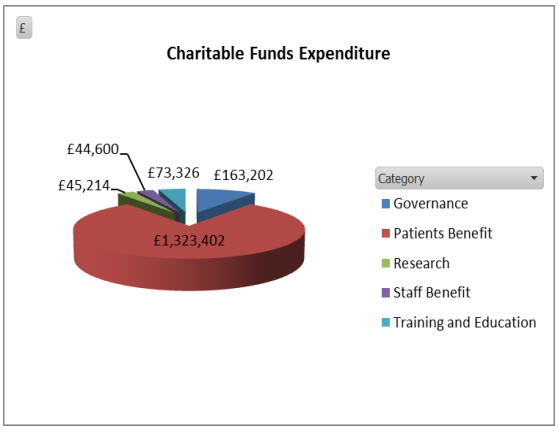
Charitable Funds Dashboard as at 31st March 2020











Keys
EN = Endowments
RE = Restricted Funds
UD = Unrestricted / Designated Funds
UN = Unrestricted Funds

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Infection Prevention & Control Report May 2020
Board Lead	Tina Kenny
Type name of Author	Infection Prevention & Control Team
Attachments	IPC Monthly Report May 2020
Purpose	Information
Previously considered	Quality Committee 14 July 2020

Executive Summary

The report outlines Healthcare Associated Infection data for June. It is a mandatory requirement that the following HCAI are reported:

- *Clostridium difficile*
- MRSA bacteraemia
- MSSA bacteraemia
- Gram negative Blood stream infections (GNBSIs)

The report also highlights:

- line infections, Junel 2020
- COVID-19 information.

Decision	The Board / Committee is requested to endorse the report

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	HCAI's contribute significantly to patient safety and experience. They can impact on prolonged hospital stay, increase resistance of microorganisms to antimicrobials & disrupt patients and their families lives
Risk: link to Board Assurance Framework (BAF)/Risk Register	IPC
Financial	HCAI can have additional financial burden
Compliance Select an item. **Safety**	Safety
Partnership: consultation / communication	CCG
Equality	Covid-19 has shown to impact disproportionately individuals from BAME communities
Quality Impact Assessment [QIA] completion required?	N/A

10

Infection Prevention & Control Report – May 2020

NHS Buckinghamshire Healthcare NHS Trust

COVID-19

Month	Total No. of Specimens taken from any source	Total No. of Negatives from Specimens taken from any source	Total No. of Specimens not tested	Total No. of Positives from Specimens taken from any source
March (figures updated from last report)	653	544	2	107
April	1825	1254	68	503
May	3724	3450	55	219

Month	No. of Specimens from Inpatients (including A&E, CSRU, PDU)	No. of Positives from Inpatients (excluding A&E, CSRU, PDU)	No. of positives from Specimens as PHE definitions: Community = <= 2 days after admission; Indeterminate = 3-7 days after admission; Probable = 8=14 days after admission; Definite = 15 or more days after admission	No. of Inpatient Deaths from patients with positive swabs after 14 days of admission	Total No. of Deaths of inpatients with positive swab taken at anytime (includes previous column no.)
March	427	62	67, 13, 6, 20	7	28
April	1071	161	124, 18, 17, 27	5	51
May	2618	48	43, 6, 9, 8	1	20

COVID-19 Nosocomial Infection

The criteria for Nosocomial Infection has been issued by PHE: Note the first day of admission counts as day one.

Community-Onset – First positive specimen date <=2 days after admission to trust

Hospital-Onset **Indeterminate** Healthcare-Associated – First positive specimen date 3-7 days after admission to trust

Hospital-Onset **Probable** Healthcare-Associated – First positive specimen date 8-14 days after admission to trust

Hospital –Onset **Definite** Healthcare-Associated – first positive specimen date 15 or more days after admission to trust

The list shows the number of positive results from patients that fulfil the criteria. The ward areas indicate the ward where the swab was taken. Once positive result is obtained Public Health England guidance and full Infection Prevention & Control measures were put in place and overseen at daily safety huddles.

There is still a great deal we do not know about this virus and there is a large amount of national activity which will increase our understanding in time. Within the Trust we are taking the following actions to take us forward:

1. An investigation of the outbreak on Ward 8 Stoke Mandeville hospital (one definite on Ward 2A Wycombe hospital was transferred from Ward 8 Stoke Mandeville hospital which will be included in the outbreak investigation).
2. Investigating the introduction of genome sequencing to assist with identification of cross contamination.
3. Swabbing of asymptomatic staff has been rolled out.
4. Continuing to develop guidance based on the Royal College of Pathologist advice on de-isolation and discharge of COVID-19 patients.
5. Continuing to develop comprehensive local guidance on working with COVID-19 based on the national operating framework guidance to support re-establishing services.

Nosocomial Infections May 2020				
Ward	Community	Indeterminate	Probable	Definite
A&E	18			
ITU, SMH				1
Labour Ward	2			
PDU	1			
SMW1			1	
SMW10	14		1	
SMW16b	2	1		
SMW17			1	
SMW5	1	1		
SMW6				1
SMW7	3			
SMW8		2	5	4
SMW9		1		
St David	1	1		
Ward 12B, WH			1	
Ward 2A, WH				2
Ward 8, WH	1			

Cleaning Monitoring Scores

Targets	
Very High Risk Areas	98%
High Risk Areas	95%
Significant Risk Areas	85%
Low Risk Areas	75%

	Averages			
Stoke Mandeville	Very High Risk Areas	High Risk Areas	Significant Risk Areas	Low Risk Areas
January	98.1%	97.1%	94.0%	94.0%
February	98.2%	97.4%	94.3%	94.0%
March	98.3%	97.5%	95.6%	93.9%
April	98.5%	97.4%	94.4%	92.0%
May	98.3%	97.4%	95.1%	94.1%
Wycombe	Very High Risk Areas	High Risk Areas	Low Risk Areas	
January	98.73%	98.04%	97.99%	
February	98.75%	97.65%	97.89%	
March	98.73%	97.85%	96.29%	
April	98.37%	98.21%	97.44%	
May	98.7%	98.0%	96.12%	
Amersham	High & Low Risk Areas			
May	97.62%			

Figures from Sodexo and Medirest reports May 20

Infection Prevention & Control Report – May 2020

NHS Buckinghamshire Healthcare NHS Trust

BHT Objectives set by Public Health England for 2020/2021 – As yet there has been no official confirmation from PHE for 2020/2021 targets.

	Limits set by PHE	Trust Total from April 2020	Integrated Medicine	Integrated Elderly & Community Care	Surgery & Critical Care	Women, Children & Sexual Health	Specialist Services
Clostridioides difficile *- HOHA (Hospital onset healthcare associated)*	Yet to be assigned	5	1	1	2	0	1
Clostridioides difficile *– COHA (Community onset healthcare associated)* (Note – RCA is only completed when requested by CCG)		4	1	0	1	1	0
MRSA Bacteraemia	0	0	0	0	0	0	0
MSSA Bacteraemia (BHT associated (post 48 hours)	n/a	1	0	0	1	0	0
Hand Hygiene Observational Audit Compliance %	n/a	n/a	99%	99%	100%	97%	99%

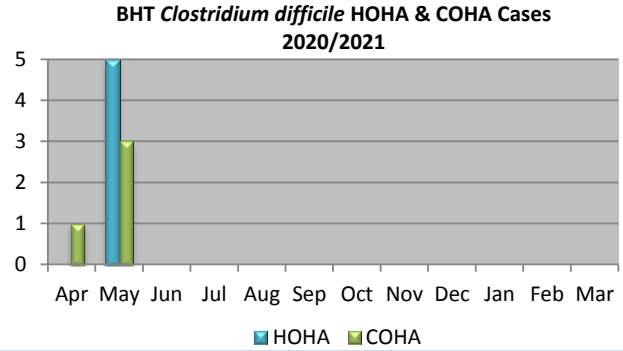
Clostridioides difficile

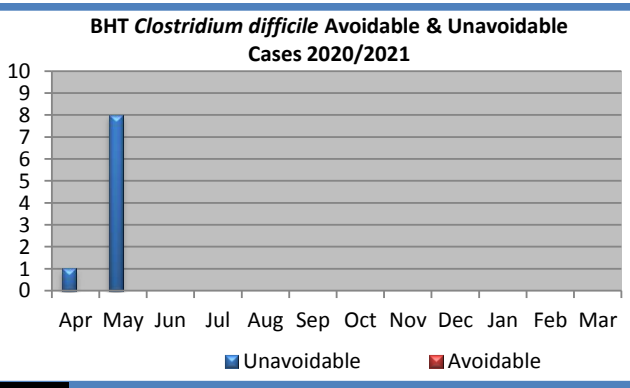
Total of **8** cases were identified in May 2020
HOHA = 5 cases, COHA = 3 case

A BHT / CCG MDT Meeting is held monthly to discuss the cases.

Totals for 2020/21 = 0 Avoidable, 9 Unavoidable, 0 Yet to be determined.

BHT ended the 2019/2020 with a total of 57 C.difficile cases against a PHE target of 65.
Totals for 2019/20 = 27 Avoidable, 30 Unavoidable.





Meticillin Resistant Staphylococcus aureus (MRSA) Bacteraemia

0 Cases identified in May 2020

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia

1 Cases identified in May 2020

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Gram Negative Blood Stream Infections (GNBSI)

This work has been paused regionally due to the complexity of understanding what focused actions should be taken to respond to this challenge.
We will continue to report crude numbers. For May *E.coli = 2, Klebsiella = 2 and Pseudomonas = 0.*

Infection Prevention & Control Report – May 2020

Buckinghamshire Healthcare NHS Trust

Bacteraemia Line Infections

Aims & Ambitions

- Zero avoidable central line infections
- Zero peripheral line infections
- Zero Serious Incidents (SI's) declared – secondary to line infections

		Year to Date	Current Month
Central Line	**Avoidable**	0	0
	Unavoidable	3	1
Peripheral Line Infections		0	0
Totals		**5**	**3**

2 further line infections to be discussed at the July meeting.

Yearly Comparison Table

		17-18	18-19	19-20	20-21
Central Line	**Avoidable**	5	3	2	0
	Unavoidable	24	24	7	3
Peripheral Line Infections		3	4	1	0
Totals		32	31	**10**	**5**

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	CQC Quality Improvement Plan Update	
Board Lead	Karen Bonner, Chief Nurse	
Type name of Author	Helene Anderson, Deputy Chief Nurse	Moira Black, Senior Nurse
Attachments	Appendix 1, Improvement plan detail, Appendix 2 CQC Emergency Support Framework detail	
Purpose	Assurance	
Previously considered	EMC- July 2020 Quality Committee 14 July 2020	

Executive Summary

This paper intends to update on progress since December 2019 against the Care Quality Commission (CQC) improvement plan. The improvement plan has been developed based upon feedback provided by the CQC following their inspection of Buckinghamshire Healthcare NHS Trust in February and March 2019 and the subsequent report published in June 2019.

- The feedback from CQC consists of two lists of actions; those that the Trust MUST do (regulatory actions) and those the Trust SHOULD do

- The “must do” actions have progressed well with a further 3 of the 12 actions being closed down (blue) further to the receipt of evidence (MD 1,2 & 3), 3 actions (MD 4, 7 & 8) have been completed and turned green- final evidence submission will close these down completely.

- The outstanding “must do” action relates to Venous Thromboembolism (VTE) risk assessments. The key elements of the work around clinical pathway development and a consistent approach to risk assessment across the organisation are completed and in place. The policy has been reviewed, ratified and rolled out. The clinical guideline is being finalised and once received will enable this action to be closed. The timeline for this closure is two weeks. This work constitutes significant positive change to the VTE clinical pathway.

- There are 26 “should do” actions in total, of which 17 remained open at the time of last reporting. 8 of these open actions have progressed since the last report, with 4 actions being finalised (SD 3, 11, 36 and 37-green). 4 actions have been closed (SD 6, 13, 19 and 25), following receipt of evidence (Blue).

- Of the current 13 outstanding “should do” actions 4 are now categorised as green and awaiting submission of evidence before closure and 5 are amber and require further work (SD 10, 14&26, 15, 16 and 20). All of these are near to completion.

- The overall level of risk has been reduced with any residual risk described in the report.

- CQC have made significant changes to the way they intend to continue regulating healthcare settings. The CQC Emergency Support Framework (ESF) is the mechanism through which

this will continue. The regulatory role and core purpose continue to be focused upon patient safety as a priority. The framework is not an inspection, and performance is not rated. Quarterly face to face meetings will be replaced with more regular phone calls established to understand data and issues and learn how services are innovating to manage shared learning. Conversations will focus around 4 key areas: safe care and treatment; staffing; protection from abuse and assurance processes, monitoring and risk management. A summary of ESF conversations will be sent to organisations. Concerns will be managed through signposting to additional support; follow up calls and ultimately inspection and enforcement. Detail in appendix 2.

Decision	The Board / Committee is requested to note completed actions and ongoing areas of risk

Relevant Strategic Priority		
Quality ☒	**People** ☒	**Money**☒

Implications / Impact	
Patient Safety	Type in box If quality improvements not achieved or mitigated effectively
Risk: link to Board Assurance Framework (BAF)/Risk Register	Provision of High quality Care- Objective 1
Financial	Type in box Suboptimal care and increased risk will impact upon finance
Compliance Select an item. **Safety**	Type in box
Partnership: consultation / communication	With clinical & action leads
Equality	Needs to be considered for all services, particularly where changes are being made to existing or new clinical pathways.
Quality Impact Assessment [QIA] completion required?	NA

11

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

REPORT DETAILING PROGRESS AGAINST THE CQC IMPROVEMENT PLAN
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST
July 2020

Introduction

1.1 This paper intends to update on progress since December 2019 against the Care Quality Commission (CQC) improvement plan. The improvement plan was developed based upon feedback provided by the CQC following their inspection of Buckinghamshire Healthcare NHS Trust in February and March 2019 and the subsequent report published in June 2019.

1.2 The paper also provides an overview of the Emergency Support Framework (ESF) being implemented by the CQC.

Process

2.1 The feedback from CQC consists of two lists of actions; those that the Trust MUST do (regulatory actions) and those the Trust SHOULD do. The actions are numbered for reference and will be proceeded with an MD (Must do) or SD (Should do) accordingly (appendix 1).

2.2 The plan has been divided into milestones so that progress can be mapped and monitored over a period of time if the issue cannot be resolved quickly. Each milestone should be completed two weeks ahead of the quarterly 2020 CQC visits scheduled February, May and August.

Governance Framework

3.1 Each milestone should inform the actions that are to be completed by the deadline. Once the action has been completed, details will be sent to the operational lead then sign off to the Executive lead, along with the relevant evidence and details as to how this will be monitored, to ensure compliance is maintained.

3.2 Operational leads currently attend a fortnightly meeting chaired by the Deputy Chief Nurse (DCN) and Project Lead (suspended in March'20 due to Covid-19). These are intended to be supportive and ensure corporate overview of the work, build momentum around the actions and support timely completion and submission of evidence. Meeting frequency will decrease as assurance is provided.

3.3 Any risks identified to quality and safety of patient care and experience as a result of a delay to compliance with any of the actions will be escalated by the DCN to the Chief Nurse and Medical Director.

3.4 Red Amber Green ratings have been applied to each action. These denote the progress of the action rather than the level of risk associated with the action. A blue rating indicates the action is

complete with all evidence submitted and assurance received that the action has been embedded. Green indicates completed actions and awaiting evidence. Amber and Red actions require further work and monitoring.

Progress to date- key messages

3.5 Work which is ongoing and awaiting finalisation within Q4 or submission of evidence to close the action described in the "Q4 milestones" and "Q4 actions completed" sections of the plan. See Appendix 1, columns U and Y.

3.6 The "must do" actions have progressed well with a further 3 of the 12 actions being closed down (blue), further to the receipt of evidence (MD 1,2 & 3), 3 actions (MD 4, 7 & 8) have been completed (green)- final evidence submission will close these down completely (blue).

3.7 The outstanding "must do" action (MD 5) relates to VTE risk assessments. The key elements of the work around clinical pathway development and a consistent approach to risk assessment across the organisation are completed and in place. The policy has been reviewed, ratified and rolled out. The clinical guideline is being finalised and once received will enable this action to be closed. The timeline for this closure is two weeks. This work constitutes significant positive change to the VTE clinical pathway.

3.8 There are 26 "should do" actions in total, of which 17 remained open at the time of last reporting. 8 of these open actions have progressed since the last report, with 4 actions being finalised and turning green (SD 3, 11, 36 and 37), once evidence is submitted these will be closed and 4 actions have been closed (SD 6, 13, 19 and 25), following receipt of evidence.

3.9 Of the current 13 outstanding "should do" actions 7 are now categorised as green and awaiting submission of evidence before closure and 6 are amber and require further work (SD 10, 14&26, 15, 16 and 20). All of these are near to completion.

Summary of compliance against the twelve "must do" regulatory actions

The table below summarises compliance against the regulatory actions and progress since the last report.

Regulatory Action	MD1	MD2	MD3	MD4	MD5	MD6	MD7	MD8	MD9	MD10	MD11	M12
Compliance (Y/N) October/November '10	Y	Y	Y	N	N	N	N	N	Y	Y	N	Y
Compliance (Y/N) December/January '19/20	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	Y
Compliance (Y/N) June '20	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y

Risks

The overall level of risk associated with the plan has been reduced through the quality improvement work carried out on core clinical pathways across the organisation.

4.2 **WHO assurance** (MD4)- A baseline audit and action plan has now been received for all Theatre specialities. The audit process has been protracted and labour intensive. A plan for practical ongoing audits is required to achieve regular quality assurance around WHO compliance. This has been worked through by the division with support from clinical audit and perfect ward. Await written confirmation of this otherwise completed.

4.**3 Meeting mental health needs in ED** (MD7)- The ED team have worked hard to mitigate this risk the detail of which can be seen in Appendix 1, column Y. The action has been converted to green and awaits the final submission of evidence before closure. The building work commencing in ED in October '20 will provide a longer term environmental solution for care of this vulnerable patient group.

4.4 **ED must ensure nursing and medical records are completed in a timely manner** (MD8 & SD4-combined)- The nursing team have put in place a number of measures to support improvements in documentation via a monthly audit process on perfect ward and a daily quality and safety check also incorporating documentation. There is nothing similar for medical documentation that has been identified and therefore this element of the action will remains open until assurance is received.

4. Reporting

4.1 The improvement plan will be presented to the following committees for review and assurance:-

- Monthly at the Quality and Patient Safety Group
- Quarterly reports to EMC
- Quarterly reports to Quality and Clinical Governance
- Bi-annually to the Trust Board

5.0 The CQC Emergency Support Framework

5.1 BHT was last inspected by the Care Quality Commission (CQC) in February and March 2019. That inspection comprised nine core services across four locations, followed by a Well Led Board review. In addition to this the NHSI 'Use of Resources' inspection was also carried out. The integrated Trust rating was elevated to Good (Outstanding for Caring + Requires Improvement for Well Led).

Meanwhile, during and subsequent to the Covid19 pandemic, the Care Quality Commission have made some significant changes to the way they intend to continue regulating healthcare settings and this information has recently been issued to healthcare providers in all sectors as the 'Emergency Support Framework'.

5.2 Although CQC have temporarily paused routine inspections, the regulatory role and core purpose of keeping people safe has not changed –safety is still the priority. The emergency support framework approach will be used in *all* health and social care settings registered with CQC during the pandemic, and for an unspecified period afterwards.

It is important to note that the emergency support framework is not operated as an inspection, and performance is not rated. A view will be taken form the information and calls as to whether a service is managing or requires support. Concerns will be managed via signposting to additional support; a follow up call; carefully assessing regulatory action through use of inspection and enforcement process. A summery record will be produced of the emergency process, which is not an

inspection report and will not be published on their website. The specific and more detailed components of this are contained within appendix 1 of the report.

6.0 Recommendation

6.1 That the Committee:-

- Note the content of the paper.
- Are cited on key areas of risk and improvements.
- Approve the milestones reported.
- Note the CQC Emergency Framework update.

7.0 Summary

7.1 Good progress has been made against this plan in the last 5 months. Further minor work is required to finalise the remaining actions. Assurance has been provided to mitigate the more significant risks contained within the plan and any residual risk is highlighted in section 3.0.

The ESF details provide insight into the CQC new regulatory framework.

5

11

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Patient Experience and Involvement Annual report 2019-2020
Board Lead	Chief Nurse Karen Bonner
Type name of Author	Head of Patient Experience and Involvement Amarjit Kaur
Attachments	Patient Experience and Involvement Annual report 2019-2020
Purpose	Assurance
Previously considered	Quality Committee 14 July 2020

Executive Summary

The Patient Experience and Involvement Annual report 2019-2020 looks at the following:

- Progress made during 2019/20 towards the 'Listening to the Patient Voice' key performance indicators
- A review conducted in 2019 of patient experience at BHT. This included assessing performance against the NHS Patient Experience Improvement Framework and, and a review of patient feedback from a range of sources. The review will inform the development of a new Patient and Carer Experience strategy for the organisation

Highlights include:

- Improvement in national inpatient survey results. In 2019 the Trust was ranked 30th out of 74 Trusts commissioned by Picker. In 2018 the Trust ranked 36th out of 77 Trusts commissioned by Picker. This represents a rise from the 47th percentile in 2018 to the 40th percentile in 2019
- Roll out of new digital platform for collection of Friends and Family Test feedback
- Patient assessors conducting Perfect Ward environment and patient experience audits in over 50% of our wards
- Patients involved in service improvement across the organisation, including reviews of community wards in Amersham Hospital, MSK patient pathway and ophthalmology pathway reviews
- Priority areas for improving patient experience identified through assessment against Patient Experience Improvement Framework and review of range of patient feedback channels. Findings to inform new patient and carer experience strategy

12

Decision	The Board / Committee is requested to note the annual report

Relevant Strategic Priority

Quality ☒	**People** ☐	**Money** ☐

Implications / Impact

Patient Safety	Improved care in response to patient feedback and involvement
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF 1.1 : To listen to our patient's voice
Financial	Relevant but not applicable

Compliance Select an item.	Person Centred Care
Partnership: consultation / communication	Working in partnership with patients
Equality	Equal access
Quality Impact Assessment [QIA] completion required?	N/A

Buckinghamshire Healthcare NHS
NHS Trust

Patient experience and Involvement

Annual report 2019-20

Buckinghamshire Healthcare NHS
NHS Trust

Patient experience and involvement annual report

2019-2020

1. Introduction

This report looks at

- Progress made during 2019/20 towards the 'Listening to the Patient Voice' key performance indicators
- A review conducted in 2019 of patient experience at BHT. This included assessing performance against the NHS Patient Experience Improvement Framework and, and a review of patient feedback from a range of sources. The review will inform the development of a new Patient and Carer Experience strategy for the organisation.

2. Progress against Key Performance Indicators

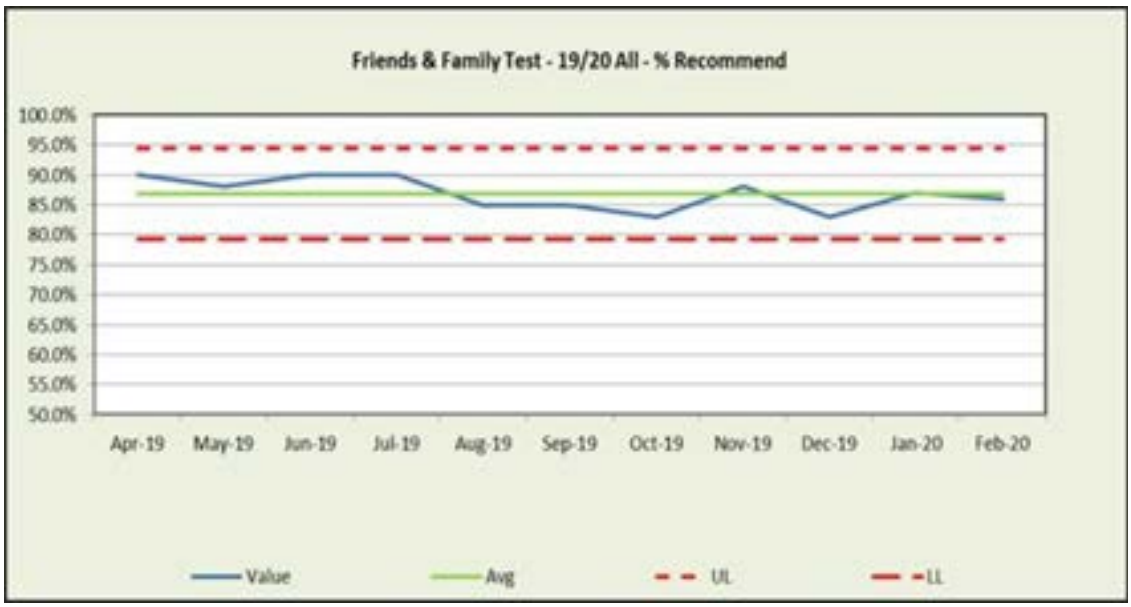
2.1: Make effective use of all sources of patient experience data to drive improvement in patient's experience of care, rising to top 25% of Picker surveyed Trusts by 2021, with 95% FFT approval rating from 30% response rate.

National inpatient survey 2019:

- The Trust improved its overall positive score: In 2019 the Trust was ranked **30th out of 74** Trusts commissioned by Picker. In 2018 the Trust ranked **36th out of 77** Trusts commissioned by Picker. This represents a rise from the 47th percentile in 2018 to the 40th percentile in 2019
- 98% of patients have trust and confidence in doctors ,and 99% of patients have trust and confidence in nurses
- 91% of patients reported getting enough emotional support from staff against a national average of 85%
- 58% of patients reported their discharge was delayed by less than I hour compared to 52% in 2018
- 98% of respondents felt they were treated with respect and dignity
- Areas for improvement:
    - Planned admission- Being admitted as soon as necessary
    - Admission date being changed by hospital
    - Time taken to get a bed on the ward
    - Standard of food

Friends and Family Test:

- Envoy digital platform for Friends and Family Test rolled out to whole organisation in October 2019
- Organisational response rate up from 20% in 2018/19 to 24% in 2019/20.
- Reduction in FFT approval rating from 93% in 2018/19 to 87% in 2019/20. Reduction caused by decline in A&E approval rating and removal of survey bias as result of move from cards to SMS.
- Performance began to improve towards the end of the year.



2.2: Build organisational capability to enable staff to listen and act on patient voice to improve services and patient experience, with confidence in staff trained in listening to patient voice rising by 70%, and 90% of wards having patients involved in quality rounds by end of 2021

Listening to the patient voice training:

- 32 members of staff attended Listening to the Patient Voice training in first three quarters of 2019/20.
- Participants reported an average increase in confidence in listening to the patient voice of 40%.

Perfect Ward Patient Assessors

- 15 patient assessors trained to conduct Perfect Ward environment and patent experience audits
- Patient assessors conducted audits on 21 wards, representing 53% of total number of wards.
- Patient assessors provided a fresh pair of eyes and challenge during Perfect Ward quality rounds which demonstrated in some areas a 6% adjustment in audit scores resulting in the requirement for local improvement

2.3: Involve patients in strategic change, with 50% of major patient pathway reviews having patient involvement by end of 19/20, rising to 100% by end of 2021:

Project	Purpose/Key findings	Outcomes/Next steps
Review of ophthalmology pathways	40 patients took part in three workshops in Amersham Wycombe and Aylesbury to give their view on reviews of cataract, glaucoma and minor eye conditions (MEC) pathways.	Patient views: • Cataracts- Support for having both eyes consented at same time and post-op appt by phone • MEC and glaucoma: Overall approval for changes to proposed pathways. More detail needed on role of GP and optician, and how fits in with PCN plans. Expanded optician role will need promotion to public, and clarity about services that have to be paid for and which were NHS Findings informed plans for changes to patient pathways
Review of MSK pathway	• 101 patients interviewed across 10 Trauma and Orthopaedic clinics. • Gave views on how to save people trips to the hospital, reduce waiting time for appointment, and patient information.	• Very positive about digital appointment letters • Idea of video appointments more popular than phone calls, but marked difference by age group with more under age 55 happy with idea than over 56. • Patient views to inform MSK pathway planning
Changes to Amersham Hospital Community Wards	In depth interviews with 23 patients who had been or were patients of Chartridge or Waterside wards • To understand patient views on the existing model of care and how it could be improved • To understand how the changes to the community wards at Amersham Hospital impacted on patient experience • To ensure patient views informed the future model of care	• Patients identified level of physiotherapy as key factor in recovery. Patients in Waterside ,post temporary closure of Chartridge felt they had enough physiotherapy, while those treated prior to closure felt did not get enough • Once home package of care including physio, carers coming in key to continued recovery • Addition of an activity co-ordinator was much appreciated by patients, with all patients encouraged to take part in activities • Two areas for improvement; having consistent, prompt response to call bells, and staffing at night. Actions put in place to improve. Findings informed changes made to community wards at Amersham Hospital

Improving patients experience of Neonatal Unit	Parents of babies who had been in NNU recently gave ideas on how family experience could be improved: • Obtain consent for all non-emergency procedures • Better communication re: care times so parents can be involved • More follow on support for parents after leaving NNU • More breastfeeding support • More privacy when breastfeeding • Ability to stay overnight	Actions: • Nurse caring for infant to discuss plan with families within the 1st 48 hours of admission as to what that family wish to be contacted for. • More staff engagement with parents about care times rather than through documentation • Parent support group set up in Wycombe • Recruit 'Pink Lady' breastfeeding support volunteer • 3 additional screens purchased • In discussions with property services re: using Gosling nursery as homeward bound room for 4 mothers and babies during discharge period • Additional 'Z beds' purchased to facilitate overnight stays
Improving patient experience of the NSIC	NSIC Patient Forum set up in 2018 following engagement workshops involving 57 patients. Purpose of the group is to work with staff to oversee implementation of patient recommendations.	Examples of progress against patient recommendations: • Make better use of beds: April-July 2018, 2657 bed days for non-SCI patients, same period in 2019 non-SCI bed days reduced to 517 • Improve environment in NSIC- 115 fully accessible bins ordered for centre to replace current pedal bins
Patient Experience Group	The Trust Patient Experience Group (PEG) met quarterly during 2109/20	In 2019/20 PEG members working in partnership with staff on the following areas of work: • Review of ophthalmology pathways • Big Change Small Difference campaign • Improving patient experience of the Endoscopy service • Developing Perfect Ward environment and patient audit question sets • Patient access systems and partial booking • Frailty assessments • Co-production of patient support package during Covid-19
Patient Led Assessment of the Care Environment	PLACE scores are split in to 6 domains and are assessed by patient assessors over a number of days visiting SMH, Wycombe, Amersham and Buckingham.	2019 Results: • **Cleaning** saw an increase of .86% on 2018 scores

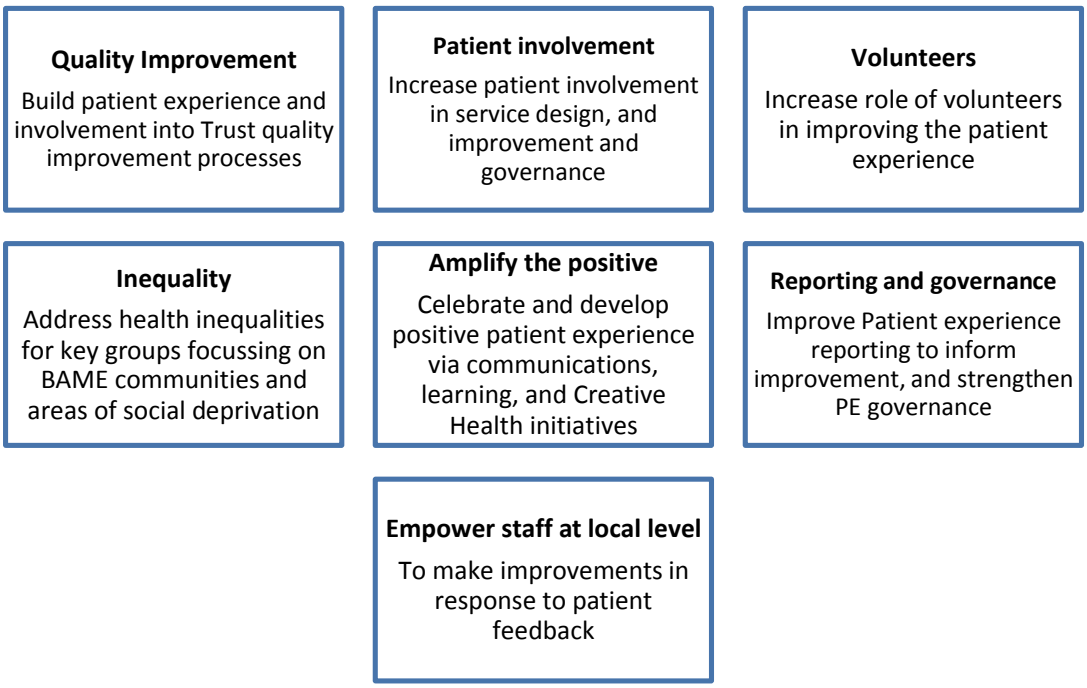
		• **Food** (tasting of the food) saw an increase of 3.82 % on 2018 scores • **Ward food** (speaking to the patients and watching meal service) saw an increase of 3.82 % on 2018 scores • **Privacy and Dignity** saw an increase of 2.98 % on 2018 scores • **Condition and appearance** saw an increase of .86% on 2018 scores • **Dementia** saw an increase of 4.14 % on 2018 scores • **Disability** saw an decrease of 2.39% on 2018 scores The property service action plan addresses comments and tasks to improve further on the 2020 scores.

3. Improving patient experience of BHT:

3.1: In 2019 workshops were held with staff, patients and volunteers to asses BHT against the NHS Patient Experience Improvement Framework. The Framework assesses performance in the following domains:

- Leadership
- Organisational culture
- Collecting feedback: capacity and capability to effectively collect feedback
- Analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- Quality Improvement: using patient feedback to drive quality improvement and learning:

The following priorities were identified:



3.2: Review of patient experience data: Patient experience data from the following sources from 2018-2020 was reviewed; to develop a comprehensive picture of what patients have consistently told us would improve their experience of care at BHT:

- National inpatient survey
- 8 Promises survey-sent to all patients discharged within the month as part of Patient experience strategy monitoring
- PALS and Complaints
- Friends and Family Test
- Patient Led Assessment of the Care Environment (PLACE)

In 2019/20 delays and cancellations were the top issues causing patient dissatisfaction.

What patients tell us they want to see:						
Timely access to treatment	**Compassionate and responsive staff attitude and behaviour**	**Clear and informative patient communication**	**Outstanding experience of: Discharge/Transfer/Referral**	**Safe and effective clinical treatment**	**High quality food**	**Well maintained and accessible environment**
Issues raised through patient feedback- Focus for improvement						
Waiting times	Rude	Interpretation	Delay	Delay in treatment	Taste	Condition
Follow up appointment not made or too late	Unprofessional	Lack of information	Lack of information	Poor care	Choice	Cleanliness
Appointment cancelled	Unhelpful	Incorrect information	Medication	Failure to treat	Quantity	Temperature
No appointment made	Lack of empathy or compassion	Outpatient letters	Premature Discharge	Improper treatment	Quality	Waiting areas
Was not admitted as soon as necessary	Did not listen to patient	Text message issue	Paperwork issue with discharge	Poor pain control	Hospital food was not very good or good	Improper maintenance
Admission date was changed by hospital	Doctors talked in front of patients as if they were not there	Staff did not completely explain reasons for changing wards at night	Discharge Medication Issue: Delayed/Incorrect/No advice	Problem with surgery	Did not get enough help from staff to eat meals	Poor signage
Surgery cancelled or delayed		Did not know which nurse was in charge of care	Unhappy with discharge plan/destination			Disability access
Had to wait long time to get bed on the ward		Staff contradicted each other	Discharge: Not told of danger signals to look for			Not dementia friendly
		Not given right amount of information on condition or treatment	Did not feel involved in decisions about discharge			Parking
		Not told how to expect to feel after operation or procedure	Discharge-was not told who to contact if worried			Shared sleeping area with opposite sex
		Did not receive enough information explaining how to complain	Not given written/printed information about what they should or should not do after leaving hospital			Bothered by noise at night from other patients
		Not asked to give opinions on quality of care	Discharge: was delayed			Bothered by noise at night from staff

		Not contacted in the manner they prefer	Referral - unhappy with referral made			
		Not contacted promptly	Delay in referral			
		Family and carers not engaged with	Referral declined			

Plans for 2020/21

- Continue with implementation of KPIs for Listening to the Patient Voice
- Develop new patient and carer experience strategy informed by findings of patient experience review detailed above

Amarjit Kaur

Head of Patient Experience and Involvement

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Medical Appraisal & Revalidation Annual Board Report 2019/2020
Board Lead	Dr Tina Kenny
Type name of author	Medical Appraisal & Revalidation Team
Attachments	Annex-d-annual-board-report-and-statement-of-compliance
Purpose	Assurance
Previously considered	EMC - 7 July QCGC -14 July

Executive Summary

The report is to provide assurance to the Trust Board that internal processes for Medical Appraisal and Revalidation are robust, and to report on the 19/20 activity.

Decision	The Board is requested to approve the report and asked to delegate approval for the CEO to sign the Annex-d-annual-board-report-and-statement-of-compliance confirming that the organisation, as a designated body, is in compliance with the regulations.

Relevant strategic priority

Quality ☒	**People** ☒	**Money** ☐

Implications / Impact

Patient Safety	None
Risk: link to Board Assurance Framework (BAF)/Risk Register	None
Financial	None
Compliance Select an item. Select CQC standard from list.	The Trust will continue to meet its compliance and legislative requirements
Partnership: consultation / communication	N/A
Equality	N/A
Quality Impact Assessment [QIA] completion required?	N/A

13

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Annual Board Report

Medical Appraisal and Revalidation

Summary of 2019-2020 Appraisal Year

Author	**Sarah Klamut, Medical HR**
Lead executive	**Dr Tina Kenny, Responsible Officer/Medical Director**

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Contents

1. Executive summary	4
2. Purpose of the paper	4
3. Governance arrangements	5
4. Medical appraisal	5
5. Quality assurance	6
6. Access, Security & confidentiality	6
7. Revalidation recommendations	7
8. Recruitment & engagement, background checks	7
9. Monitoring performance	7
10. Responding to concerns & remediation	7
11. Future developments	8
12. Recommendations	8
Appendix 1	9

13

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

Changes to medical appraisal & revalidation activities in light of the coronavirus (COVID-19) outbreak.

In a letter dated 19 March 2020 from Professor Stephen Powis, National Medical Director, NHS England and NHS Improvement to Responsible Officers (RO) it was strongly recommended that medical appraisals should be suspended until further notice and affected appraisals regarded as cancelled, not postponed.

The General Medical Council (GMC) wrote to the RO in March and explained they had changed revalidation dates for doctors who were due to revalidate between 17 March and the end of September 2020. Since then and in response to the feedback received from responsible officers nationally, the GMC have decided to move revalidation dates back by one year for revalidations between 1 October 2020 and 16 March 2021.

The changes to professional standards activities was to immediately increase capacity in the medical workforce by allowing doctors to undertake clinical practice.

In consultation with divisional chairs and Executive Management Committee (EMC) approval 5 May 2020, a decision was taken by the responsible officer to cancel all appraisals for the 20/21 appraisal year (1/04/20 – 31/03/21). These appraisals will be considered approved missed appraisals.

The following factors were considered:

- Uncertainty with COVID-19 situation.
- Undue burden on appraisers to undertake appraisals in a shorter period of time.
- Could create inequity if some doctors are expected to undertake an appraisal and others are not.
- Limited opportunity for doctors to complete the missing elements required for an annual appraisal e.g. continuous professional development (CPD), personal development plan (PDP), multi-source feedback (MSF) and quality improvement activities not directly relevant to the current outbreak.
- Revalidation recommendations will be assessed on fulfilment of the revalidation requirements rather than the number of appraisals undertaken.

Doctors have been advised that they can have an appraisal if they wish to as long as it is agreed by both the appraisee and appraiser. Appraisals submitted in the 20/21 appraisal year will be processed and recorded. Doctors with Approved missed appraisals will be required to reflect on the whole duration of their practice from the last recorded appraisal.

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

1.0 Executive Summary

1.1 This report covers the 2019/2020 medical appraisal activity from 1 April 2019 – 31 March 2020.

1.2 By the 31 March 2020 **450** Doctors had a GMC prescribed connection to the Trust for medical appraisal and revalidation. This includes Consultants, SAS doctors, locally employed doctors and locum bank doctors.

1.3 Arrangements are in place to ensure doctors are appraised and revalidated to a standard that meets the requirements of the RO regulations and are working effectively.

1.4 In the 2019-2020 appraisal year, **363** out of **450** GMC prescribed doctors were required to undertake a medical appraisal and **90.08% (327)** of **363** doctors had a completed appraisal.

1.5 There were 36 doctors who were part way through their appraisal who did not complete by the end of March 2020 due to the COVID-19 outbreak. These doctors have been contacted individually and asked to complete an appraisal in the 20/21 appraisal year.

A further 87 doctors were not expected to undertake an appraisal in the 19/20 appraisal year which the RO accepts reasons for these. This includes new starters joining the organisation and therefore not appropriately due an appraisal in this period and doctors on maternity leave/career break.

1 doctor was reported to the GMC as a non-engaged concern. An action plan is in place and monitored by the appraisal lead.

1.6 Revalidation recommendations up to the 17 March 2020 were carried out in a timely manner. Revalidations have been formally suspended by the GMC from 20 March 2020 until 31 March 2021 due to the COVID-19 pandemic.

1.7 The annual return to NHS England, Annual Organisation Audit (AOA) has been cancelled by NHS England for the 2019/2020 appraisal year due to the COVID-19 outbreak.

13

2.0 Purpose of the Paper

2.1 The Trust has a statutory duty to support its RO in discharging their duties under the Responsible Officer Regulations and it is expected that the Board will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in the organisation.
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors.
- Confirming the feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.
- Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

2.2 It is a requirement that the Trust Board receives an annual report on revalidation.

2.3 The purpose of this report is to update the Trust Board as part of the RO regulations on arrangements within the Trust and performance in achieving compliance with the process.

2.4 The Board is asked to **Note** the report

3.0 Governance Arrangements

3.1 Medical appraisal and revalidation is supported by the medical appraisal and revalidation team. The team has access to GMC Connect to ensure that the list of doctors for whom the designated body (Buckinghamshire Healthcare NHS Trust) is responsible is up to date.

3.2 All complaints involving medical staff are notified to the RO.

3.3 The Trust's patient safety team and complaints department provide data on complaints and Datix reports to medical staff to support their appraisals.

3.4 A Medical Appraisal & Revalidation Policy is in place and was formally agreed September 2018 through the Trust's policy approval processes.

3.5 Regular meetings are held with a GMC Employer Liaison Adviser to discuss local concerns/investigations concerning doctors, GMC cases, deferrals and non-engagement recommendations.

4.0 Medical Appraisal

4.1 The medical appraisal & revalidation database is audited on a monthly basis against GMC Connect and ESR to record new starters and leavers and to ensure there is an accurate record of doctors requiring an annual appraisal.

4.2 All doctors with a prescribed GMC connection are allocated an appraisal month in which to have an appraisal. This is usually within 12 months of the last appraisal.

4.3 Medical appraisal can be postponed or deferred if a doctor is off sick, on maternity leave or has agreed in advance with the appraisal lead.

4.4 Annual medical appraisal compliance is regularly monitored. 4 month appraisal reminder notification emails are sent to doctors. Any compliancy concerns are escalated to the appraisal lead, SDU leads and divisional chairs if necessary.

4.5 An electronic appraisal form was updated for the 1 April 2019 and made available to doctors via the medical appraisal and revalidation pages on the intranet.

4.6 An electronic survey based on the GMC colleague feedback form is used for doctors to obtain colleague feedback, and a GMC paper format is used for patient feedback. The medical & Revalidation team collate results and provide reports to doctors for discussion at an appraisal.

4.7 The quality and consistency of medical appraisal relies heavily on the skills and the professionalism of medical appraisers. There are 60 Trust approved medical appraisers and a further 10 new appraisers will receive training throughout 2020.

5.0 Quality Assurance

5.1 Quality assurance of medical appraisals is undertaken by the Medical Appraisal Lead using the Medical Appraisal Quality Assurance Assessment Tool (MAQAAT). Quality assurance is undertaken prior to a doctor's revalidation. The MAQAAT scores and general comments on quality are fed back to both the individual doctor and the appraiser for learning purposes.

5.2 All doctors are encouraged to provide feedback on their appraisal meeting via an electronic survey. Reports are generated for each appraiser by the medical appraisal and revalidation administrator and contribute towards their own appraisal discussion.

5.3 The medical appraisal & revalidation team track the appraisal process and remind doctors of timescales.

5.4 The medical appraisal and revalidation team attend regular NHS England RO & Medical Appraisal Leads Network Meetings to keep up to date with NHS England and the GMC activity.

6.0 Access, security and confidentiality

6.1 There is no Patient Identifiable Data in appraisal records. Each doctor has an e-folder, maintained in a secure medical staffing drive.

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

7.0 Revalidation Recommendations

7.1 All revalidation recommendations are reviewed by the Revalidation Referral Group (RRG) chaired by the RO Dr Kenny and attended by Divisional Chairs, Medical Education Director and Associate Medical Director.

7.2 Revalidation recommendations made between the 1 April 2019 and 31 March 2020: (revalidation dates are determined by a doctors GMC registration date)

- Number of positive recommendations: 121
- Number of deferred recommendations: 6
  (There are several reasons that the RO may defer a revalidation recommendation 1) there is incomplete information on which to base a recommendation to revalidate or 2) the doctor is participating in an ongoing local governance process.

8.0 Recruitment and Engagement, Background Checks

8.1 The Trust follows the NHS Employment Check Standards produced by NHS Employers for all recruitment of permanent staff, fixed term contracts temporary locum staff, students, trainees and trust bank staff.

8.2 In addition to a standard employment reference, a transfer of information from previous employers can be obtained for new appointments. Doctors working outside of the Trust either in another NHS organisation or private practice must declare such work in their appraisal whole scope of practice. An external practice form must be completed and signed off by each organisation where other work is undertaken to confirm any fitness to practice concerns. External Practice form Appendix 1.

8.3 GMC connect provides a connection history and establishes a doctors movement within the medical field.

9.0 Monitoring Performance

9.1 All doctors are professionally accountable to the Medical Director.

9.2 Monitoring performance is undertaken by Job planning, management of complaints via Datix and a medical HR casework tracker.

9.3 Significant events are recorded as part of the annual medical appraisal. Discussions are about how events have led to a specific change in practice or demonstrate learning.

10.0 Responding to Concerns and Remediation

10.1 All medical Conduct, Capability, Ill health is managed by the medical HR team. The Appeals Policies and Procedures for Practitioners – Maintaining High

Professional Standards (MHPS) outlines the process for dealing with serious concerns about a doctor's performance including conduct, capability and health issues. A case tracker is held within Medical HR.

11.0 Future Developments

11.1 A new online medical appraisal management system was launched on the 1st June 2020. The new system with L2P will provide doctors with a secure platform to undertake their annual appraisal and streamline the process. It will also provide evidence for the Responsible Officer to form the basis of a revalidation recommendation to the GMC. Having a system will provide patients and the organisation with assurances of clarity, standardisation, efficiency and reporting of the medical appraisal and revalidation processes.

12.0 Recommendations

12.1 The board are asked to agree to this report.

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

Appendix 1 **EXTERNAL PRACTICE FORM**

You must declare any paid external practice that you undertake in addition to your NHS work. This must include the days and hours you work externally and must be reflected in your job plan. This includes any other NHS organisations and private providers. It is your responsibility to inform Medical HR if the days or hours you undertake external practice change at any time (whether increased or decreased hours). Any changes must be reflected in your job plan. If you **DO NOT** declare external practice that you undertake, you may be subject to disciplinary and/or criminal investigation.

PLEASE RETURN THIS FORM TO MEDICAL HR WITH YOUR ANNUAL APPRAISAL PAPERWORK

Name of Doctor	
GMC Number	
Name of external organisation you undertake work with	
What is your scope of practice?	

Hours of Work - Please put a cross in each time slot when you undertake other work outside of BHT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Evening							
Ad Hoc							

Please confirm the following :	**Delete as appropriate**
Fulfilled GMC requirements in providing good medical care.	**Yes/No**
Complied with the code of conduct for external practice as outlined in Terms and Conditions–Consultants (England) 2003 Schedule 9.	**Yes/No**
Completed relevant mandatory training.	**Yes/No**
Undertaken appropriate training for all equipment used.	**Yes/No**
Undertaken appropriate training for any new procedure undertaken.	**Yes/No**
There have been no concerns about my fitness to practice.	**Yes/No**
There have been no complaints, incidents or concerns regarding my practice at [*Insert Name of Organisation*]	**Yes/No**
Details of any complaints, incidents or concerns are attached.	**Yes/No**
I confirm that I have read the Private Patient Policy and agree to abide by it.	**Yes/No**
I've submitted an opt-out form in compliance with the European Working Time Regulations if my combined working hours total more than 48 hours per week. (Combined working hours includes NHS work and external/private practice)	**Yes/No**
Where the scope of my independent clinical practice includes conditions, procedures or treatments that are not within my NHS scope of practice, these are declared below: I have nothing to declare / details provided below (Delete as appropriate)	**Yes/No**

Full name: **Doctors Signature:** **Date:**

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS Trust

This part should be completed by a suitable individual at the external organisation who can comment upon fitness to practice.

I confirm that the information given above on this form is accurate and that there are no outstanding fitness to practise concerns about this doctor, no significant issues and days and time of attendance stated above are accurate. Where there are any concerns I have provided full details below/attached (if required):

Comments:

Name, designation and signature of provider unit representative:

Name (Block Capitals): _____

Signature: _____

Designation: _____

Date: _____

Doctor to forward both pages completed/signed to the medical appraisal & revalidation team by email: bht.doctorsrevalidation@nhs.net

13

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

Contents

Introduction: 3
Designated Body Annual Board Report.....5
Section 1 – General.....5
Section 2 – Effective Appraisal.....7
Section 3 – Recommendations to the GMC 9
Section 4 – Medical governance 10
Section 5 – Employment Checks 12
Section 6 – Summary of comments, and overall conclusion 13
Section 7 – Statement of Compliance 13

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

  The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

  The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

  Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance[1]. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of Buckinghamshire Healthcare NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission:
The 19/20 The Annual Organisational Audit (AOA) has been delayed by NHS England due to the COVID -19 outbreak.
Action from last year:
AOA submitted for 18/19 appraisal year to NHS England.
Comments:
18/19 AOA confirmed received by NHS England May 2019.
Action for next year:
Submit the 19/20 AOA when it is required.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes
Action from last year:
None
Comments:
Dr Tina Kenny GMC No. 2555351 is the Responsible officer.
Action for next year:
None

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year:
A new online medical appraisal management system was procured in March 2019 to be launched in June 2020
Comments:
The responsible officer is supported by a medical appraisal and revalidation team including a medical appraisal lead, a medical quality and development manager and administrator.
Action for next year:

Implementation of a new online appraisal management system will provide evidence for the Responsible Officer to form the basis of a revalidation recommendation to the GMC and provide reporting on medical appraisal activity.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes

Action from last year:

An accurate record of doctors with a prescribed connection to Buckinghamshire Healthcare NHS Trust is maintained by the Medical Appraisal & Revalidation Team.

Comments:

The database is regularly checked and monitored against the GMC Connect listing and the Trusts Electronic staff record.

Action for next year:

Implementation of a new online medical appraisal management system in June 2020 will streamline medical appraisal & revalidation administration and reporting.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes

Action from last year:

Policies are reviewed and updated as and when required.

Comments:

An HR Policy and Governance team monitor policy reviews.

Action for next year:

Medical Appraisal & revalidation Policy is due to be reviewed/updated June 2021

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Yes

Action from last year:

We received a CQC report in June 2019

Comments:

There were no actions for medical appraisal compliance following the CQC inspection.

Action for next year:

Following the Covid-19 interruption we will re-establish previous achievements of 100% medical appraisal compliance.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Yes

Action from last year:

None

Comments:

Processes are in place to engage with all doctors for medical appraisal compliance.

Action for next year:

To continue to monitor appraisal activity.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Yes

Action from last year:

Continue to monitor

Comments:

Doctors are provided with complaints/DATIX data annually and a process is in place for doctors to give assurance to the RO of their fitness to practice in external organisations where they also work in additional to work undertaken at Bucks Healthcare.

Action for next year:

We will continue to support all doctors with annual appraisal.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

N/A

Action from last year:

Comments:

Action for next year:

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes

Action from last year:

None

Comments:

A Medical Appraisal & Revalidation Policy is in place and was formally agreed September 2018 through the Trust's policy approval processes.

Action for next year:

Policy due to be reviewed/updated June 2021

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes

Action from last year:

Funding in place for new appraiser training and refresher online e-Learning for existing appraisers

Comments:

There are 60 Trust approved medical appraisers and a further 10 new appraisers will receive training throughout 2020.

Action for next year:

Implement the training.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Yes

Action from last year:

Appraiser networks and quality assurance meetings held annually.

Comments:

Appraisers support the quality assurance process.

Action for next year:

Involve more appraisers in the quality assurance of medical appraisals. Train appraisers on the new online management system.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes

Action from last year:

Quality assurance has taken place.

Comments:

Quality assurance of medical appraisals is undertaken by the Medical Appraisal Lead using the Medical Appraisal Quality Assurance Assessment Tool (MAQAAT). Quality assurance is undertaken prior to a doctor's revalidation. The MAQAAT scores and general comments on quality are fed back to both the individual doctor and the appraiser for learning purposes.

Action for next year:

To get more appraisers involved in the quality assurance of medical appraisals.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Yes

Action from last year:

Revalidation recommendations up to the 17 March 2020 were carried out in a timely manner.

Comments:

1 doctor was reported to the GMC as a non-engaged concern. An action plan is in place and monitored by the appraisal lead.

Revalidations have been formally suspended by the GMC from 20 March 2020 until 31 March 2021 due to the COVID-19 pandemic.

Action for next year:

Where doctors are ready to be revalidated the GMC have given flexibility to designated bodies to be able to submit a recommendation.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes

Action from last year:

Continue to communicate with all doctors about revalidation readiness.

Comments:

We support doctors to achieve revalidation readiness and discuss options to defer if necessary.

Action for next year:

Continue to engage with doctors.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes

Action from last year:

None

Comments:

There are effective clinical governance processes in place for doctors

Action for next year:

None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes

Action from last year:

None

Comments:

Doctors are provided with information on complaints and DATIX reports for discussion at appraisal.

Action for next year:

Continue to provide doctors with complaints/DATIX report information

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes

Action from last year:

None

Comments:

Any concerns regarding fitness to practise are dealt with under our Maintaining High Professional Standards policies and procedures. A case tracker is held within Medical HR to monitor case progress.

Action for next year:

Continue to track and monitor concerns.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[3].

Yes

Action from last year:

Employee Relations PSED report submitted : 2018 - 2019

Comments:

This is covered in the PSED (public sector equality duty) reports together with non-medical activity.

Action for next year:

PSED reports have been suspended for 2020 due to the COVID outbreak.

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[4].

Yes

Action from last year:

None

Comments:

A transfer of information is shared with/by other organisations when doctors move around. Doctors are required to obtain an external practice form if they work in other organisations. The form is completed by the other employers to confirm any fitness to practise concerns.

Action for next year:

Continue to gather the above information

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

Action from last year:

None

Comments:

There are robust safeguard processes in place for responding to concerns about a doctor's practice.

Action for next year:

None

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes

Action from last year:

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

None

Comments:

We have rigorous pre-employment checks for licensed medical practitioners.

Action for next year:

Continue to follow the NHS Employment Check Standards produced by NHS Employers for all recruitment

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of last year's actions;** It is a requirement that the Trust Board receives an annual report on medical appraisal and revalidation at the Trust board in the month of July.
- **Actions still outstanding** None
- **Current Issues** No issues
- **New Actions:**
- 1) Sumit an AOA (Annual Organisation Audit) to NHS England when required.
- 2) Launch new online appraisal management system
- 3) Review and update Medical Appraisal & Revalidation Policy by June 2021

Overall conclusion:

Arrangements are in place to ensure doctors are appraised and revalidated to a standard that meets the requirements of the RO regulations and are working effectively. We closely monitor annual medical appraisal completion and are committed to continually improving and developing our systems to ensure potential non-engagement is dealt with quickly and effectively.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: **Buckinghamshire Healthcare NHS Trust**

Name: Neil Macdonald Signed: _ _ _ _ _ _ _ _ _ _

Role: Chief Executive

Date: _ _ _ _ _ _ _ _ _ _

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Learning from Deaths 2019/20
Board Lead	Dr Tina Kenny
Type name of author	Dr Helen Pegrum
Attachments	Learning from deaths paper
Purpose	Information
Previously considered	EMC Quality & Clinical Governance Committee

Executive Summary

1. Update on Medical Examiner and Learning from Deaths Programme in BHT
2. Quality indicators for BHT
3. Regional and National involvement of service
4. Impact of Covid 19

Decision	For information

Relevant strategic priority

Quality ☒	**People** ☒	**Money** ☐

Implications / Impact

Patient Safety	Provides independent scrutiny to identify opportunities for learning to improve patient safety.
Risk: link to Board Assurance Framework (BAF)/Risk Register	None
Financial	None
Compliance Select an item. Select CQC standard from list.	The service is aligned to the national requirements for ME/learning from deaths.
Partnership: consultation / communication	Learning from deaths and the ME service works in partnership with families and carers.
Equality	None
Quality Impact Assessment [QIA] completion required?	Not required

14

Buckinghamshire Healthcare NHS Trust

Learning from Deaths 2019 -2020
Improving Patient Safety through Quality Improvement and Cultural Change

Background

April 2019 marked the launch of the National Medical Examiner Service across England and Wales. Buckinghamshire Healthcare NHS Trust (BHT) has been an early adopter site from December 2017. National rollout is non statutory with a view to phasing into secondary care for all deaths by end March 2020 and to include all community deaths by end March 2021. Unfortunately with the Coronavirus Pandemic this has been delayed and the service remains non statutory. Nevertheless there have been significant developments disseminated from the national level over the past year to encourage Acute Trusts to develop their medical examiner and learning from deaths services.
Looking forward we are ready for the statutory system to come into force and this will hopefully deliver a system to drive patient safety across all healthcare systems.

Medical Examiners (ME) are employed by the NHS with a separate line of professional accountability; this independence is overseen by the National Medical Examiner, Dr Alan Fletcher, and Regional Medical Examiners. Dr Zoe Hemsley leads South East England and was appointed in summer 2019. This team provide leadership, support and on-going development to the system.

BHT Medical Examiner Service

BHT Medical Examiner Service was the first service within the region attracting interest from across the country. The BHT Medical Examiner Service integrated with the Trusts Learning from Deaths programme to improve patient safety through quality improvement and cultural change. The BHT Lead Medical Examiner is the clinical lead for the regional AHSN mortality group. The Trust is providing support in roll out and implementation to neighbouring Trusts and facilitates external visits from across the country. Over the last year we have had visits from:

- Milton Keynes University Hospital
- Oxford University Hospitals
- Northampton General Hospital
- Northwick Park Hospital
- Daisy Shale Lead Medical Examiner Officer in Wales – July 2019
- South East England Regional Medical Examiner Lead – December 2019

We have also provided telephone support to other Trusts looking to set up a service.

Author: Dr Helen Pegrum, Lead Medical Examiner,
Buckinghamshire Healthcare NHS Trust

Buckinghamshire Healthcare NHS
NHS Trust

Medical Examiner Training and Digitalisation

The Royal College of Pathologists are leading the implementation of mandatory e-learning in addition to all Medical Examiners attending face to face training. On completion Medical Examiners as members of the Royal College of Pathologists are awarded the post nominals 'RCPathME'. All BHT Medical Examiners have completed the face to face training except one whose training was cancelled due to Covid 19

The Royal College of Pathologists have also started National Medical Examiner Officer Training. Our Nurse Lead Mortality Review facilitated the first face to face session which was attended by the BHT MEO who has been asked to facilitate the next session in September.

Another innovation set up is joint Coroner and ME training. Unfortunately the first session due in April 2020 has been delayed.

BHT completed an application to be a pilot site for the National Medical Examiner digital case base system. Unfortunately this system has not progressed significantly and we await more information.
There has been a national funding model determined based on national guidance regarding setting up and running ME services. This was contributed to by the Lead ME. BHT runs a service with Consultants leading as MEs supported by one MEO. BHT is working with NHSE to ensure provide the data required to secure the national funding.

Results

- 1189 deaths in BHT April 2019-March 2020
- 100% compliance with all Medical Examiner screens for Adult Deaths at BHT
- Structured Judgement Review (SJR) compliance remains high
- Definition of care problems are being used in SJR process

Author: Dr Helen Pegrum, Lead Medical Examiner,
Buckinghamshire Healthcare NHS Trust

Buckinghamshire Healthcare NHS
NHS Trust

Mortality Data Q4 Jan-March 2020

	Jan	Feb	March
Number Adult BHT Deaths	**139**	**87**	**124**
Total % Medical Examiner Screens by month end	100%	100%	100%
No Care Problems identified	90%	92%	96%
Total selected for SJR review	**10%**	**8%**	**8%**
Number SI investigations	**0**	**0**	**0**
Total number of Deaths with Learning Disability	0	0	0
LeDer Reviews in Progress (National Programme)	N/A	N/A	N/A
Problems in care more than likely to have contributed to death (includes learning disability)	**0**	**0**	**0**
Compliments	70	41	48
% Excellence Reporting	**20%**	**27%**	**22%**

The Role of Medical Examiner

Medical Examiners support accuracy in death certification and ensure timely and accurate referral to the coroner where applicable. They also ensure early detection and notification of any clinical governance concerns. From Jan 1st 2019 further auditing of these key components has taken place.

Results

	Jan	Feb	March
Compliance with Medical Examiner phone call to relatives	89%	82%	95%
Medical Examiner spoken to certifying Doctor	No data	94%	100%

The Medical Examiner attempts to call all bereaved relatives at least twice. If unable to receive an answer this is documented on the Medical Examiner Screening Form. Non applicable calls include those relating to coroners post mortem and coroner's inquest.

Support for certifying doctors is paramount. BHT Medical Examiner Service have introduced the flexibility to take phone calls from certifying doctors to expedite death certification and/or coroner's referrals. Coroners referrals have reduced by **32%** since the introduction of Medical Examiner this expedites arrangements for bereaved families.

Referrals to the Coroner in Quarter 4 averaged 18% of BHT deaths with 3.4% of the total deaths going to Coroner's inquest. Overall in 2019 there were 53 Coroner's inquests from BHT deaths compared with 50 in 2018

Faith Communities

BHT Medical Examiner Service supports timely arrangements for the bereaved including faith communities wishing to expedite burial within 24 hours. Review of 2019/20 data demonstrated only five deaths that required death certification review out of hours, this equates to 0.42% of all deaths. Retrospective review of the case and a phone call to the bereaved occurs following burial therefore respecting family wishes. BHT continues to provide a Monday to Friday Medical Examiner service.

Author: Dr Helen Pegrum, Lead Medical Examiner,
Buckinghamshire Healthcare NHS Trust

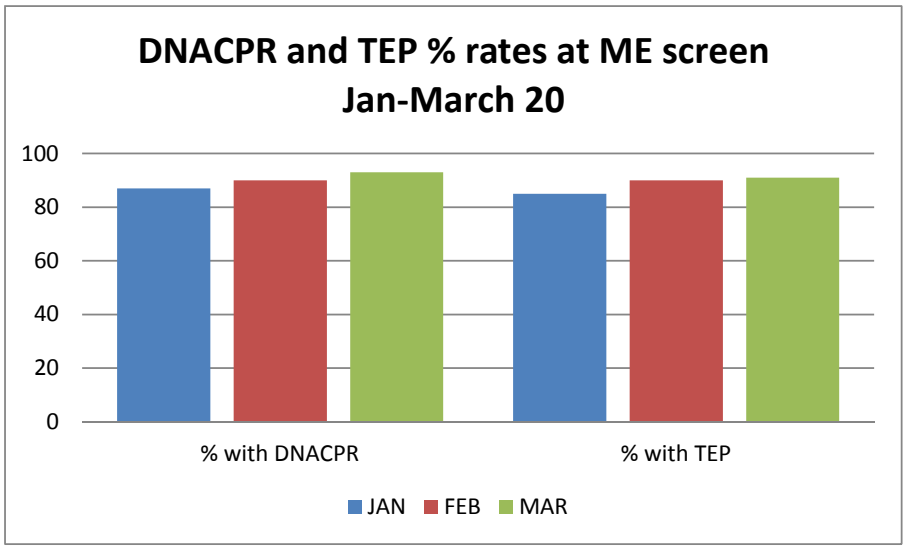
Buckinghamshire Healthcare NHS Trust

Community Hospitals Deaths 2019-2020

There were 8 deaths at Amersham Hospital and 1 death at Buckingham Hospital
No concerns were raised and therefore none selected for structured judgement review.
All deaths were deemed expected with appropriate palliation.

Mortality Surveillance

Monthly audit of DNACPR and Treatment Escalation Plan (TEP) compliance at Medical Examiner Screen continues to show consistently high completion rate thus improving their end of life care.



Author: Dr Helen Pegrum, Lead Medical Examiner,
Buckinghamshire Healthcare NHS Trust

14

In addition the number of complaints relating to deceased patients has decreased to 8% (from 10% in 2017)

Structured Judgement Reviews (SJR)

The SJR process is still on-going in accordance with the Royal College of Physicians guidelines. Over this quarter there have been no SIs and no care problems identified that might have contributed to patients' deaths.

There is likely to be some delay in clinicians completing SJRs due to increased clinical commitments relating to Covid 19

Dissemination of Learning

- Quarterly meetings with Coroner, registrar and local authority last held June 2nd 2020
- MEs presented at Dr Foster Conference in Nov 2019
- Regular meetings between MEs and Buckinghamshire Coroner last one October 2019
- New National Coroner's Guidance November 2019
- BHT taking part in national research study to understand how Trusts have integrated the learning from deaths programme to drive patient safety awaiting results.
- Presented to NHSI regarding ME service and invited to present at NHS Expo in June 2020 but unfortunately cancelled.

Service Updates

- Non Excecutive Director Dr Dipti Amin supporting the service
- Enquiries from outside BHT to become an ME within the Trust
- Working with community colleagues to look at options for Community MEs
- Julia Philips, Nurse Lead Mortality Review, has left to be Nurse Consultant Critical Care and Outreach. We are in the process of recruiting a replacement but she is sorely missed.
- Covid 19
    - Massive Changes to the Medical Examiner and Bereavement Services
    - Coronovirus Act 2020
    - Changes to death certification process and online registration implemented
    - Changes to cremation paperwork
    - Increased numbers of deaths by 41% in April 2020 (compared with April 2019)
    - 2 MEs temporarily left the rota due to clinical commitments. They are now back.
    - Other MEs supported to enable the work to continue in a timely manner and support accurate death certification
    - Calls to relatives by MEs very different due to limited visiting. Lots more explanations given and less feedback received.
    - All relatives offered a bereavement support call
    - Delay in SJRs due to extremely busy clinicians

Author: Dr Helen Pegrum, Lead Medical Examiner,
Buckinghamshire Healthcare NHS Trust

Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
Wednesday 29th July 2020

Details of the Committee

Name of Committee	Quality and Clinical Governance Committee
Committee Chair	Dr Dipti Amin
Meeting dates:	9th June 2020 and 14th July 2020
Was the meeting quorate?	Yes 9th June 2020 Yes 14th July 2020
Any specific conflicts of interest?	None
Any apologies	9th June 2020: Dr Kenny, Mr Williams, Mrs Young, Mrs Anderson, Mrs Day, Mrs Dickinson, Mrs Shahidi, Mr Shorten 14th July 2020: Mr Macdonald, Mrs Day, Mrs Shahidi, Mrs Tebbutt, Mrs Brook, Mr Khaki, Mrs Lafbery

KEY AREAS OF DISCUSSION:

14th July 2020

The Committee focused its discussions around the following areas:

- Mental Health needs and assessments
- Patient Harm, Safety Surveillance and, Safeguarding/vulnerable patients (Monthly)
- Infection Prevention and Control Board Assurance Framework: Update on PPE
- Integrated Performance Report and Exception reports
- CQC Improvement Plan Q4
- Serious Incident bi-monthly report and Tracker
- Infection Prevention and Control report
- Update on two critical incidents within the New Wing Theatre complex
- Patient Experience Annual report
- Medical Appraisal and Revalidation Annual Board Report
- Infection Prevention and Control report
- Learning from deaths Annual report
- Patient Harm, Safety Surveillance and Safeguarding/vulnerable patients
- Clinical Audit and Effectiveness Quarterly report
- Clinical harm assessment of elective due to COVID-19
- Critical Care Staffing update

9th June 2020

The Committee focused its discussion around the following areas:-

- Patient Harm, Safety Surveillance and, Safeguarding/vulnerable patients report
- Patient story; 17 year old man with complex needs suffering from COVID-19
- External Reviews
- Safe Staffing Assurance
- Maternity Safety Report
- Review of possible Nosocomial Infections
- Integrated Performance report and Exception reports
- Infection Prevention and Control Excellence
- Infection Prevention and Control Board Assurance Framework
- Maternity Safety quarterly report

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

14th July 2020

- Clinical harm assessment of elective due to COVID-19
- Risks around Inpatient falls
- Risks around elective care and expansion and private sector support impacting capacity going forward
- Increased pressure ulcer reporting and the work being done
- Never Event

9th June 2020

- Nosocomial Infections

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

14th July 2020

- Buckinghamshire Healthcare NHS Trust first in the UK to resume Cataract Surgery since the Covid outbreak
- All patients currently on elective surgery waiting lists have been reviewed and assessed for harm in readiness for attendance at hospital

9th June 2020

- Recommendation to CQC to step down the Notice of Approval for Amersham and Buckingham
- All projects to improve maternity safety have continued despite Covid-19
- The Trust's multi-professional approach to care in partnership with other healthcare agencies

AUTHOR OF PAPER:	Sandie Knight, Governance Manager Sign off: Karen Bonner

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	COVID-19: the impact on BAME colleagues and the Trust response	
Board Lead	Bridget O'Kelly	
Type name of Author	Karon Hart/Bridget O'Kelly	
Attachments	None	
Purpose	Assurance	
Previously considered	HR & Workforce Committee, EMC, Strategic Workforce Committee	

Executive Summary

There is a continued focus on the disproportionate impact of COVID-19 on the BAME NHS workforce and actions to understand and mitigate this.

We continue to actively engage with our BAME network, which is involved in the development of our actions and will going forwards (as we committed at the Board Seminar on 24 June) hold the Board to account for this work.

NHSE/I has convened an expert group to support and drive forward this work. As part of this they have published a list of risk factors, which they are asking all Trusts to address. This report provides an update on the approach the Trust is taking.

An immediate focus over the next few weeks is the completion of individual risk assessments – with a requirement that all Trusts complete risk assessments for all high risk staff (including BAME staff)

Decision	The Board is asked to note this report	
Relevant Strategic Priority		
Quality ☒	**People ☒**	**Money☒**

Implications / Impact	
Patient Safety	The health and wellbeing of staff has a direct impact on patient care
Risk: link to Board Assurance Framework (BAF)/Risk Register	This paper supports BAF 2.1, 2.2 and 2.3
Financial	Staffing costs comprise 70% of the Trust costs
Compliance NHS Regulation Complaints	CQC; Workforce Race Equality Standard; Health & Safety Executive
Partnership: consultation / communication	Engagement with the Trust BAME staff network
Equality	The impact of COVID-19 on BAME colleagues
Quality Impact Assessment [QIA] completion required?	N/A

16

1. Introduction

There is a continued focus on the disproportionate impact of COVID-19 on the BAME NHS workforce and actions to understand and mitigate this.

We continue to actively engage with our BAME network, which is involved in the development of our actions and will going forwards (as we committed at the Board Seminar on 24 June) hold the Board to account for this work.

NHSE/I has convened an expert group to support and drive forward this work. As part of this they have published a list of risk factors, which they are asking all Trusts to address. They have grouped these risks under the following headings:

- Risk assessments and deployment
- Personal protection
- Work environments
- Testing
- Engagement, communications and support
- Psychological and other health support

There is also a requirement for us to regularly report a number of metrics about the impact of COVID-19 on our BAME workforce. These are set out below.

An immediate focus over the next few weeks is the completion of individual risk assessments. Letters from Prerana Issar (NHS Chief People Officer) and Anne Eden (NHSI/E Regional Director) sent on 25 June ask that we report against a number of specific metrics, in particular relating to the completion of risk assessments for BAME staff to provide assurance that the Board has oversight.

2. Detail

Staff Covid-19 self-reported sickness by ethnicity

All COVID-19 related sickness and testing data is being collated by Occupational Health. We are analysing the numbers on a regular basis – total sickness and the outcomes of the various testing programmes.

The table below shows the number of staff who are at home for 7 days having self-declared COVID-19 symptoms. The numbers above include some staff that isolated multiple times (as they did not have COVID-19 on some occasions and therefore would subsequently isolate again if symptoms of COVID-19 presented again)

7 Days Symptomatic (13.03.2020 to 16.06.2020)	White	BAME	Not Stated	Total	% BAME staff who have been off sick	% BAME staff in staff group	%White staff who have been off sick	% White staff in staff group
Add Prof Scientific & Technic	9	5	2	16	31.3%	26.5%	56.3%	65.9%
Admin and Clerical	75	28	9	112	25.0%	15.2%	67.0%	78.4%
Allied Health Professionals	56	11	3	70	15.7%	12.6%	80.0%	83.9%
Healthcare Scientists	7	2	3	12	16.7%	28.5%	58.3%	62.5%
Medical and Dental	81	65	3	149	43.6%	43.8%	54.4%	52.1%
Nursing & Midwifery	206	128	27	361	35.5%	25.1%	57.1%	68.3%
Support to Clinical Staff	154	85	24	263	32.3%	24.3%	58.6%	64.3%
Total	**588**	**324**	**71**	**983**	**33.0%**	**24.1%**	**59.8%**	**68.7%**

The sickness data indicates a higher proportion of BAME staff reporting sickness with symptoms related to COVID-19.

Testing

We carry out three types of testing on our sites; results are processed in our lab at Stoke Mandeville. We carry out three types of testing – swabbing (for staff who are symptomatic or asymptomatic) and antibody tests.

Symptomatic testing: For all staff who report sick with suspected COVID-19
Asymptomatic testing: For staff we are "contact" tracing – work or household
For staff working in "Green areas"

Type of test	Number of Tests	Number of BAME staff tested	Number of BAME staff tested positive	% tested positive	Number of non-BAME staff tested	Number of non-BAME staff tested positive	% tested postive
Symptomatic	566	124	36	29%	397	119	30%
Asymptomatic	400	75	2	2.6%	215	5	2.3%

For those staff who are tested (either asymptomatic or symptomatic) there is currently no statistically significant difference in the proportion of staff testing positive.

However, of those testing positive for COVID-19, there has been a higher number of BAME staff admitted to hospital than White staff, although the total number is small (6 people).

Antibody Testing

There is a requirement for all staff to be offered a test by 10 July 2020. (Uptake is voluntary.) As at the end of June, we have carried out 2666 tests. Of these, 1200 have been fully analysed and recorded. Early indications show that 18% BAME staff have had antibodies detected and 12% for non-BAME staff.

Analytics and contact tracing

In areas where we have seen clusters of infection, we undertake rapid contact tracing and asymptomatic testing of staff. To date, we have completed this exercise in Wards 6, 8 and 9 and the Surgical Floor at Stoke Mandeville Hospital.

We are also supporting Public Health England in their national data collection, which is supporting increased knowledge regarding the epidemiology of COVID-19 and its impact on the population. This will in turn advise us on further initiatives and actions required to support the health and wellbeing of our BHT workforce.

Risk assessments

We are currently ensuring that all staff have completed a risk assessment. (This is in line with the national guidance). NHSE/I has asked Trusts to report on completion rates for the whole workforce, for BAME staff and for staff "at risk". This "at risk" group is defined as staff who are in one or more of the following groups: BAME, Male, White European aged over 60, Pregnant, Those who have underlying health conditions.

Deployment of staff

During the peak of the COVID-19 response, medical redeployment was managed through a centralised process. c130 doctors were redeployed; of which 55 were foundation doctors. This work was led by a senior consultant. She has reviewed the process and made recommendations which are being considered by the appropriate teams.

Non-medical redeployment was predominantly managed at a local level so not all data was captured. However, the workforce bureau has recorded over 700 nursing staff being moved internally to support staffing. As recommended in the NHSE/I documentation, we would take a more centralised approach if required to redeploy large numbers of staff again in the future.

Personal protection

In line with the guidelines provided by HSE and the recommendations from NHSE/NHSI, we provide dedicated fit mask training sessions for all staff that may be required to wear FFP3 masks. All of our Fit Testers performing Fit Mask Fitting have been on a training programme that is provided by an accredited Fit Tester Trainer.

A programme is in place to ensure all frontline staff who meet the requirements (i.e. are likely to carry out aerosol generating procedures) are FIT tested; we have prioritised staff who are working in areas where patients with COVID-19 are treated and aerosol generating procedures most likely to carried out. The PPE officers support colleagues across the Trust in the correct use of PPE.

The table set out at Appendix 1 shows the breakdown of tests carried out to date. There is no difference in those staff accessing the testing. However, there is a difference in the % of staff who have failed the testing – a higher proportion of BAME staff (13.4%) and in particular female BAME staff (15.2%) are failing FIT testing. For white staff, a higher proportion of females fail the test.

Staff who fail the fitting are then offered alternatives (e.g. other types masks or hoods). There is clear communication that only those staff who have passed a FIT test for a FFP3 mask can carry out aerosol generating procedures.

Engagement, communications and support

We are working closely with colleagues from our BAME network. As previously reported, they meet regularly; both Executive and Non-Executive Directors have attended their meetings. On 24 June, four members of the BAME network attended a Board Seminar; they discussed their lived experiences and set out the support they were looking for from the Board. This was supported by the Board. Clear messaging from the CEO continues through his weekly emails, Blog and a video interview with the chair of the BAME network.

We work closely with Directors regionally and nationally to understand and share best practice. The Director of Workforce attends weekly sessions with Directors across the ICS; the HRD from OUH sits on the regional BAME Board. In addition, the Trust Chief Nurse sits on the national WRES Board.

The Trust Freedom To Speak Up Guardian hosted a virtual session for BAME colleagues on 8 July; Yvonne Coghill, Director of the National WRES team was the guest speaker. Over 70 people attended.

Psychological health and support

The OH team and HR team have answered over 6,000 enquiries from staff. The wellbeing team has supported staff through offering a number of interventions, including:

- 450 supportive conversations (this includes psychoeducation and COVID related anxieties)
- 450 1 to1 psychological interventions (counselling/CBT/resilience)
- Focussed support for c10 teams.
- Training: 6 resilience sessions provided for nurse returners
- 120 attendees to Pause and Unwind Mindfulness sessions
- Support session with FY1 doctors

We also have a large data base of support materials available to staff, including those working from home through our intranet site and staff APP, which is continually refreshed with key topics, including sleeping well, managing anxieties etc. There is also a 24 hour phone support line available to all staff through NHS employers and access to support APPS, e.g. online CBT based support.

We are listening to our colleagues through a number of channels:

- A staff survey was completed by c700 staff.
- The Trust CEO and Trust Chair have held listening events.
- Members from the Executive and Non-Executive team have attended BAME network events.

3. Next Steps

- A 'Risk Assessment special' communications bulletin to be sent out to the whole organisation and is also being circulated by BAME network and senior managers
- Risk assessment uptake data will be shared regularly with the organisation, including by staff group and will be reviewed through Silver tactical meeting and Gold executive meetings.
- A co-chair of our BAME network has agreed to write a personal message on her experience of having a risk assessment
- Our Trust Chair has recorded a video on the importance of Risk Assessments being completed
- We will work with a NHSI/E nominated risk assessment support lead to look at new actions that have worked in other areas
- We will continue to work on all aspects of the NHSE/I assurance framework to ensure actions are completed within the appropriate timescales (Appendix 3)

4. Action required from the Board

The Board is asked to note this report

Appendix 1: Fit testing by ethnic and gender (as at 24 June)

Ethnicity	Tested - Passed	Tested - Failed	% Failed	Not Tested Yet	% Tested
BAME - Male	260	24	9.23%	62	78.17%
BAME - Female	598	91	15.22%	115	83.31%
BAME - Overall	858	115	13.40%	177	81.81%
Not Stated - Male	42	3	7.14%	8	82.22%
Not Stated - Female	184	16	8.70%	33	83.50%
Not Stated - Overall	226	19	8.41%	41	83.27%
White - Male	366	21	5.74%	62	83.98%
White - Female	1759	146	8.30%	366	80.79%
White - Overall	2125	167	7.86%	429	81.28%
Total	3209	301	9.38%	647	83.28%

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Appendix 2: NHSE/I assurance framework

Risk	Potential risk mitigation (where described)	In place y/n/ partial	Comment
1. Governance The following metrics should be used to develop internal reports to the board and will form the basis on which the Region gains assurance on Board oversight on these issues.			
1.1 Does your organisation hold the following data? a. data on staff Covid-19 sickness and staff Covid-19 deaths by department, grade, and protected characteristic? b. completed risk assessments as a proportion of the overall employed workforce c. proportion of the following groups of staff who have had a risk assessment i. returners, ii. agency staff, iii. newly qualified staff,	Such data, used effectively, can enable early interventions to listen, support and act on concerns	Partial	Data on staff sickness and deaths is held and being analysed; the most recent data is set out in Appendix 1. Numbers of completed risk assessments returned is currently low. Deadline for completion is 23 July 2020. This includes returners and newly qualified staff We do not yet have information for agency staff
1.2 Has your organisation been proactive in analysing the above data and triangulating with other workforce data e.g. WRES and WDES - especially data for reported bullying? Has soft intelligence from areas of concern also been part of these considerations? Can you summarise how?		Partial	2020 WRES and WDES data collection opens on 6 July 2020 Work ongoing in relation to soft intelligence
1.3 Is social contact with co-workers minimised with audits of open plan offices, shared workstations or hub environments and maximum use of homeworking? Are all possible similar steps taken in Outpatient clinics and reception areas?		Y	Clear messages issued in daily staff bulletins Updated posters, floor markings rolled out from 14 June 2020
1.4 What steps have been taken to understand staff needs during and after the COVID 19 pandemic with particular attention to BAME staff? *Describe how your organisation and system have used this data to influence your preparations for restoration and recovery planning?		Y	All staff narrative survey from CEO sent out in May, completed by c700 staff Regular involvement of BAME network

1.5 Is there BAME representation in senior decision making/oversight?	Collect information on demographic make-up of Gold Command.	Y	Gold is the Executive Committee. There is BAME representation.
1.6 Is your BAME Network fully involved in decision making around the risks to BAME staff?		Y	BAME network involved in creation of Trust risk assessment process
1.7 Is there an emphasis, wherever possible on strong staff engagement to both receive suggestions and hear concerns, before significant changes in working practices? Bear in mind research, for example, the Francis Freedom to Speak Up report 2015 and recent reports indicate some groups of BAME staff are less likely to raise concerns either because they don't believe they will be heard or because of possible adverse consequences for them.	Clear, repeated messages from CEO Minimise redeployment of Speak Up Guardians. Ensure staff are signposted to them if they have concerns. Highlight examples where concerns were raised and have been were addressed. Where necessary, remind professional registrants that requirement to raise concerns remains in place.	Y	Email from CEO; Video from CEO specifically in relation to Black Lives Matter Freedom to speak up guardian remains in post. Regular signposting of this. Annual report coming to Board in July. Freedom to Speak up Session on 8 July with Yvonne Coghill
2.0 Risk assessment and deployment			
2.1 Is there a focus to ensure some staff groups are specifically included in risk assessments e.g. returners, agency staff, newly qualified staff, staff returning from sick or annual leave, and night shift staff? It is important to ensure these groups are assessed as they may be especially vulnerable	Is there clarity about the role of the agency in risk assessments ensure safe working arrangements?	Partial	Substantive staff included in Trust work We have contacted our key agencies
2.2 Is there effective management and governance to follow up risk assessments both for individuals and at employer wide basis?		Y	OH liaises with individuals and managers; governance in place to extend this to Trust wide as information is centrally gathered
2.3 Do deployment decisions correlate with risk assessments i.e. done fairly and proportionately? There is growing evidence that BAME staff may be disproportionately redeployed to Covid-19 wards.	Monitor such decisions and ensure concerns raised are addressed – especially if deployment is not accompanied by safe PPE and working practices Some trusts have been collecting such data. You may want to do so going forward.	Partial	The Trust has ensured appropriate deployment of PPE throughout the pandemic – FIT testing available to all staff; PPE officers in place Initial analysis of redeployed staff underway
2.4 Are specific steps being taken proactively to ensure BAME staff are specifically being risk assessed not just for health risks but for exacerbating workplace treatment factors?		N	Will be considered when WRES data is collected and analysed

3.0 Protection			
3.1 Is the PPE Fit process effective without disproportionate impact on some staff groups, notably BAME and female staff? Note: HSJ reports that younger female workers are twice as likely to die as other staff NHS Confederation, has published guidance about the use of PPE for staff, which includes information about cultural considerations.	Monitoring should specifically include BAME staff Be clear on consistent response if a staff member 'fails' a fit test - a particular BAME issue.	Y	Fit testing analysis
3.2 Are managers clear that social distancing must be observed in role/function including in spaces such as rest areas? How is that validated?		Y	Clear messaging to all staff Updated posters and other visual reminders rolled out from 14 June 2020
4. Removal from risk areas			
4.1 Is the default position for staff who could effectively work from home or who have vulnerable family members at home that they work from home?	Ensure clarity in policy and monitor	Partial	Clear messaging to all staff Monitoring not in place
4. 2 In reaching decisions about working from home or site, is there an acknowledgement of risks from travelling on public transport which should avoided wherever possible?	Revisit whether additional staff could work from home all or part of the time or be enabled to travel at quieter periods?	Partial	Clear messaging to all staff
4.3 Is social contact with co-workers minimised with audit of open plan offices, shared workstations or hub environments and maximum use of homeworking? Are all possible similar steps taken in Outpatient clinics and reception areas?		Y	Clear messaging to all staff
5.0 Tests			
5.1 Is there a transparent policy of prioritisation to include all staff identified by risk assessment as being at greater risk and any staff with additional exposure e.g. travelling to work?		Y	Tests are prioritised by area
5.2 Do all staff know about rapid access testing for symptomatic staff and household members? 5.3 Are testing arrangements in place for staff in isolation or working from home?	Insert link to local test site here	Y	

5.4 Are all staff aware of the voluntary screening programme for asymptomatic staff?	Have managers reviewed whether the staff member has a means to access this testing programme and support them with this?	Y	
6.0 Engagement, communications and support			
6.1 Are managers confident (and do they get support) in having honest and difficult conversations with BAME staff about their circumstances?	Specific support should be offered to managers wherever possible	Y	Support in place through HR Business Partners and OH team
6. 2 Are BAME staff prominent in decision making on COVID 19 both through staff networks with access at Board level but also via other means e.g. senior BAME managers?		Y	
6.3 Is there a clear narrative about this work, including EDI implications, owned by leaders and managers who are confident in sharing it?		Partial	Clear messaging from CEO and Board Narrative needs to continue
6.4 Are arrangements in place through ICS and more widely to identify, understand and share better practice?		Y	Weekly HRD network; HRD from OUH sits on regional BAME Board
7.0 Mental and other health support			
7.1 What steps have been taken to understand the staff needs during and after the COVID 19 pandemic with particular attention to BAME staff?		Y	Ongoing – see main body of report
7.2 What support is in place for staff in self-isolation or who are or have been ill with COVID 19?			Over 200 staff are shielding. All have been spoken to by members of the OH team. The acts of kindness team has liaised with OH to ensure that these staff are included too.
7.3 Are staff aware that psychological support is available for any staff member concerned about their vulnerability to COVID 19?			Regular communications in place to set out the support available
7.4 Staff who do not wish to be withdrawn from an area contrary to their risk assessment. Should there be any staff who have been advised to not work in their current role or location, but who then wish to continue working in a role or location deemed unsafe for them, then the employer's duty of care is likely to be that such an outcome of their risk assessment would result in an instruction to follow the outcome.		Partial	Circumstances not yet arisen. Trust will take own legal advice

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Freedom to Speak Up – Annual Report April 2019 – March 2020
Board Lead	Bridget O'Kelly
Type name of Author	Tracey Underhill
Attachments	
Purpose	Assurance
Previously considered	Executive Management Committee 7th July 2020 Strategic Workforce Committee 13th July 2020

Executive Summary

The submission of the Freedom to Speak Up Annual Report 2019 – 2020 aims to provide the Trust Board with assurance of progress with our ongoing work to build a positive speaking up culture at BHT. The report reflects another year of positive growth, triangulated by, the national staff survey, and the most recent results of the national Freedom to Speak Up Index Report. Other external validation is also outlined in the report.

The Trust Board is asked to support the next steps outlined at the end of the report which includes the intention to implement expansion and sustainability plans for this service.

Decision	

Relevant Strategic Priority

Quality ☒	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	A positive speaking up culture is key to patient safety
Risk: link to Board Assurance Framework (BAF)/Risk Register	Patient Safety and the quality of patient care Recruiting and retaining high calibre staff to deliver good quality care.
Financial	Costs are incurred if people don't speak up to prevent errors, incidents, poor practice or declare fraudulent behaviours. There are both human and financial associated costs.
Compliance Select an item. Select CQC standard from list.	NHS Contract, CQC Well led,
Partnership: consultation / communication	N/A
Equality	Concerns raised can highlight equality related issues.
Quality Impact Assessment [QIA] completion required?	N/A

Freedom To Speak Up - Annual Report 2019 / 2020

1.0 Purpose

Throughout the past year, efforts have continued to build a positive speaking up culture at BHT. It has been another year on year increase with a total of:

- 97 cases raised to the Freedom to Speak Up Guardian (FTSUG) in 12 months.
- This represents more than 125 people raising concerns
- Rising to more than 150 individuals when including numbers of one off “concerns” calls to the FTSUG which are counted if they meet criteria.
- This shows a growth of an additional 23 actual cases. The total of 74 for the previous year was exceeded in December 2020.

Correlated with information such as the national staff survey results, this is positive growth and helps to show that staff are feeling more confident to raise concerns. The 2019 staff survey results showed that staff feeling secure to raise concerns about unsafe clinical practice has increased again this year, by a further 3.5% to just over 73%. This level of improvement is more than usually expected in any one year. Following the significant rise of 4% last year at BHT this is a very positive but unexpected increase. So this has been very encouraging and supports the ongoing approach. *Please see graphs at Appendix 1 for detail.*

There continues to be good representation of concerns being raised across a wide range of staff groups and bandings. It is pleasing to note increased reporting from groups such as healthcare assistants, midwives and BAME members of staff across all staff groups.

Other in year achievements to date include:

BHT achieved the median average in the first publication of the National Freedom to Speak Up Patient Safety index of 78%.

- Utilising the learning from concerns raised previously and to support managers in building a positive speaking up culture, “Concerning Conversations” training programme has been developed, implemented and evaluated in year with positive results (See Section 3.4)
- We had another successful October National Speaking up Month in 2019. The theme this year was to say “Thank you for raising concerns”, which is important to do, it also helps to set “Speaking Up” as a positive action and was reported on in the mid-year update.
- There is continued promotion and use of our “Building a Climate of Respect” campaign now with more than 1,100 views and more than 723 views of the internally developed bespoke online resource guide.

Key overall themes from the concerns raised are, poor behaviours, bullying and harassment and matters relating to patient safety and quality, These are reflected nationally across more than 20,000 concerns raised to FTSUGS and collated over the past two years by the NGO. Other key local themes are discussed later in this report.

2.0 National Update

2.1 Nationally, we are also seeing a year on year increase in numbers of concerns raised, so we are in line with the national pattern. Last year over 12,000 concerns were reported by FTSUGS to the National Guardian Office (NGO) from over 7,000 the previous year; we are expecting to exceed 12,000 this year, which would then equal more than 31,000 concerns raised nationally over the past 3 years.

With every concern raised locally, or nationally, it represents the opportunity where an error might have been prevented, a patient safety issue may have been identified and addressed and staff experiences may have been improved. In light of above numbers, this is showing added value. There are also resource and cost benefits.

The (NGO) has had another busy year with our National Freedom to Speak Up Guardian Dr Henrietta Hughes, awarded an OBE in the Queen's New Year Honours list. We were also pleased to welcome Dr Hughes for a successful visit to BHT in May of last year.

2.2 As has previously been reported the NGO published new guidance for Trust Boards, with a self-assessment tool, against which, we have completed a gap analysis. The Board was asked to note two main areas to address. i.e named role executives appraisals' to contain commitments to FTSU and a positive speaking up culture and the need to develop a Trust-wide FTSU strategy, both of which are being addressed. The latter has been slightly delayed by the impact of COVID – 19 but is being addressed.

2.3 The NGO, commissioned by NHS England developed and launched the first ever national FTSU patient safety index last year. The report was developed on the basis of the 2018 national staff survey results of which it focuses on four, and includes confidence of staff to speak up as well as actions of the organisation to address concerns. BHT achieved the national median average score of 78%. This was previously reported on in the mid-year update. This clearly indicated progress but acted as a reminder there is still work to do.

The latest National Freedom to Speak Up Index Report has just been published showing BHT has achieved 80% on the index which represents a 2% improvement on last year's results. This is very positive and is based on the 2019 staff survey. The report also shows the national average has increased from 75.5% last year to 78.7% this year which reflects positive progress nationally.

We are now 0.3% and 0.4% above the national and regional average respectively and we are 1% above the average for our Trust type.

We are also show a similar position with our partners across Berkshire, Oxfordshire and Buckinghamshire (BOB)

2.4 The NGO have also been working through their regional liaison leads to develop integration plans for "Speaking Up" across England in Primary Care. The South East regional plan has not yet been published.

2.5 They continue to carry out case reviews with organisations as necessary and publish their reports.

3.0 Local Update

3.1 Activity

Table 1 : Comparison of Q1 – Q4 2017 to 2019 (Across 3 year period)

Quarter	2017/2018 Inaugural Year Cases	2018 / 2019 Cases	2019/2020 Current year Cases	2019/2020 Current year no of individuals
Q1 Cases	3 *(Start up quarter)*	20	26	30
Q2 Cases	10	16	19	22
Q3 Cases	20	22	35	42
Q4 Cases	13	16	17	33
Totals	46	74	97	127 (>150)
		2019/2020 total >150 individuals when including one off calls that meet criteria		

Quarter three was again our busiest quarter following the pattern of previous years. This is likely to be due to the October Speaking Up Month which raises awareness and winter pressures.

In addition, Q4 coincided with the preparation and start of the COVID19 pandemic. As was predicted, numbers of concerns did not increase then, but did remain consistent with previous years in Q4 as shown. However, as expected, concerns will be much higher in Q1 of 2020/2021. This is in line with what was expected in line with coming down from the peak pandemic activity and people being able to start to process events.

3.2 Themes and underlying causes contributing to concerns with national context:-

Nationally, our quarterly reporting reflects a very similar picture as the majority of Trusts across England. Our top two highest categories of concerns are poor behaviours / bullying and harassment (B&H) (61) which includes some upward bullying and patient safety and quality (45).

The figures indicate the number of cases that include elements of these, each case can include a variety of elements. Whilst one case of bullying and harassment is not acceptable, the wider context is helpful. We operate a zero tolerance at BHT. The FTSUG continues to promote the “Building a Climate of Respect Campaign” which promotes this message from the CEO and others.

The national staff survey results showed our position in terms of the themes on responses to related questions to be at 8.2, *(See Appendix 2 second graph)* based on just under half of our staff responding. The best organisation scored 8.6 and the lowest score was 7.5 so we are average. So there is room for improvement and this area continues to need focus.

3.3 The themes locally include

- Patient safety/quality of care – This includes a range of clinical issues across different types of clinical practice and diagnostics, capacity and workload, unnecessary and avoidable delays in clinical processes, handling, hierarchy, clinical skills, competency, infection control, conflicting advice and poor communications, poor behaviours impacting on ability to deliver the best clinical care.
- This year, prior to COVID -19 we were experiencing heightened levels of both physical and verbal aggression towards staff from patients, particularly across one of our emergency pathway areas. Mid–year, patient aggression to staff was also seen as something of concern nationally, resulting from the national staff survey. Locally, work was undertaken, *see Appendix 3* for more information.
- Management styles and approach
- Isolated cases of a lack of, or poor leadership
- Poor change management
- Management inaction and not dealing with concerns, **(See Appendix 2)** and/or lack of feedback about action taken which can give the impression of inaction.
- Poor positive speaking up culture/ barriers to speaking up
- Poor team dynamics
- A small number of concerns arose around management of formal HR related processes implemented by managers.
- Staff perception of inconsistency, unfairness and poor decision making

Some examples of resulting outcomes from concerns raised are shown in (**Appendix 3)**

3.4 Concerning Conversations

This one-year programme of bespoke training was developed, implemented and evaluated in response to learning from concerns raised over the previous two years in an effort to try to help upskill managers. The course was funded from external sources and underlines the importance of early informal discussion to achieve prompt resolution. Its aims were to provide more clarity on what building a positive speaking up culture means, why it is important and how to achieve it, whilst being able to identify barriers and understand how easy it is to create them, even without intent. It anchors its approach on research from the work of Megan Reitz a professor who researches speaking up and Dr Chris Turner who founded “Civility Saves Lives”, their work is invaluable to this agenda, as well as our CARE values, the role of the FTSUG and the importance of speaking up to patient and staff safety.

There were no sessions scheduled during December and January due to winter pressures and then COVID19 impacted on those remaining planned sessions which resulted in:

- 61 staff have been trained across 8 sessions which were two and a half hours in total each. 14 booked but did not attend.
- The training was aimed at those in management positions or those in supervisory management positions or aspiring to such a role.
- Participants included nurse, AHP, manager, administrator, doctor and scientist roles
- Evaluation was pre and post training on the day, with follow up 4 to 6 weeks later. Three volunteers gave their feedback by video to promote the workshop and share their learning.
- Comments on feedback have also been positive and demonstrate a sense of usefulness. ***(See Appendix 4)***

Building on the mid-year Trust Board report, it is now possible to show from the evaluations and feedback that there was a positive shift in improvement in confidence across the evaluated aspects. Of particular note is the shift in confidence in being able to build a positive speaking up culture.

Criteria evaluated relate to the training and included identifying barriers, awareness of "Building a Climate of Respect", impact of behaviours and styles of management on speaking up and general team culture, fundamentals of effective conversations and finally but importantly, the real value of a "cup of coffee conversation".

One example of the positive difference this has made is that we used a four point scale in our evaluation of six criteria where 4 is the highest level of confidence.

Averaging the results across all 6 criteria, 54% of delegates left the course with the highest level of confidence compared to their assessment before the course started. Some of these were notable shifts.

4.0 Promotion and raising awareness

Work is ongoing to promote the role of the FTSUG and Speaking Up with all the usual activities such as, corporate and doctor inductions, two Trust-wide lesson learnt sessions in line with the annual programme were delivered last August, new intranet pages have been developed and dedicated to "Speaking Up", links and information has been put onto our new BHT app, there is promotion via flyers which continue to be handed out, workshops help spread the messages, dedicated work to resolve barriers in specific areas is ongoing and part of the role, the Concerning Conversations training programme has also helped and perhaps the strongest of all is word of mouth recommendations by those who may recommend the service having used themselves.

New from quarter 2 last year, the FTSUG has been introduced into the preceptorship programme which is a new development and was working well but is temporarily interrupted due to COVID19.

New from Q4. In compliance with the Trust Board Guidance for Executives, CEO and Chair roles, Freedom to Speak Up published by the NHSE and NHSI named executive roles have clear responsibilities to support building a positive speaking up culture and promote speaking up across the organisation and be able to demonstrate this via their appraisal system.

5.0 "Building a Climate of Respect" campaign

This continues to be actively promoted by the FTSUG. To date there has been more than 1,105 views and more than 723 views of the bespoke online resource guide which has received 258 views just over this past year.

There have been additions made to the online resource this year. All new joiners receive a consistent message that our trust will not tolerate bullying or harassment via the FTSUG at induction. The online resource guide contains a lot of links to multiple sources of credible advice and information about bullying and harassment including tools, self-help books and a few films.

6.0 External validation

In November 2019, BHT was shortlisted as a finalist in the category of "Freedom to Speak Up – Organisation of the Year for the HSJ Awards 2019, it was a privilege to be shortlisted for these awards.

Shortly after, our BHT FTSUG was named as the regional winner for South East Region in the "Skills for Health – Heroes for Health Awards".

Our FTSUG also presented at the South East Regional NGO Regional Information and Development Event (RIDE) event in March on a piece of collaborative piece of work undertaken with FTSUG colleagues across Berkshire, Buckinghamshire and Oxfordshire (BOB).

The FTSUG continues to participate in national and regional networks which is a positive forum for sharing and learning from good practice and developments across the Country

Positive increases shown against national Staff survey results for questions relating to confidence of staff in speaking up and that something will be done about concerns raised.

Improvements shown in the recently published National Freedom to Speak Up Index Report.2020

7.0 Key ongoing work still to complete from this year

Development of a stand-alone Trust-wide FTSUG Strategy with engagement from staff is yet to be completed. This has been delayed by COVID-19 as, engagement on this has not been a priority for staff during this time. However, plans are underway to restart this work as part of the overall "reset"; the delay has also provided an opportunity to reflect the FTSU service expansion plans, which are now clarified and referenced in the next steps below. It can now also align with the policy review.

The Raising Concerns policy is due for review and as a result is likely to change to headline Speaking Up in its title as this is the drive nationally. Our revision was deliberately delayed awaiting the revisions to the national policy and guidelines which are expected at the end of December this year. A formal extension of our policy review to align with this has been approved by the EMC through the Trust Policy and Strategy Group.

8.0 Summary

The year on year growth triangulated with the staff survey results is a positive reflection of the growing confidence in "Speaking Up" and the FTSU service. It has been another productive busy year with a range of outcomes and interventions helping to resolve matters locally, improve patient and staff safety and prevent unnecessary escalation whilst also ensuring appropriate escalation when necessary.

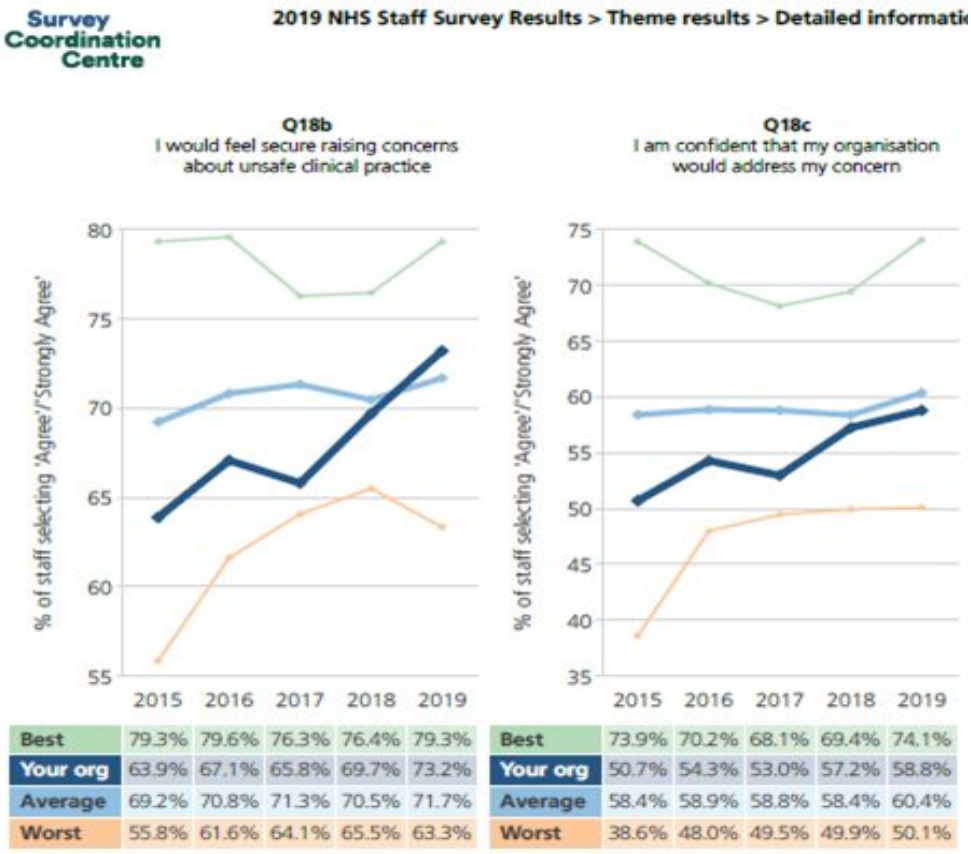
After three years, there is now an established demand and the current service is no longer sustainable supported by only by 1 wte. member of staff and no administrative support. The service has a Trustwide remit covering more than 6,000 staff. With the service now established and maturing, the organisation has clarity and consistency of messaging and consistent application around speaking up. There is clarity around the aim of the service and with governance underpinning delivery, it is now a firm foundation on which to expand.

9.0 Next Steps

1. Implement sustainability and expansion plans. The model will achieve more breadth and outreach, amongst other key objectives, the plan also aims to achieve a community based FTSUG and increase diversity. The plan then enables us to develop a well supported network of champions.
2. Develop with staff, a BHT FTSU strategy that is meaningful and relevant
3. Following the Strategic Workforce Committee meeting 13 July, a task and finish group will be set up to further our understanding and strengthen our work on preventing poor behaviours, bullying and harassment.
4. Review the Trust "Raising Concerns Policy in line with revised national policy
5. Hold a BAME Speaking up event (Held 8th July)
6. Review progress on FTSU Board Guidance and report back to Trust Board in Jan 2021

Appendix 1

National Staff Survey Results published in 2019 for Speaking Up at BHT



	2015	2016	2017	2018	2019
Best	79.3%	79.6%	76.3%	76.4%	79.3%
Your org	63.9%	67.1%	65.8%	69.7%	73.2%
Average	69.2%	70.8%	71.3%	70.5%	71.7%
Worst	55.8%	61.6%	64.1%	65.5%	63.3%

	2015	2016	2017	2018	2019
Best	73.9%	70.2%	68.1%	69.4%	74.1%
Your org	50.7%	54.3%	53.0%	57.2%	58.8%
Average	58.4%	58.9%	58.8%	58.4%	60.4%
Worst	38.6%	48.0%	49.5%	49.9%	50.1%

For BHT results for Speaking Up please see the navy blue line.

The Freedom to Speak Up Guardian role and our work to build a positive speaking up culture commenced in 2017 at BHT.

These graphs are based on just under half of our staff population who responded and show:

a) Significant improvements in confidence of staff to raise concerns about unsafe clinical practice with a continuing upward trajectory with an increase of 3.5% which is in addition to last year's 4% improvement and takes us above the average. This level of increase was not expected after such a significant increase in the previous year so this is a pleasing result.

b) This graph shows improvement of 1.6 % in confidence of staff that the organisation would address the concern. This is also in addition to the significant 4% improvement the previous year. This is still positive improvement and in line with the usual levels of expected increase, however, this still leaves us just below average on this response and serves as an important reminder for the organisation. This is one of our themes as listed in **section 3.3** This is a critical part to gaining trust and belief of staff in the commitment of the Trust to building a positive speaking up culture.

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Appendix 2

Appendix 3

A small sample of concerns raised with associated outcomes/improvements 2019 / 2020

Concerns raised about	Resulted in Outcomes / learning.
Management style and lack of management and leadership, a name and shame technique was being utilised to try to improve team performance. Undermining behaviours were also impacting negatively on the team and staff wellbeing, morale and dynamic. Behaviours were negatively affecting productivity eliciting a loss of good will.	After agreeing options and gaining consent, the FTSUG spoke with grandparent manager. Recommended the line manager should be given support to go on one of our leadership courses, which was supported, the senior manager requested the line manager to stop using the name and shame technique outlining the impact after witnessing it themselves. Grandparent manager started attending the team briefings more regularly than had been the case to ensure changes remained in place. Situation resolved. FTSUG also recommended a coach for the line manager. Building a Climate of Respect also given to the individuals raising concerns, signposted to health and wellbeing. Re-emphasised CARE values to both managers and behaviours, outlining what the Trust expects. Fed back to those who have raised concerns and checked back to ensure situation improved.
Patient care, team management, lack of capacity, poor culture, barriers to speaking up, not being heard, recruitment and retention issues and sickness due to high levels of stress.	Concerns initially raised which led to FTSUG establishing a need to hold a listening session with the whole team in confidence very promptly. Having established the wider set of views, clarified the situation and gained wider team input, it became clear concerns were of the nature that were impacting on patient care/ safety and therefore required the FTSUG to escalate to the relevant senior manager at Divisional level. FTSUG set up safe space and encouraged the whole team to meet with senior manager, to share their experiences first hand. Team agreed after assurances of "being safe" and senior manager fully supportive and willing. FTSUG facilitated meeting scheduled within just a few days. Having listened to the team, resulting actions were implemented by the Senior Manager next day. Changes resulted in immediate support allocated to team with staffing as well as much more presence of grandparent manager, on a mutually agreed basis the line manager was temporarily re-deployed, capacity and demand management immediately addressed, leave management issues resolved and vacancy management was all put into place in days. In addition, FTSUG requested additional health and wellbeing support to team for the next few months Follow up with team 2 weeks after changes implemented and at 2 months informed FTSUG situation and concerns addressed. Team were very positive, position reported as significantly improved and importantly no quality of care or patient safety related issues, team morale improved. Stress levels significantly reduced, staff felt heard and valued.
Poor clinical practice risk to infection control.	FTSUG raised to relevant senior clinical and operational lead with consent to do so and efforts made but concerns were not fully addressed and poor practice continued, so raised directly with senior divisional manager and matters further looked into, more improvement but ongoing monitoring needed to sustain changes. Protocol developed.

Clinical decision making being delayed by poor behaviours around a diagnostic situation and a lack of collaboration and support to clinician.	This situation caused unnecessary stress to an already busy clinician overseeing a busy department with patients at varying degrees of clinical risk. Diagnostics were requested and due to behaviours that were seen to be obstructive, challenging and unhelpful there was a delay in diagnosis. 3 other clinicians experienced the same situation that weekend. FTSUG requested a datix be completed which was initially looked into as a serious incident and contacted the clinical consultant lead for the diagnostics involved to raise these concerns. The FTSUG raised with the SDU lead who became involved and this concern fed into ongoing performance review.
Increased levels of aggression from patients toward staff particularly in one emergency area, both physical and verbal abuse.	Offered support to staff in the immediate period. Reported at EMC. Engaged staff from the area with lived experience to help identify what actions would help most, arranged meeting with the chief nurse and one of the individuals who had been physically hurt, chief nurse wanted to meet, offer apology and discuss. Divisional nurse notified and involved, matron reviewed with security team, advance conflict resolution training commissioned by the Trust and offered to all staff in the department, Step by step “what to do” flow chart developed for immediate action and quick reference for nurses stations, personal safety alarms sourced, posters developed for area to display asking patients to respect our staff who are trying to care for them, red card process, re energised and an overall policy review. As a result of learning, a letter was circulated in bulletin to all staff to remind them that they are not expected to tolerate abuse from patients especially of a physical nature and to make sure they datix incidents and inform managers immediately. Importantly, process set up for events such as this to trigger a letter going to any member of staff physically hurt in the line of duty from an executive immediately after events. Patient safety team were asked to send weekly collation of relevant violent and aggressive acts to staff datix’s to Chief nurse for ongoing review.
Team management, severe micromanagement, *(no talking allowed),* rigid, inflexible approach, described as dictatorial and hierarchical style of management. No compassion.	Multiple members of the team came forward, high turnover and high levels of sickness found at that time. Staff survey results poor. Management style and approach was affecting staff wellbeing and retention. Two of the team members only spoke up because they were leaving, one had no job to go to but felt the only option was to leave and the second was planning to leave and went to a new job. Demonstrable barriers to speaking up and little insight. Having established the full range of concerns this was escalated to the new grandparent manager who addressed some of the immediate issues and implemented some changes creating much more visibility of team management. However, support and development was also needed and a piece of developmental work was commissioned by the grandparent manager to work with the managers and team. FTSUG requested this includes a revisit of CARE Values and behaviours Feedback is that it is much better. This will take time.
Formal investigation undertaken into allegations of mis-conduct believed to be raised with malicious intent. The individual accused was not feeling heard	FTSUG liaised with HR Team with consent from individual. Some process issues were highlighted. It resulted in a new investigation being undertaken with process issues addressed. Result was that individual was found as no case to answer.

Advice being given on one ward by an AHP colleague which was around provision of bed pans to patients at night which might impact on patients dignity and sense of independence.	With consent FTSUG flagged to responsible senior nurse in area. Individual agreed to meeting request from senior nurse. Meeting was helpful and productive. Actions were taken by the senior nurse, concerns were validated and addressed. AHP advice was changed. Patient dignity and independence issues respected.
Shift timings, not being given flexibility to work slightly altered hours for purposes of childcare. Lone parent, no family support. Rota allegedly too rigid and managers allegedly not being understanding or show any compassion to need. Felt they were being treated differently	Individual revealed information that was personal and sensitive and it transpired had not fully informed the managers for fear of being judged, detriment, and further questioning and hence they had not realised the significance of the request. FTSUG given consent to speak to grandparent manager, as this involved an external to Trust safeguarding issue, a lone parent with no immediate support and was for a fixed term period, this was not a long term issue. The managers were not made fully aware of severity of the situation because the individual didn't feel able to tell them and didn't want to have to discuss They did not feel safe to speak up fully about the underlying issues. Result of FTSUG meeting with grandparent manager was helpful and flexibility granted for fixed term period. Individual felt immediate decrease in levels of personal stress and reported feeling much happier at work.
Poor behaviours of a bullying nature towards a member of staff. Felt manager did not treat them with respect and was not treated fairly. Did not appear to be taking mental health issues into account when clearly indicated by OH.	FTSUG addressed directly with senior colleague with individual's consent after options discussed, discovered manager needed some help with awareness around mental health matters, discussed, rec attendance at internal mental health training, explained about reasonable adjustments and provided further signposting. Clarified CARE Values and behaviours. Feedback from staff member was that situation improved. Manager felt more informed and able to better understand why certain situations arising. Ensured support from senior manager and SDU lead aware. Established ongoing mental health support in place for individual raising concern.
Member of staff experiencing behaviours of a bullying nature	Staff member about to launch a grievance, against what was deemed to be unacceptable ongoing behaviour. Was recommended to try raising a concern first. FTSUG with consent addressed via a face to face meeting with the colleague directly. Issues existed around perspectives, explored underlying issues, had a coaching conversation, recommended a coach ongoing be arranged, highlighted other support development tools and explored other strategies to utilise in the management of the situation presenting. Building a Climate of respect utilised for both parties and clarified understanding of CARE Values and what is expected in terms of behaviours. Grievance not pursued. Behaviours improved, concern addressed.

This small sample of concerns that have been raised this year represent a range roles which include doctor, nurse, student nurse, ODP, Community staff, AHP administrator, scientist, and laboratory and the improvement work that has been undertaken.

Appendix 4

Understanding not speaking up has a negative impact on patients

Concerning Conversations – Bespoke Training Programme

(How to build a positive peaking up culture)

Examples of feedback.

Thank you again for the excellent "Concerning Conversations" training the other week. We used it at our Quality and Safety meeting this morning

The course generated many positive responses: Here are some examples of the feedback received on the day:

- Excellent workshop with lots of food for thought
- Highly recommend this for leadership course
- Good examples of how to apply in daily practice
- Plenty to learn and take away
- Relevant to my role
- Well pitched and informative
- I feel confident in having concerning conversations
- Very insightful and productive morning.
- Good how linked to other Trust courses, philosophy's and values
- Very well formulated content

Good how it linked to other Trust courses, philosophy's and values

Understanding techniques to engage others

18

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
28 July 2020

Details of the Committee

Name of Committee	Strategic Workforce Committee
Committee Chair	Nicola Gilham , Non-Executive Director
Meeting dates:	13 July 2020
Were the meetings quorate?	Yes
Any specific conflicts of interest?	No
Author of the paper	Bridget O'Kelly, Director of Workforce & OD

Apologies: Neil Macdonald

KEY AREAS OF DISCUSSION:

The key areas of discussion were the Trust's response to the COVID-19 pandemic, in particular

- The BHT 2.0 People objective: ensuring staff are safe, supported and listened to
- An update on staff recognition
- The impact on BAME colleagues and the Trust response

The Committee also considered

- The CQC well-led action plan
- The Freedom To Speak Up Guardian Annual Report
- The Guardian of Safe Working Hours Quarterly Report (Q4 2019-20)
- The Health & Safety Annual report
- The Annual Fire Safety Report
- The Maternity Staffing Report

Papers included for information were

- The Trust integrated performance report
- An update on appraisal re-set post COVID-19
- An update on the Bucks Health & Social Care Committee

The Committee also reviewed matters arising from the previous meeting, the Trust Board and the Trust Audit Committee

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

The impact of changes from COVID 19 on staff wellbeing
The impact of COVID-19 on BAME colleagues
The prevalence and impact of bullying, harassment from staff and managers
The prevalence and impact of aggression from patients and public

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

The response of our community in supporting staff during COVID-19

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

19

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Modern Slavery Act 2015
Board Lead	Sue Manthorpe
Type name of Author	Sue Manthorpe
Attachments	Modern Slavery Statement
Purpose	Approval
Previously considered	None

Executive Summary

To provide the Board with an overview of the Modern Slavery Act 2015, the implications for the Trust and to seek approval for a Modern Slavery Statement for publication on the Trust's public website.

The Modern Slavery Act was passed by Parliament in March 2015. The provisions of the Act came into effect in October 2015. The Trust is required to produce an annual public statement of the actions it has taken to meet requirements under the Act.

The Act consolidated slavery and trafficking offences, strengthened powers of enforcement and introduced tougher penalties. It also included a transparency clause requiring all UK based

businesses with a turnover of over £36m or more to make an annual statement on the steps it has taken in the previous financial year to ensure its business and supply chains are free from Modern Slavery, which the Act defines as slavery, servitude, forced or compulsory labour and human trafficking. The statement should be Board approved, signed by a Director and must be published on an organisations website.

While the Trust meets the requirements of the Act through its policy statements, procurement processes and safeguarding training it has not met the requirements of the Modern Slavery Act Part 6, Section 54 - Slavery and Human Trafficking Statement by ensuring it has a published statement that summarises the steps the Trust taken during the previous financial year to ensure that slavery and human trafficking is not taking place in any part of its own business or its supply chains.

In order to meet this section of the Act, a compliance statement has been produced for approval and can be found in Appendix 1.

Decision	The Board are asked to approve the Modern Slavery Statement 2020/21 for publication on the Trust Website

Relevant Strategic Priority

Quality ☐	**People** ☒	**Money**☒

Implications / Impact

Patient Safety	Potential victims have a 1in 5 chance of contact with the NHS and staff receive training on how to take action as

	appropriate
Risk: link to Board Assurance Framework (BAF)/Risk Register	The Trust could receive adverse publicity and enforcement action if it fails to meet the requirements of the Act.
Financial	The Trust must meet procurement requirements under the Act. The Legislation can impose fines for non-compliance. The procurement department follow the appropriate guidance.
Compliance Select an item. Select CQC standard from list.	In meeting the requirements of the Act the Trust meets is legislative obligations and several of the CQC requirements such as *safety and dignity* and *respect.*
Partnership: consultation / communication	Consultation has taken place with the Procurement lead and the Workforce Team
Equality	This report does not have any detrimental impact on any protected characteristics. It provides positive reinforcement of the need to protect vulnerable individuals
Quality Impact Assessment [QIA] completion required?	N/A

1 Purpose

This report provides the Board with an overview of the Modern Slavery Act 2015, the implications for the Trust and to seek approval for a Modern Slavery Statement for publication on the Trust's website**.**

2 Introduction

The Modern Slavery Act 2015 (which became effective in October 2015), introduced changes to UK law, focused on increasing transparency in supply chains. Specifically, large businesses, including NHS organisations, are now required to disclose steps they have taken to ensure their business and supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

The Act consolidated slavery and trafficking offences, strengthened powers of enforcement and introduced tougher penalties. In addition, Part 6, Section 54 of the Act: "Transparency in Supply Chains" requires businesses of a certain size and with a turnover of over £36m or more to publish annually a slavery and human trafficking statement that summarises the steps taken during the previous financial year to ensure that slavery and human trafficking is not taking place in any part of its own business or its supply chains.

3 Background

3.1 Modern Slavery is a term used to encapsulate the two offences included in the Act i.e.

- Slavery (i.e. where ownership exercised over a person), servitude (i.e. which involves an obligation to provide services and is imposed by coercion) and forced or compulsory labour (i.e. work or service exacted from any person under the menace of a penalty and for which the person has not offered himself voluntarily), and

- Human trafficking which concerns arranging or facilitating the travel of another with a view to exploiting them.

3.2 There is no expectation in the Act that the Trust (or indeed any eligible organisation) can guarantee there is no Modern Slavery in their business or supply chain, rather that reasonable steps have been taken to make them free of Modern Slavery. Whilst Modern Slavery is illegal in every country in the world, it still occurs in every country. It is acknowledged that many suppliers are either wilfully blind or will go to extreme lengths to hide the fact that Modern Slavery is in use. Assurances from legislation, Codes of Practice or Conduct and audit are useful but evidence suggests cannot be used as absolute assurance.

3.3 The nature of global supply chains for goods and services is increasingly complex. Modern Slavery can be found anywhere in the chain but it tends to be much worse the further down the value chain, where there is little visibility and the poorest and most vulnerable workers.

3.4 Procurement of goods and services within the NHS is equally complex and may occur by direct supply to end-users, or through a number of local, regional or national procurement hubs.

4 Current Position

4.1 As a corporate body that carries out a business in the UK supplying goods and services with a turnover in excess of the £36m threshold, the Trust is obligated under the Act to make an annual statement during each financial year the actions the Trust is taking to ensure slavery and human trafficking is not taking place.

4.2 While the Trust meets the requirements of the Act through its policy statements, procurement processes and safeguarding training, it has not met the requirements of the Modern Slavery Act Part 6, Section 54 - Slavery and Human Trafficking Statement, by ensuring it has a statement on its public website.

5 The Statement

The statement should summarise the steps the Trust taken during the previous financial year to ensure that slavery and human trafficking is not taking place in any part of its own business or its supply chains.

The Act does not prescribe a template for the disclosure statement but suggests the following for inclusion:

- An outline of the Trust's structure, business and supply chains ·policies in relation to Modern Slavery.
- Due diligence processes in relation to Modern Slavery in its business and supply chains
- The parts of its business and supply chains where there is a risk of Modern Slavery and steps it has taken to assess and manage that risk.
- The effectiveness in ensuring the Modern Slavery is not taking place in its business or supply chains.
- Staff training concerning Modern Slavery.

5.1 The statement must be reviewed and approved annually by the Board and signed by the Chief Executive or Director.

5.2 It must be published on the Trust's website and include a link to the statement in a prominent place on the website's home page. As a public facing document it should be written in plain English but consideration should be given to providing the statement in other languages. The draft Statement on Modern Slavery is attached as Appendix 1.

6 Recommendation

It is recommended the Board approve Modern Slavery Statement in Appendix 1 for publication on the Trust's website.

It is recommended the Director for Governance ensures the statement is reviewed and presented to the Board on an annual basis.

7 Action required from the Board

- The Board is requested to approval of the Modern Slavery Statement in Appendix 1 for publication on the Trust's website.

APPENDICES
Appendix 1: Modern Slavery Act 2015 Annual Statement.

Modern Slavery Act 2015 Section 54 - Slavery and Human Trafficking Statement

Modern Slavery Act 2015 Section 54 - Slavery and Human Trafficking Statement

Buckinghamshire Healthcare NHS Trust (BHT) aims to follow good practice and take all reasonable steps to prevent slavery and human trafficking. We are committed to ensuring that all of our employees are aware of the Modern Slavery Act 2015 and their safeguarding duty to protect and prevent any further harm and abuse when it is identified or suspected that the individual may be or is at risk of modern slavery/human trafficking.

We are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our Supply chain. This statement sets out actions taken by BHT to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls. Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

Trust Structure and Principle Activities

BHT is a major provider of integrated hospital and community services for people living in Buckinghamshire and the surrounding area, including Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire), providing care to over half a million patients every year.

We are recognised nationally for our urology and skin cancer services and are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology. In addition we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients from across England and internationally.

We work closely with the Buckinghamshire Integrated Care Partnership. The partners include:

- Buckinghamshire Healthcare NHS Trust;
- NHS Buckinghamshire Clinical Commissioning Group (CCG);
- Oxford Health NHS Foundation Trust;
- South Central Ambulance Service NHS Foundation Trust;
- Buckinghamshire County Council;
- FedBucks GP federation.

Buckinghamshire Integrated Care Partnership (ICP) is part of the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS).

We procure goods and services from a range of providers. Contracts vary from small one-off purchases to large service contracts. All spend, aside from a few exceptions such as rates, is paid via PO. The Applicable Contract Terms Policy applies to any NHS organisation and states that where an NHS body issues a PO the standard Terms & Conditions apply.

The top 80% of suppliers nationally affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain.

Organisational policies in relation to slavery and human trafficking

BHT has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking.

BHT Safeguarding Standard Operating Policy and procedure includes information on modern day slavery/human trafficking.

The BHT Incident Reporting Policy states that staff should report incidents of all types and this includes concerns regarding modern slavery and human trafficking. By using the local risk management system (Datix) appropriate teams, including safeguarding and Freedom to Speak Up Guardian are made aware.

All staff have access to the BHT Safeguarding team for support and guidance when they are concerned about modern day slavery or trafficking.

BHT also has a Freedom to Speak Up Guardian who will provide support to the individual raising a concern. Staff are provided with this information at corporate induction.

Trust activities and policies are required to have an Equality Impact Assessment (EQIA) completed.

Assessing and managing risk and due diligence processes in relation to slavery and human trafficking

We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business.

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at a Board meeting in Public. This demonstrates a public commitment, ensures visibility and encourages reporting standards.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain:

- The Trust adheres to the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references)
- The Trust has systems to encourage the reporting of concerns and the protection of whistle-blowers
- The Trust purchases a significant number of products through NHS Supply Chain, whose ‘Supplier Code of Conduct’ includes a provision around forced labour. Other contracts are governed by standard NHS Terms & Conditions. High value contracts are effectively managed and relationships built with suppliers.
- The majority of our purchases utilise existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract, these all have the requirement for suppliers to have suitable anti-slavery and human trafficking policies and processes in place. Where a suitable framework exists we use them in preference to tendering. These are run by NHS procurement entities and are governed by NHS Standard Terms & Conditions.
- All suppliers are required by law to comply with the provisions of the UK Modern Slavery Act (2015). This will be reinforced where appropriate by Standard Selection Questionnaires as part of tender processes along with use of NHS Standard Terms and Conditions either direct with suppliers or through framework agreements.

Effective action taken to address modern slavery - Performance Indicators

The Trust is committed to social and environmental responsibility and has zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process. This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes BHTs slavery and human trafficking statement for the current financial year.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility for overall compliance.

A Freedom to Speak Up Report is submitted to the Board on a 6-monthly basis which includes an overview of the number of concerns raised by staff and the category that they fall into.

Training on modern slavery and trafficking

Safeguarding training is mandatory for all staff and includes information on trafficking and modern day slavery in order to promote the knowledge and understanding of escalating concerns via the Home Office national referral mechanism/duty to notify process.

Conclusion

This statement has been approved by the Board, who will review and update it on an annual basis.

Approved by Board: 29 July 2020

Next review: July 2021

Signed: _____

Neil Macdonald, Chief Executive

Safe & compassionate care, every time

NHS Buckinghamshire Healthcare NHS Trust

20

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Audit Committee
Board Lead	Graeme Johnston Non-Executive Director and Chair of the Audit Committee
Type name of author	Sue Manthorpe, Director for Governance
Attachments	None
Purpose	Assurance
Previously considered	

Executive Summary

The July Audit Committee noted the following:

Internal Audit Actions

Payroll

Fraud Risk Assessment and Action plan

Decision	The Board is asked to note the Audit Chair's report.

Relevant strategic priority

Quality ☒	**People** ☒	**Money** ☒

Implications / Impact

Patient Safety	Not Applicable
Risk: link to Board Assurance Framework (BAF)/Risk Register	The committee provides assurance about internal control and risk management.
Financial	Committee review of Trust financial processes
Compliance Select an item. **Good Governance**	The AC reviews assurance in respect of all Trust systems of control which includes reporting and compliance with all regulation applied to an NHS
Partnership: consultation / communication	Not Applicable
Equality	Not Applicable
Quality Impact Assessment [QIA] completion required?	Not Applicable

Internal Audit Actions: The Committee were concerned to note the progress on audit actions had been slow with very few updates being provided. It is essential that these are reviewed regularly by the executives and their teams.

Payroll: The Committee noted the work undertaken to review the payroll system and the continuing pressure the current infrastructure was under. Concern was raised regarding the disparate systems for recording the hours worked and the risks to staff being paid correctly as well as the potential for fraud.

Fraud Risk Assessment and Action plan: The Committee noted the further work required to close some of the Fraud risks associated with timesheets and the need to confirm review dates for all of the actions on the fraud action plan.

Asset Registers: the Committee requested work on the assets registers should continue at pace. It was also important to ensure the registers were amalgamated to form one complete system.

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Board Attendance Record
Board Lead	Sue Manthorpe
Type name of Author	Elisabeth Jones
Attachments	None
Purpose	Information
Previously considered	

Executive Summary

To keep the Board informed of the attendance of Board members at Board meetings and Board committees.

Decision	The Board is requested to note the contents of the report.

Relevant Strategic Priority

Quality ☐	**People** ☐	**Money** ☐

Implications / Impact

Patient Safety	Type in box
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	Type in box
Compliance Select an item. Select CQC standard from list.	Type in box
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box

Buckinghamshire Healthcare NHS
NHS Trust

Board Attendance Record: May to July 2020

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Commercial Development Committee		Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee				Trust Board	
	4 May	13 Jul	19 May	16 Jun	21 Jul	4 May	9 Jun	14 Jul	14 May - Cancelled	8 July – Cancelled	23 Jun	28 May	1 May	14 May	23 Jun	8 Jul	27 May	24 Jun
Hattie Llewelyn-Davies Trust Chair *	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓
Neil Macdonald, Chief Executive Officer *	✓	x	x	✓	✓	x	✓	x							✓		✓	✓
Dipti Amin NED*			✓			✓	✓	✓			✓		✓	✓	✓	✓	✓	✓
Karen Bonner Chief Nurse *	✓	✓			✓	✓	✓	✓									✓	✓
Dan Gibbs Chief Operating Officer*			✓	✓	✓	x	✓	x									✓	✓
Nicola Gilham NED*	✓	✓		✓	✓							✓	x	✓	✓	✓	✓	✓
Rajiv Jaitly NED *			✓	✓	✓							✓	✓	✓	✓	✓	✓	✓
Barry Jenkins Director of Finance*			✓	✓	✓							✓	✓	✓	✓	✓	✓	✓
Graeme Johnston NED * (SID)			✓	✓	✓								✓	✓	✓	✓	✓	✓

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Commercial Development Committee		Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee				Trust Board	
	4 May	13 Jul	19 May	16 Jun	21 Jul	4 May	9 Jun	14 Jul	14 May - Cancelled	8 July – Cancelled	23 Jun	28 May	1 May	14 May	23 Jun	8 Jul	27 May	24 Jun
Tina Kenny Medical Director *			x	x	x	✓	x	✓			✓						✓	✓
Becki Medlock Board Affiliate				✓													✓	✓
Bridget O'Kelly Director of Workforce & Organisational Development	✓	✓			✓												✓	✓
Tom Roche NED*	✓	✓	✓	✓	✓								✓	✓	✓	✓	✓	✓
Karol Sikora Associate NED																	✓	x
David Sines Associate NED	✓	x				✓	✓	✓									✓	✓
David Williams Director of Strategy & Business Development			✓	✓	✓												✓	✓
Ali Williams Commercial Director			x	✓	x												✓	✓

NB: greyed out fields indicate committees the individual would not be expected to attend. NED = Non-Executive Director. A * indicates a voting member of the Board

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

29 July 2020

Agenda item	Private Board Summary 27 May 2020
Board Lead	Sue Manthorpe
Type name of Author	Elisabeth Jones
Attachments	None
Purpose	Information
Previously considered	

22

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on the 27 May 2020. The matters considered at this session of the Board were as follows:

- Strategic Approach to Recovery
- Covid 19 Costs
- NHSBT Agreement
- Serious Incident Report and Tracker
- Excluded Practitioners
- BAME colleagues and Covid 19
- Bucks ICP Case for Change

Decision	The Board is requested to note the contents of the report.

Relevant Strategic Priority

Quality ☒	**People ☒**	**Money☒**

Implications / Impact

Patient Safety	Aspects of patient safety were considered at relevant points in the meeting
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any relevant risk were highlighted within the reports and during the discussion
Financial	Where finance had an impact it was highlighted and discussed as appropriate
Compliance Select an item. Select CQC standard from list.	Compliance with legislation and CQC standards were highlighted when required or relevant
Partnership: consultation / communication	N/A
Equality	Any equality issues were highlighted and discussed as required.
Quality Impact Assessment [QIA] completion required?	N/A