

**TRUST BOARD MEETING IN PUBLIC
24 NOVEMBER 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 four fantastic winners of our Trust CARE value awards for September (Appendix 1), and a summary of Executive Management Committee and Transformation Board meetings over the last two months to provide oversight of the significant discussions of the senior leadership team in other areas (Appendix 2).

To recognise and remember the strength and kindness of Buckinghamshire through the COVID-19 pandemic, Nightingale's rainbow, a rainbow structure located at Stoke Mandeville Hospital, has been built in collaboration with Florence Nightingale Hospice Charity. At 5.5 metres tall and 8.3 metres wide, the rainbow is the first permanent tribute to the COVID-19 response in the county.

The impact of the COVID-19 pandemic is still being felt by many people and has resulted in financial difficulties for some of our most vulnerable residents. Although it was a privilege to volunteer last month at Aylesbury Foodbank sorting and labelling food, I was saddened to learn about the increased dependence on foodbanks over the last two years for local families. Where possible and affordable, I would encourage you to donate food for those who rely on the kindness of our community.

Whilst COVID-19 cases are beginning to fall in Buckinghamshire after a rise last month, cases are still prevalent locally and present in our hospitals. Visiting restrictions are still in place and patients, service users and visitors are required to continue to follow social distancing rules when visiting any healthcare setting as well as wearing facemasks to protect our patients and colleagues. Vaccinations are a key part of our plans to keep people safe and well this winter. I would encourage you to book in for your flu and COVID vaccinations, if you are eligible, and please encourage your neighbours, friends and loved ones to do so too.

Whilst the Trust is continuing to make progress, we are very aware that people are having to wait longer than we would like for elective procedures, diagnostic tests and in our Emergency Department. Following the 'Board to Board' process I described in my last report, regular meetings with the regulators have continued and recovery is a key focus at each Trust Board meeting.

The national planning guidance was published at the end of September for the second half of this financial year. Working with our system colleagues, Integrated Care System financial and operational plans were submitted last week, and more detailed Trust plans will be submitted this week.

A System Development Plan has been written for the Buckinghamshire, Oxfordshire and Berkshire West ICS which sets out the approach and plan for transition to the Integrated Care Board (ICB) as a statutory NHS Body on 1 April 2022 and its relationship with the Integrated Care Partnership (ICP). Significant progress has been made in system integration and development in recent months including progress with recruitment to senior leadership roles and preparations for the changes required ahead of the next financial year.

Following the distressing case recently in the news involving mortuary incidents at Kent and Sussex Hospital and Tunbridge Wells hospital; whilst we are confident that we have robust procedures and policies in place, in line with guidance from NHS England and NHS Improvement (NHSE/I) we are going through an assurance process to assess and improve the security of our mortuaries as well as compliance with Human Tissue Authority guidance. This review will be completed by the end of this month.

Quality, performance and recovery

The Trust Improvement Plan has been launched this month with six key areas of focus now reported into the Executive Management Committee each week: governance, quality and safety, operational recovery, finance, people and leadership and culture. Each of these areas has an executive lead, associated workstreams, management of identified risks to delivery and trajectories for improvement.

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. Our activity levels against 2019/20 activity remain a key focus, in line with the Elective Recovery Fund (ERF) initiative. Since May 2021,

elective and day case activity has remained between 80% and 100% of 2019/20 activity in the same months, against the increased 95% additional tariff payment threshold funded at system level.

We have successfully been reducing the number of patients with extended wait times and are forecasting zero patients waiting over 104 weeks for planned care from January 2022 and no increase going forwards in the number of patients waiting over 52 weeks. Indicative figures for October show both long wait metrics to be in line with trajectories.

High performance in cancer services remains a priority and I am pleased to report achievement of the Two Week Wait target for first appointments for three consecutive months. This was 94% in August and 96% in September, against the 93% target. We have also continued to achieve the Faster Diagnosis Standard which means patients who are referred to us for suspected cancer have a timely diagnosis. The non-site specific pathway, previously known as the vague symptoms pathway, is now operating against revised and improved protocols which reflect national guidance. The development of this pathway is crucial for the safe management of suspected cancers. Sustainable workforce measures are now in place and an extensive validation exercise will be completed by the end of this month with formal reporting to the National Cancer Registration and Analysis Service recommencing in the last quarter of this financial year.

In September I wrote about our Community Diagnostic programme. I am pleased to share that we have opened a new diagnostic centre at Amersham Hospital. The centre will enable the Trust to offer more appointments for tests such as X-rays, ultrasounds and blood tests, reducing wait times and making it easier for the local community to access these services closer to home. In the future it is also planned that we will offer tests and examinations for patients referred for investigation of heart and respiratory problems. The centre will also further support the improvements being made to diagnostic wait times.

Our pressures with urgent and emergency care performance continue to be reflected across Trusts at regional and national level, particularly with the Emergency Department (ED) 4-hour performance target of 95%. There continues to be increased demand in the afternoons and evenings with a high number of walk-in patients of lower acuity presentations. An Urgent Treatment Centre model at the ED front door is planned to launch at the end of this month and will significantly help manage the increased demand. This will enable the management of minor illness and injury through a different pathway, allowing the ED to focus on the most acutely unwell patients. A key area of focus is on safely reducing delayed ambulance handovers which have increased. Disappointingly, the number of patients waiting over 12 hours in ED has also been increasing. A plan is underway to increase the number of beds in wards to help improve flow in the department to prevent ambulances being delayed on arrival at the hospital and enable patients to be seen more quickly.

Earlier this month we held an Emergency Department Day to focus on how improvements can be made in the department and to find solutions to address workforce challenges. The day was facilitated by Dan Boden, NHSE/I Emergency Medicine Regional Advisor for the South East and it was very helpful to learn from his experiences. We are also in the process of arranging a further visit from the NHSE/I regional Emergency Care Intensive Support Team (ECIST) to discuss surge and escalation planning, criteria to admit and clinical review of standards.

Learning

In September we recorded five instances of *clostridioides difficile* infection and seven in October. We reported zero instances of MRSA bacteraemia infection in the same months. In September we recorded 396 births and 443 in October; in the same months we recorded 97 and 87 deaths, respectively. I am disappointed to report we had 3 never events in October which are being fully investigated: a retained swab during surgery, the wrong lens (ophthalmology) and unintentional connection of a patient to piped air.

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 September and October we recorded 48 and 55 formal complaints respectively. Overall excellence report numbers have been increasing with 53 received in September and 74 in October. The following is an example of the personal care we aspire to deliver at all times:

“A collaborative episode of care between ITU (Intensive Therapy Unit) and Paediatrics ensured the best outcome for the patient. Joint working and clear communication enabled excellent care. The Outreach team provided excellent support to Paediatrics on ward 3. This ensured the patient stayed local to their family, avoided transfer to an outside Trust and provided an exceptional patient pathway. Staff on ward 3 felt well supported to provide safe care.”

People

The government has announced all individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. The requirement will be for patient facing colleagues and volunteers to have both doses of the COVID-19 vaccine, unless a person is medically exempt. The COVID-19 booster and flu vaccination will not be mandatory. We are awaiting national guidance for further details (at the time of writing) and will update colleagues as we receive more detailed information.

Building on the success of our bullying & harassment poster campaign, “Be a buddy, not a bully” there were a series of events last week for national anti-bullying week. Some of these were locally run and others delivered by NHS England and NHS Improvement’s Civility and Respect team.

The Trust’s Embrace network has been marking Black History Month through a series of local, national and collaborative events which have been well supported. I was proud to see Karen Bonner, Chief Nurse, celebrated in the HSJ as one of the 50 most influential Black, Asian and Minority Ethnic Leaders in the NHS. Karen has around 25 years’ experience as a nurse and has been at our Trust for just over a year, having joined in the midst of the pandemic. Members of the Embrace network also organised Diwali celebrations for colleagues to mark the festival of new beginnings and the triumph of good over evil and light over darkness.

October was Freedom to Speak up month and the national campaign this year was “Speak Up, Listen Up and Follow Up”. Our fantastic Freedom to Speak Up team organised an extensive programme of 34 activities, opportunities and new training for teams and individuals to get involved in across the Trust which I enjoyed being a part of, alongside other executive colleagues. Safeguarding week also took place last week. There were a series of national and regional webinars to mark the week, highlighting a range of topics relating to both child and adult safeguarding which colleagues attended.

I attended our annual Healthcare Support Worker Conference on 8 November. There were a number of external and internal speakers and stalls covering a range of available support. I was pleased to open the conference and have the opportunity to recognise the great achievements of support workers within the Trust, alongside executive colleagues.

Finally, I am delighted to announce Andrew McLaren’s appointment to the permanent Chief Medical Officer role after a rigorous recruitment process. Andrew is already known across the organisation, having worked in the Trust as a surgeon for the last 20 years and has held a number of leadership roles in the Trust during this time. Andrew has a strong interest in improving clinical pathways and focusing on better outcomes for patients and has proven himself a great addition to the Board in his role as Interim Chief Medical Officer since April. I am also pleased to welcome Gavin MacDonald as Interim Chief Operating Officer. Gavin has extensive NHS experience in senior leadership roles across various organisations and I am grateful for his leadership at this busy time. I am delighted to have Gavin and Andrew as part of the executive team.

Proud to be BHT

Following the recent UN climate change conference (COP26), there has been an increased focus on the effects of climate change which impact both population and individual health. Nationally, the NHS has committed to net zero emissions for care provided by 2040, and zero emissions by 2045. In line with this we have developed a Trust roadmap which has been published on our website.

Two weeks ago, we also marked World Quality Week; a celebration of how quality improvement can improve products, services, systems and processes to make sure they’re as fit and effective as possible. Our theme for the week was quality improvement’s role in sustainability and there were a number of events in the week across a variety of topics. To launch the week I visited the Healthy Living Centre Community Café where our Trust Hospital Food and Drink Strategy working group learned about low carbon eating. 80% of the lunch ingredients were supplied by the Buckinghamshire Food Partnership. The week ended with the launch of the new Trust Small Steps to Sustainability initiative– an invitation for colleagues to pitch ideas for new projects to make the Trust more sustainable.

I am delighted the fantastic contribution of Trust volunteers has been recognised and shortlisted for two awards at the Helpforce Champions Awards 2021. Abi Gibbs and Hugh Chamberlain have been shortlisted for the ‘Volunteer of the Year’ award following their incredible work to transform the Haleacre Garden at Amersham Hospital into a restful and relaxing space for colleagues to recharge their batteries. The Spinal Cord Injury Patient Education Team have been shortlisted for the ‘Celebrating Inclusion and Diversity in Volunteering’ award.

Last month I was pleased to join Richard Harrington, CEO for the Buckinghamshire Local Enterprise Partnership for the official opening of the Buckinghamshire Health Research and Innovation Centre at Stoke Mandeville Hospital. This impressive building hosts our Research and Innovation team who I mentioned in my last report as having registered their 1000th research study. An example of one of these important studies is the GenOMICC trial which is the largest consented research study in the history of UK critical care medicine. It leads the way in genetic discovery in COVID-19, has found 25 genetic associations with critical illness and has informed the selection of drugs in large scale clinical trials and continues to find new insights into the molecular mechanisms of the disease. Our ICU Research Nurse has received a personal accolade from the Chief Investigator of the GenOMICC trial for her outstanding contribution and hard work during the last few years to ensure that the research program continued, despite all the challenges faced during the pandemic.

The Trust's Age-related Macular Degeneration (AMD) Clinic celebrated its five-year anniversary with patients, local Macular Society representatives and leaders from across ophthalmology, optometry and the health service at Amersham Hospital this month. By setting up and delivering a service where patients receive their treatment in the most efficient and safe manner, the AMD clinic has ensured that patients in Buckinghamshire with wet AMD have the best chance of keeping their eyesight, maintaining independence and leading full lives.

The Trust held two services to mark Remembrance Day on 11 November, one at Wycombe Hospital which was also livestreamed and the other at Stoke Mandeville Hospital. Both services were led by chaplaincy colleagues and included the sounding of the last post, the laying of wreaths and two minute silences. Colleagues with armed forces medals were invited to wear them to work with pride on the day. Lest we forget.

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.

September 2021

Category	Role	Nomination	Nominated by
Collaborate	Marlow RRIC Intermediate Care	I work in the next office to the RRIC team supporting them with any admin that is required. At the moment the team is struggling with staffing levels but they still need to provide support to patients in the community in a dedicated, uncomplaining manner. They have Collaborated with each other to ensure all patients on the caseload have experienced consistent and excellent care. This has also been proven by the calls I have taken from the patients or family signing the praises of the team as a whole or individuals. I am amazed at times that they are still smiling despite the pressures they are all under at the moment. I see/hear first-hand the care and compassion they have for all the patients & families they see even those that prove to be more challenging. As a team they come together and support each other in difficult times whether that is because of the death of the patient or the challenging behaviour of the patient. I am proud to work alongside such individual but always professional and dedicated colleagues.	Staff member
Aspire	Maureen Miller NIPE midwife	Rothschild ward would simply grind to a halt if it were not for Maureen, particularly at the weekends. Maureen is our NIPE midwife. All babies require a NIPE (newborn check) before 72 hours. This in the week, is mainly performed by the paediatricians assigned to the ward that day, but at the weekend only we only have one paediatrician to cover everything on our ward. Maureen comes in on both days at the weekend and works her way through, our often long list of babies. She often stays well past when she should to get them all done. Mums & babies can not go home until this is done, and without Maureen performing the NIPE's we would have many unhappy families desperate to get their newborn home and we would be even more bed blocked! On top of the weekends, she has her own NIPE clinic to run in the week, and she will often stay on the ward to finish off what the paediatricians have not been able to do. She has come in on her annual leave to help the ward too. Rothschild ward simply could not cope with out Maureen going that extra mile and we all really appreciate what she does.	Staff member
Respect	Sally Sharpe Infant Feeding Coordinator	I would like to nominate Sally. She provided breastfeeding support to me and my son a couple of months ago which was invaluable. I was really struggling with breastfeeding and it was something important to me that I wanted to be able to do as I had struggled the first time around with my eldest son. She gave me support over the phone and saw me twice in person. She listened to me and gave helpful advice but most importantly made me feel listened to and supported. I never felt rushed and she gave me lots of her time whilst she observed our latch and helped me make small adjustments. She also diagnosed his tongue tie and then supported us after the tongue tie division. We are now nearly 6 months into our breastfeeding journey which we would not have achieved without Sally's help, support and kindness. I really appreciated her person-centred approach and the time she gave me.	Patient
Enable	Tiago Maia HCA St David's Ward	Tiago is very proactive and is all the time teaching the patient how to take responsibility for their care since they have a Spinal Injury and need to understand the changes in their body. Tiago is also the staff member that is always trying to share all the knowledge that he has with junior staff members.	Patient

Appendix 2 – Executive Management Committee and Transformation Board

Executive Management Committee 21 September to 09 November 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 second half of this year the committee has also become the programme management office for the Trust Improvement Plan. 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 21 September 2021.

Quality and Performance

Cancer services performance
Integrated performance report
Assurance of external review register
Overall elective recovery
Recovery Programme report
Recovery programme regulator update
Recovery programme management proposal
Mortality report
Urgent care performance framework
Winter capacity
Winter plan and proposed H2 support
Critical care expansion schemes
Urgent Treatment Centre (UTC) model
UTC Pathway Memorandum of Understanding (MoU)
ICS Elective Care Board update
Clinical harm review update
Brunel Medical School update
Blood Tubes update
New NHSE/I guidance received
Research and Innovation Committee meeting minutes
Maternity incentive scheme (CNST)
Mortuary Assurance
Redrooms proposal
Maternity safety report
Safe staffing report
Intrapartum care at Wycombe Birth Centre
Tackling health inequalities
Innovation Update – autonomous telemedicine
Significant Incidents report including maternity
Emergency Department quality report
Non-specific symptoms pathway review
Harms oversight process
Weekly Infection Prevention Control report

People

CARE awards
Workforce
Vaccination Programme update
Recruitment update
Culture and behaviours
Midwifery retention support funding MoU
Workforce Race Equality Standard (WRES) and
Workforce Disability Equality Standard (WDES) action
plans
Recruitment to consultant posts
NHSE/I Volunteering Services Fund MoU
Temporary staffing
Outline proposal to bid for further international nurse
funding 2022/23
Excluded practitioners

Money

COVID-19 cost tracking
ERF cost tracking
COVID-19 and ERF expenditure requests
Finance report
H2 financial plan
Capital Plan Progress – Estates and Digital
Capital – Delegated Approval Limits
Contract management including PFI and procurement
Auditor's annual report

Strategy, Estates & Commercial

Critical services priorities
Coroner service contract
Outpatients telephony update
Digital strategy update
Communications approach
Community Diagnostic Hubs update
Developing Care Closer to Home – Community Hubs
pilot
Patient transport contract
Abbott Laboratories managed service contract
Data Protection and Security Toolkit update
Wycombe and Amersham Energy Infrastructure project
CT scanner maintenance support contract
Head of midwifery staffing update report

Governance

Caldicott & Information Governance Committee
minutes

CQC improvement plan

Lapsed Policies/Policies due to lapse

The following policies were approved:

- BHT Pol 149 - Safeguarding Children Policy v4.1
- BHT Pol 071 - Self Administration of Medicines Policy (Annex 7) v4.3
- BHT Policy 282 - Surveillance & Audit Policy for Infection Prevention and Control v1.0
- BHT Policy 283 - Infection Prevention & Control Policy v1.0
- BHT Policy 284 - Infection Control in the Built Environment
- BHT Policy 162 - Mandatory & Statutory Training Policy
- BHT Policy 248 - Commercial Research Policy
- BHT Policy 130 - Information Risk Policy
- BHT Pol 124 - Point of Care Testing Policy v7.0
- BHT Pol 071 - Medical Gas Policy (Annex 18) with Procedure A & Procedure B v1.4
- BHT Pol 071 - Intrathecal Chemotherapy Policy (Annex 11b) v13.1

Transformation Board 07 October to 04 November 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:

Transformation and efficiency update Asset management

High level milestones

NSIC transformation deep dive

Hospital redevelopment programme

Navenio portering system Inequalities in maternity

Start Well update

Medicines transformation deep dive

Digital funding applications

Quality Improvement projects on a page:

- Developing a kinder workplace
- EY review pathway
- Improve healthcare transition
- Mapping discharge of medical patient
- Medicine Management Matron

Portfolio updates:

- Urgent and emergency care
- Planned care
- Community care
- Women Children and Sexual Health
- Diagnostics
- NSIC transformation
- Property and Commercial
- People
- IT and Digital
- Nursing
- Improving the health of the community
- Finance and improvement