

**TRUST BOARD MEETING IN PUBLIC
29 SEPTEMBER 2021
CHIEF EXECUTIVE'S REPORT**

Introduction

This report aims to provide an update on key developments over the last couple of months in areas that will be of particular interest to the Board. Appended to this report is a list of the seven fantastic winners of our Trust CARE value awards for the last two months (Appendix 1), and a summary of Executive Management Committee and Transformation Board meetings to provide oversight of the significant discussions of the senior leadership team in other areas (Appendix 2).

COVID-19 infection levels have increased over the summer and cases remain present in the Trust. This presents an increased risk in the second half of the year as winter approaches. The Trust's performance is a current challenge and we are particularly focusing on reducing elective wait times, improving our urgent and emergency care (UEC) performance and reducing diagnostic wait times. I have been meeting with our regulators each week to share the actions we have been taking to improve performance in these areas and to report on progress made. This will be followed with a 'Board to Board' meeting next month, including system colleagues, to discuss the Trust's improvement plan, including a PMO (Programme Management Office) led recovery programme, and to provide assurance on how the current challenges are being monitored and resolved.

The Vague Symptom Pathway (VSP) is also a current area of focus, relating to the oversight and timely progress of patients with serious but non-specific symptoms that could potentially lead to cancer diagnoses. The increased number of patients referred has resulted in delays to outcomes and to onward action for non-cancer referrals. A VSP recovery programme is underway, with support from the Thames Valley Cancer Alliance which will include a review of all patients to identify delays in assessment, onward referral or 31-day treatment targets and the introduction of a digital solution will be used to support monitoring and tracking of patients from next month. I am pleased to report that we are on track to complete assessment of all accepted referrals to the pathway before the end of this month. Additionally, a harm review process has been agreed with the regional medical director.

Details of financial allocations for the second half of this financial year 2021/22 are expected to be received this month. Funding is likely to continue on block allocations and key expectations will be delivery of safe care over the winter period and progression of long wait patients. A national fund to support recovery has been identified and the Trust is coordinating a series of bids against this in partnership with the Integrated Care System.

Strategy

Whilst the current focus is on our performance and short and medium term recovery, we have continued to develop our strategic plans.

I am very pleased to be publishing the Trust's 2025 strategy, following considerable efforts made by colleagues over the last year in progressing it to this stage. This includes an updated Trust vision and mission and a clinical strategy which focuses on urgent and emergency care, integrated communities, planned care, diagnostics and medicine optimisation and our National Spinal Injuries Centre and rehabilitation. Estates, ICT and people plan are recognised as key enablers that are essential to support delivery.

The clinical strategy is our driver for change and over the last few months I have met with each of the SDU Leads across the organisation to discuss current challenges and opportunities across services to understand how the Trust strategy can help support these and if there is anything further we can collectively do to support the overall improvement in the health of our local population.

The Department of Health & Social Care has invited expressions of interest from mental health, community and acute NHS trusts who wish to be considered for inclusion in the next wave of the Health Infrastructure Plan (HIP): a long-term national programme of investment in health infrastructure. This next wave includes identification of a further 8 hospitals to deliver the government commitment to fund and build 40 new hospitals by 2030. I am pleased to share that we have submitted an expression of interest for the Trust which proposes a number of different options of investment into Trust infrastructure to resource long term sustainability. This is the first of a two-stage selection process which begins with an expression of interest. It will be followed by a more detailed process for long-listed schemes later in the year, with the aim for final decisions to be made in spring 2022. I look forward to sharing the outcome of the Trust's application.

This is an exciting time for the Trust and I look forward to working towards implementing our new strategy to enable us to meet the changing needs of our local population and support economic growth and development in Buckinghamshire.

Performance and recovery

Teams across the Trust continue to work incredibly hard to support recovery of elective services, alongside Integrated Care System (ICS) colleagues and with support from the independent sector. Infection control guidance still limits the number of patients able to attend for face to face appointments. Along with our Buckinghamshire, Oxfordshire & Berkshire West (BOB) ICS partners, our activity levels against 2019/20 activity remain a key focus. We have delivered the following percentage elective activity compared with 2019/20 for July and August. This is against the increased 95% additional tariff payment threshold funded at system level as part of the Elective Recovery Fund (ERF) national initiative:

	July Activity (% of 2019-20)	August Activity (% of 2019-20)
Outpatients	109.6%	97.6%
Electives and Day-cases	88.4%	86.5%

Activity planning for the second half of this financial year 2021/22 is ongoing. In the absence of guidance outlining financial support and activity targets at the time of writing, an activity planning methodology similar to the business planning process used in for the first half of this financial year has been developed at SDU and divisional level.

We have successfully been reducing the number of patients with extended wait times, in line with our planned improvement trajectory. Daily meetings with operational teams are ongoing to improve on the number of long wait patients as far as possible and we have completed a detailed review, allowing a forward view of all patients waiting. Optimum booking prioritisation has also been given additional focus and updated governance processes have been put in place.

There remains a significant challenge for achieving diagnostic wait time compliance and specific recovery plans are in place. Additionally, focused work is ongoing to create additional Magnetic Resonance Imaging (MRI) capacity through use of a mobile scanner, starting from next month. This will support delivery of the service until new scanners become operational next financial year.

Our pressures with UEC performance are reflected across trusts at regional and national level, particularly with the emergency department (ED) 4-hour wait performance target of 95%. Our ongoing improvement programme has achieved some success but sustaining this remains a challenge. A key area of focus this month is on safely reducing delayed ambulance handovers, which increased in August. The ED 12 hour wait target has improved over the last two months and we are on track to achieve the 2% standard by next month. Significant increased ED demand and physical bed capacity are risks to achieving this target but we will be continuing our 'Right Patient, Right Bed' programme to improve patient flow and reviewing our winter and surge capacity bed modelling plans with key partners across the region. We have increased the number of GPs in the department to support the high levels of demand for primary care and we recently completed a peer review with Royal Berkshire hospital to identify opportunities for shared learning across our two organisations.

High performance in cancer services remains a priority and I am pleased to report an improvement against the Two Week Wait target for first appointments: in July we achieved 94.9% against the 93% target. The 28 Day Faster Diagnosis standard also exceeded its target, however performance against screening and treatment within 62 days; 31 days to first treatment; and 104 day wait standards deteriorated in July, compared with June.

We continue to progress on digitising care with CareFlow Vitals deployment now live, improving the quality of care provided to patients. This is an integrated communication platform, linking key individuals across departments and specialities, for more efficient communication, safer handovers and better collaboration. I also look forward to the launch of our video outpatients pilot this month.

Quality

In July we recorded four instances of *clostridioides difficile* infection and five in August. Disappointingly, we reported one instance of MRSA bacteraemia infection in July and one in August, bringing our 2021/22 total to 5 cases. There were zero never events in the same months. In July we recorded 419 births and 402 in August; in the same months we recorded 84 and 86 deaths, respectively.

We continue to learn from what we have done right as well as where our patient care may not have met the high standards that we aspire to. In July and August we recorded 53 and 50 formal complaints respectively. Excellence report numbers have been increasing since April, 53 were received in July and 71 in August. The following is an excellent example of the patient-centric care we aspire to deliver at all times:

*“*** has been in a temporary post as a SLT [Speech and Language Therapy] assistant for the past 6 months. During this time he has undertaken a massive education project delivering bite size training to wards and departments at Stoke Mandeville Hospital. He has taught well over 200 ward staff on the importance of good mouthcare, how to help a person with a compromised swallow eat and drink safely, how to thicken drinks properly so people on modified textures are not at risk of choking and the different types of food textures (IDDSI) which are offered to patients with dysphagia. *** has a very personable engaging manner about him and he has made a real difference to patient care by this fantastic project.”*

We marked the World Health Organisation’s World Patient Safety Day on 17 September, dedicated to the need to prioritise and address safety in maternal and newborn care with a number of patient safety initiatives. The maternity team held an official opening event for enhanced maternal care on our labour ward which also celebrated the work that all members of the multidisciplinary team undertake daily to keep babies and birthing people safe. This is a fantastic achievement and the first in our region.

Community Services

Ageing Well is a national initiative as part of the NHS Long Term Plan for transformational change in community healthcare services, to deliver integrated out of hospital care for older people. Buckinghamshire, in conjunction with BOB, is one of seven accelerator sites in England to implement Ageing Well in 2021/22, ahead of other community providers. The programme has three initiatives: Urgent Community Response (UCR), Enhanced Care in Care Homes (EHCH) and Anticipatory Care Planning (ACP). EHCH and ACP are led by primary care.

Urgent Community Response aims to improve outcomes by meeting urgent care needs quickly, and in the patient’s own home or place of residence. This aligns with our winter planning and managing UEC. Response time standards are two hours or two days, dependent on specific criteria related to the patient’s condition. As an accelerator site, we are expected to submit response data to the NHS Digital and national Ageing Well teams; share learning with other providers and the national team; provide two-hour crisis response across the region; accept referrals for admission avoidance from a range of sources and deliver 80% of responses within the two-hour and two-day standards. I am pleased to report that performance has been improving since April and we exceeded the 80% target for two-hour and two-day response delivery for August. The initiative has several benefits for patients, colleagues and teams and I am grateful for the hard work undertaken by the Community Services team to implement this project.

The School Nursing Immunisations Team is currently preparing to start COVID-19 vaccination for children aged 12-15 years, alongside usual flu vaccinations. For the 2021/2022 flu season, NHS England and NHS Improvement have increased the Flu vaccine to every school aged child (Reception to Year 11).

I am delighted to share that the Frailty project abstract has been selected for an e-Poster display at the BMJ and Faculty of Medical Leadership and Management Leaders in Healthcare conference in London this November. In this project, frail older patients were empowered to participate in decision making about critical aspects of care, improving their experience at a vulnerable stage in their life. This is a great example of cross-organisational collaborative work.

Integrated Care System

Earlier this month, NHS England and NHS Improvement published further guidance on ICS implementation and developing Place-based partnerships as part of an ICS. From April 2022, subject to legislation, Clinical Commissioning Groups will no longer exist and statutory functions will move to Integrated Care Boards. Key activities are ongoing to prepare for this including Chair and Chief Executive recruitment, work on vision, strategy, governance and functions and outlining the approach to Place and Place delegation.

In July I wrote about Community Diagnostics Hubs (CDHs). I am pleased to share that the CDH programme has endorsed the BOB ICS proposal to set up a CDH at Amersham Hospital this financial year. This is in line with the Trust Strategy and our ongoing work to reduce diagnostic wait times. I look forward to the many potential benefits to this, including improvement of the health outcomes of our community by reaching earlier, faster and more accurate diagnoses of health conditions.

People

I would like to formally announce that Dan Gibbs, Chief Operating Officer, has left the Trust this month to take up a role as Vaccination Programme Strategic Director and Regional Deputy SRO for NHSE/I South East Region. I would like to thank Dan for his commitment and contribution to the Trust and wish him well in the future. Arrangements will be put in hand to appoint an interim Chief Operating Officer pending a substantive appointment.

We have been preparing for winter pressures through investment in critical care, increased nurse recruitment from overseas, increased junior medical staffing recruitment and through our plans for medium term elective recovery. The Joint Committee on Vaccination and Immunisation (JCVI) has now published their advice on booster vaccinations. JCVI advises that individuals who received vaccines in Phase 1 of the COVID-19 vaccination programme, including healthcare workers, should be offered a third dose COVID-19 booster vaccine. We are making preparations to begin this Phase 3 booster vaccination process as soon as possible, modelled on our successful vaccination programme earlier this year. Furthermore, on 11 November 2021, government regulations will come into force mandating all care home workers, and anyone entering a care home to be fully vaccinated, unless they are exempt under the regulations.

Following the annual General Medical Council national training survey, I am very pleased and proud that due to the hard work of the teams involved, we were rated in the top 3 Trusts in the country for the overall experience of junior doctors in Palliative Medicine.

I have enjoyed events over the last couple of months to celebrate inclusion and diversity. For South Asia Heritage Month, I played in the Trust's first cricket match which also raised money for the India COVID-19 crisis fund. Wycombe Hospital was lit up to celebrate Wycombe Pride last month. The Trust's sexual health and recruitment teams had a stand for employment opportunities as well as raising awareness of the importance of sexual health and wellbeing. Earlier this month, I was honoured to be the guest speaker at the Celebration of Life event to mark the 20th anniversary of the first Filipino nurses coming to work at the Trust, organised by the Kalinga Organisation of Healthcare Professionals. I also enjoyed a celebratory event held by our Keralan nurses to welcome South Asian nurses to the Trust and recognise the invaluable contribution of our South Asian nurses working in the Trust.

Proud to be BHT

I am delighted that the hard work of colleagues has been recognised through award nominations and I would like to wish congratulations to all individuals involved.

Our School Nursing Immunisations Team has been shortlisted for a Nursing Times Award. The team of school nurses and redeployed Trust staff has been recognised for delivering a highly successful school-based vaccination programme throughout the COVID-19 pandemic. They were the only team in the country to continue vaccinating in schools for the first few weeks. As a result, they were able to vaccinate 7,000 children and young people during the first lockdown. This was more than ever before in a comparable period. The team is currently preparing to start COVID-19 vaccination for children aged 12-15 years.

Nursing Associate (NA) Apprentice Sally Williams has been named as one of the Nursing Associate Trainee of the Year finalists in this year's Student Nursing Times Awards. Sally began the NA Apprenticeship programme with Buckinghamshire New University in October 2019 and is now employed by the Trust. During her training she worked at the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital and Sally is now due to start a new role within the Community District Nursing team in Wycombe.

I am very pleased to announce that our National Spinal Injuries Centre (NSIC) Upper Limb Studio has been shortlisted for Acute Sector Innovation of the Year at this year's HSJ Awards 2021. The upper limb studio, which officially opened in May, provides a form of therapy known as Activity Based Restorative Therapy (ABRT). ABRT involves the use of equipment to facilitate repetitive movement to improve a patient's level of independence following spinal cord injury.

The Trust has been active in research stretching back to the days before there even was a Research Department, through the work of Professor Sir Ludwig Guttman and the world renowned National Spinal Injuries Centre. The Trust Research and Innovation Department has continued to grow its portfolio across all specialties such as cancer care, cardiology, plastics & burns, respiratory medicine and ophthalmology and has just registered its 1000th research study.

I am delighted to share that our new Trust website has moved from being 168th in an independent league table ranking accessibility, to being in the top 5 and was mentioned on social media as a great example of significant improvement. Our Annual Report for 2020-21 has been published on the website.

Finally, colleagues in the NSIC and across the Trust collectively applauded the efforts of our Team GB Paralympians in Tokyo. Several of the athletes had received support from our NSIC team and patients, family members and colleagues created origami cranes as emblems of good luck for the athletes. I am thankful for the opportunity the Games provided to celebrate efforts and appreciate the passion, resolve and determination of athletes, patients, relatives and our workforce.

Neil Macdonald
Chief Executive

Appendix 1 – Trust CARE value awards

Appendix 2 – Executive Management Committee and Transformation Board

Appendix 1 – Trust CARE values awards

I am delighted to share this summary of the winners of our Trust CARE value awards. Every month from all nominations received from colleagues and members of the public, the Executive Management Committee award four winners, one for each of four categories, which are: Collaborate, Aspire, Respect, and Enable.

July 2021

Category	Role	Nomination	Nominated by
Collaborate	Martin Wasik Ophthalmologist Consultant	I am one of the consultant ophthalmologists at West Herts. I joined the trust in Jan 2021 as clinical lead for ophthalmology and one of the most challenging areas to address was paediatric ophthalmology as the consultant had recently gone on sabbatical without replacement. It is a very long story, but the bottom line is, Martin Wasik at Stoke Mandeville went 'above and beyond' for us and kindly offered to accept telephone calls to discuss any tricky cases where required, and review patients (by transfer to SMH) if deemed necessary. We have managed for the most part as we have a senior staff grade who is very experienced with paediatric ophthalmology, but there have been a few occasions where Martin's help and advice has been greatly appreciated. For example, he is kindly seeing a child for us next week in his clinic. I do not know how to thank him as there are no words to explain the reassurance he has provided by 'being there' for us. Even if it is just at the end of the telephone. He is a fantastic colleague and you should be proud to have him at SMH.	Colleague outside of BHT
Aspire	Anna Marshall, Child Physiotherapist	Anna is my child's physio. She is such a support to me helping my child's progress with her gross motor skills and has helped me access other areas of Children's Therapy Services. She sets us clear, achievable goals between our sessions and responds quickly if I have questions in between appointments. She is always so cheerful, friendly and approachable and I really value her input into my daughter's life.	Patient Relative
Respect	Frances Kent Clinical Nurse Specialist Lead, Community Equipment Service	Frances has worked for the NHS most of her working life and worked within our spinal unit and young disabled unit for many years. I have known Frances for 15 years in her role as the Nurse Lead for the Community Equipment Service. Her role as an expert in her field means her referrals require her to spend often several hours with a patient and their family/carers to ensure that the correct equipment is ordered & used to promote the best quality of life achievable for that individual. Her work looks at beds, mattresses, chairs & cushions among other items that can have a huge impact for a patient and completely change their life in many cases. Frances is one of the most passionate and dedicated nurses I have ever worked with who has a knowledge of equipment second to none. Her service is often under the radar but is vital to ensure her patients can remain at home and live in the best way possible for their needs. Her clients are becoming more and more complex and Frances works many hours of her own time valuing each person as an individual to ensure her assessment & recommendations are correct and the best outcome achieved. Frances is so highly thought of in her field she advises on national work and teaches at national study days & conferences. In my opinion Frances is very deserving of award for the individualised respect she gives to every referral she receives.	Staff Member
Enable	Alka Pandey Specialist Dietitian	Alka is such a genuine, compassionate and empathetic woman. Alka, teaches, and empowers those in her care to get to grips with their diet, blood sugars, general well-being and mental health. This is done with enthusiasm, kindness, empathy, and a real passion to share knowledge, to educate and to influence us all in a truly inspiring and positive way. Alka has also shared her knowledge by starting her own Instagram page with healthy recipes, which makes her reach just that bit wider. I know Alka as a professional and am now under her care, and I cannot express the gratitude I have for her. Alka sorted all my problems and set me on the road to success. I can contact her about anything, and nothing is too much trouble. she really is an asset to the Trust	Staff Member

August 2021

Category	Role	Nomination	Nominated by
Collaborate	The Medical Undergraduate Education Team	For the last 3/12 the UG team have been working together to develop a virtual ward simulation for the 60 new trust F1 doctors. The team included the educational fellows, clinical skills and simulation staff and various admin staff. The simulation involved creating a virtual 10 bedded virtual ward with a mixture of real and model patients. Over 2 days all 60 of the F1s attended the simulation to learn how to deal with ward round issues in a safe protected environment. The feedback from the session was phenomenal with all the F1 saying it helped feel prepared to start working as a new F1.	Staff Member
Aspire	Clare Summerfield Deputy Divisional Director	Claire has stepped up into the deputy divisional director role to cover an absence in in a challenging time. Despite the pressure, in word and deed Claire clearly aspires to be the best for her, her team and her patients. While dealing with operational pressures Claire made time to carefully and thoughtfully develop detailed plans for the services under her care. In these plans she has obviously tried to ensure both short-term capacity and, as far as possible, look ahead to longer term sustainability. At the same time, working smart and putting in long hours, Claire is also playing a crucial part of some of the most urgent and sensitive operational requirements the trust is facing. Demonstrating genuine care for her patients, she shows excellent attention to detail to help make sure those who have been waiting a long time get the care they need. This clearly comes from a place of wanting to do a good job, wanting to support her team and wanting to do the right thing for patients. Despite all this going on Claire somehow finds time to be responsive to urgent requests, attend meetings to brief others, and never shrinks from picking up new work that she is best placed to help with. Perhaps most impressive is Claire's ability to offer solutions as well as problems. She will identify where things could go wrong and will wherever possible try to offer a way to resolve this - often by doing so herself.	Staff Member
Respect	Ellie Provins Midwife	Amazing person! Felt very well looked after and safe. Ellie made me laugh even in labour. I was sad to see her go at the end of her shift. I stayed in for two nights and saw her again in the ward before I left on my last day, and she remembered me and was interested to find out how it went. She took the time to explain what happened and why as my labour was a bit traumatic. She helped answer and questions we had and took the time to make sure I was ok and understood what happened and why. She checked I was ok before letting me leave and I felt very happy to be in her care. She made the experience better and I'd like to thank her for that, in a very scary time she made it happy.	Patient
Enable		No nominations received for Enable category	

Appendix 2 – Executive Management Committee and Transformation Board

Executive Management Committee 27 July to 14 September 2021

The 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 year 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 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 27 July 2021.

Quality and Performance

Cancer services performance
Patient experience report
Integrated performance report
Infection Prevention Control (IPC) report
Care Quality Commission (CQC) insight report
Trauma and Orthopaedics activity recovery
Operational recovery
Winter resilience plan
Integrated Medicine safe medical staffing
Business Case for Acute Medicine junior medical staff
Using the Friends and Family Test to improve patient experience
National inpatient survey results
Emergency department based Primary Care Service
New surge planning framework
Ockenden funding Memorandum of Understanding (MoU)
Planned waiting list diagnostic
Preparing for winter
Clinical harm risk mitigation
Get it Right First Time (GIRFT) report
Maternity safety
Patient and Public Equality, Diversity and Inclusion
Integrated safeguarding report
Research & Innovation (R&I) report
Autonomous telemedicine
Returning to business as usual operational and decision making structures
Paediatrics winter activity
Actual and potential deceased organ donation
Clinical coding action plan
Emergency department quality metrics
Planned care productivity and efficiency improvement
Quality priorities
Serious incidents including maternity serious incidents

People

CARE value awards
Responsibility allowance
Approach to reporting and dealing with behaviours
MoU for identity bracelets
People policies compliance monitoring
Staff survey results
Overtime payments and pay during annual leave
Primary care knowledge specialist MoU
Health Education England NHS Education contract
Maintaining minimal healthcare support worker vacancies MoU
Urology consultant business case
Flu plan
Preparations for the 2021 NHS National Staff Survey
Workforce recovery

Money

COVID-19 cost tracking
COVID-19 expenditure requests
Finance report
Contract activity and income review
Audit findings and opinion
Capital forward plan
Costing strategy and national cost collection
Better Payment Practice Code (BPPC) Performance

Strategy, Estates & Commercial

New Hospitals Programme expression of interest
Endoscopy washers maintenance support contract
Wycombe tower
Aerated concrete
End of Life Care strategy
Community site review of Aylesbury
Stoke Mandeville Hospital Private Finance Initiative (PFI) soft service contract MoU
Health and Safety Executive compliance
Car parking security
Staff car parking charges
Strategic partnership proposal
Amersham Community Diagnostic Hub letter of agreement
Community teams electronic patient record system contract extension
Data quality strategy
South Bucks PFI contract
Property services quarterly report
Recovery programme regulator update
Buckinghamshire interface meeting progress
Integrated Care System objectives
Minutes of the Caldicott and Information Governance Committee meeting
Strategy publication and hospital infrastructure programme
Current performance and the next six months
Computerised Tomography (CT) scanner maintenance support contract

Governance

NHS System Oversight Framework
CQC improvement plan
Corporate risk register
Finance corporate risk register
Board Assurance Framework (BAF)
The following policies were approved:

- BHT Pol 251 – Data Protection Policy
- BHT Pol 188 – Subject Access Request Policy
- BHT Pol 279 – Assessment and Treatment of Children and Young People with Mental Health Needs

- BHT Pol 131 – Policy for the Implementation of National Institute for Health and Care Excellence (NICE) Guidance
- BHT Pol 051 – Information Governance Policy
- BHT Pol 043 – Grievance Policy
- BHT Pol 067 – Manual Handling Policy
- BHT Pol 279 – Respiratory Protective Equipment (RPE) and Fit Testing
- BHT Pol 062 – Clinical Record Keeping Policy
- BHT Pol 164 – Policy for the Prevention of Slips, Trips and Falls
- BHT Pol 096 – Patient Identification Policy

Transformation Board 5 August to 9 September 2021

Established in 2020-21 as an Executive-level meeting with clinical leads from across the Trust, Transformation Board is dedicated to strategic projects and meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement. Below is an overview of some of the areas considered in the last two months:

Urgent and emergency care transformation

Transformation and efficiency update

Trust strategy high level milestones

Electronic patient records

Hospital redevelopment programme

Outpatients deep dive

Temporary staffing

Planned care programme

Key strategic priorities and milestones

Quality Improvement projects on a page:

- Polypharmacy
- Reduction in unintentional omitted doses
- Bowel cancer Two Week Wait qFIT Testing
- Post-Acute band 7 supervisory pilot
- Improving thermoregulation in the very preterm infant
- 12-month music therapy pilot service
- Speech and Language Therapy voice pathway
- Stroke physiotherapy

Portfolio updates:

- Urgent and emergency care
- Property and commercial
- IT and Digital