

Meeting: Trust Board Meeting in Public

Date: 25 October 2023

Agenda item	Chief Executive's Report
Board Lead	Neil Macdonald, Chief Executive
Author	Chloe Powell, CEO Business Manager
Appendices	Chief Executive's Report Appendix 1 – BHT Tripartite Letter Appendix 2 – CARE Value awards Appendix 3 – Executive Management Committee and Transformation Board
Purpose	Information
Previously considered	None

Executive summary

This report aims to provide an update on key developments over the last month in areas that will be of particular interest to the Board, covering both Trust activity as well as that done in partnership with local organisations in Buckinghamshire (Place), and as part of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS).

In September, we had our regular 'tripartite' meeting with colleagues from BOB Integrated Care Board and the NHS England South East Regional team; I attach a letter received following this meeting (Appendix 1).

Also appended are a list of the winners of our monthly CARE value awards (Appendix 2) and a summary of Executive Management Committee and Transformation Board for the last month to provide oversight of the significant discussions of the senior leadership team (Appendix 3).

The Board will receive a quarterly Place & System Report moving forwards following discussion last month.

Decision	The Board is requested to note this report.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times <input checked="" type="checkbox"/> Improve safety <input checked="" type="checkbox"/> Improve productivity	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters <input checked="" type="checkbox"/> Upskill operational and clinical managers	
Implications / Impact			
Patient Safety	Highlights activities in place to support high quality patient care		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Links to all strategic objectives of the BAF and highlights any risks of note to the Board		
Financial	Provides an overview of the Trust financial position		
Compliance	Updates on any changing or new legislation or regulation of relevance to the Board.		
Partnership: consultation / communication	Highlights partnership activities at Place and System		
Equality	Highlights activities regarding equalities where relevant, including equality standards and health inequalities		
Quality Impact Assessment [QIA] completion required?	Not required for this report		

Chief Executive's Report

National and system update

I would like to start my report by acknowledging the significant events taking place in the Middle East at the time of writing this report. With both Israeli and Palestinian colleagues in our BHT family, our thoughts are with those most personally affected.

In September we had our regular 'tripartite' meeting with colleagues from the BOB Integrated Care Board and NHS England South East regional team to discuss our progress against key performance measures in line with the NHS England Oversight Framework. Appended to this report is a summary letter which we received following this meeting (Appendix 1).

October is Black History Month and I am delighted to share that not one but two of our senior nursing leaders have been recognised in the 10 most influential Black, Asian and minority ethnic leaders in health and care by the Health Service Journal (HSJ) supported by the NHS Race and Health Observatory. We are extremely proud of Karen Bonner (Chief Nurse) and May Parsons (Associate Chief Nurse), and incredibly fortunate to have such clinical role models in our organisation. One of our Non-Executive Directors, Dr Adrian Hayter, is also recognised in the top 50 list.

Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. I would note the challenges we are experiencing with patients being seen by a senior decision-maker within 60 minutes of arrival, and the increasing size of our acute waiting list, both of which were discussed at Transformation Board. On a positive note, we are seeing a statistical improvement in ambulance handovers, and with the number of bed days lost in month for patients who were medically optimised for discharge but not discharged. Regarding key metrics for our workforce, we continue to see positive trends in terms of vacancies and turnover, and statutory and mandatory training.

Significant work has gone in to ensuring we are as prepared as possible for the increased demand we anticipate each year over the winter period. A separate report is provided later in the Board agenda, which highlights five areas of focus, things we have already put in place over the summer months, and a series of interventions planned for the coming weeks which we anticipate will make meaningful improvements when demand is at its highest. This plan, developed with partners, has been reviewed by both the Buckinghamshire Health & Wellbeing Board and Health and Adult Social Care Select Committee.

We have also started our 'Rapid Improvement Events' in recent weeks. These are periods of intense support from our Quality Improvement team with sponsorship from an Executive Director. This series is targeted on the inpatient wards at Stoke Mandeville Hospital with a focus on making the patient stay as efficient as possible in line with best practice inpatient care e.g. planning for discharge at admission.

Our Research & Innovation department continues to go from strength to strength, and this month saw the inaugural Buckinghamshire Innovation Roundtable, a new collaboration between University of Buckingham Medical School, the Buckingham Enterprise and Innovation Unit, Buckinghamshire Local Enterprise Partnership, and our Innovation team. The purpose is to identify key strengths that Buckinghamshire as a region has (e.g. precision engineering at Silverstone, creative industries at Pinewood, Space technology at Westcott and headquarters of international companies) to ensure we are using these to answer local healthcare needs, as well as develop new leading niche areas. Initial areas of interest include AI, leveraging 5G connectivity and extended realities. We look forward to seeing the outputs of this exciting collaboration.

I am delighted to share several commendations this month: firstly congratulations to our Clinical Trial Pharmacy Team who won the Outstanding Contribution to Clinical Support Services Award at this year's National Institute for Health Research (NIHR) Clinical Research Network Thames Valley and South Midlands (LCRN) staff awards. A further seven members of the research team were Highly Commended at the awards for their contributions.

Secondly, our Psychology Team at the National Spinal Injuries Centre were invited by the Shirley Ryan Lab in Chicago to join in their application for a \$4.2 million grant application from the USA National Institute on Disability, Independent Living and Rehabilitation Research. The grant, also involving collaborators in the USA, Australia, Canada, The Netherlands, and Norway, was recently awarded to examine Rehabilitation Length of Stay Following Spinal Cord Injury. More information can be read [here](#).

And lastly, congratulations to Carers Bucks, who celebrated their 20th Birthday this month. This organisation provides invaluable support and advocacy for the wealth of people who perform a caring role for their friends or loved ones across the county and are an important partner for us in continuing to improve the experience of our patients.

This month there are numerous national campaigns which we have been recognising or celebrating across the Trust including World Mental Health Day, Baby Loss Awareness Week, and Black History Month. Allied Health Professionals Day will be a fantastic opportunity to recognise the numerous healthcare professions which may not immediately come to mind when we think of patient care, but which contribute significantly to excellent care and outcomes.

Healthy communities

I am delighted to confirm that our Health on the High Street unit is now open in Friar's Square in Aylesbury. Local residents are able to access healthcare services and advice centred around the needs of the community, including:

- Preventative healthcare advice and screening
- Children and young people's services
- Maternity advice and support services
- Vaccinations
- Older peoples' support

This pilot scheme is a joint initiative with Buckinghamshire Council and has been initiated in recognition of the fact that public services need to serve our communities better, especially in areas of deprivation where they need to be as easy as possible to access. A video describing more about the initiative can be watched [here](#).

Continuing the theme of our ambition to deliver more care in our communities, we held on Older People's Day at one of our sites in the south of the county, Chalfont & Gerrard's Cross Community Hospital. Across the 70 or so people who attended the day, the team held 34 fitness reviews and 49 blood pressure checks. My thanks to the variety of specialists who supported the day.

Earlier this month we were delighted to be joined by Countess Howe, the Lord Lieutenant for Buckinghamshire, to celebrate achieving the Defence Employer Recognition Scheme Gold Award by resigning the Armed Forces Covenant. The resigning underlines our commitment to supporting our local Armed Forces community across Buckinghamshire, both as patients and as our colleagues.

Great place to work

It was such a pleasure to celebrate our longest serving colleagues and volunteers this month. The NHS, more than any other industry, seems to instil a sense of loyalty and commitment in those who choose to work or volunteer in healthcare, and I am deeply humbled by the incredible stories I heard at these events. The patients they serve, either as patient-facing clinical staff or

through our numerous support services, owe a huge debt of gratitude, and they have my personal sincerest thanks which I am sure the Board will echo.

This month the National Staff Survey opened, and we are strongly encouraging all colleagues from across the Trust to share their views about working at the Trust. The data we receive from this anonymous national initiative are so important – we know that how our colleagues feel positively correlates with the quality of care we provide, and this is the most comprehensive set of feedback we have access to, to inform our priorities as an organisation.

October is Speaking Up month, and recent tragic events at the Countess of Chester Hospital are a stark reminder of the paramount importance of this service. This year the national theme focuses on Breaking Barriers. We are also working to emphasise the other critical elements of Speaking Up, namely Listening Up and Following Up.

Finally, huge congratulations to the team from our National Spinal Injuries Centre who won the 2023 Inter Spinal Unit Games. This year 11 spinal units from around the UK and Europe took part in the games, which provide opportunity for recently injured adults to discover life-transforming benefits from taking part in sport.

Appendices

Appendix 1 – BHT Tripartite Letter

Appendix 2 – CARE Value awards

Appendix 3 – Executive Management Committee and Transformation Board

Sandford Gate
Sandy Lane West
Oxford
OX4 6LB

6th October 2023

Neil Macdonald
Chief Executive Officer
Buckinghamshire Healthcare NHS Trust

Dear Neil,

BOB ICB Tripartite Oversight Meeting with Buckinghamshire Healthcare and NHSE

Thank you to you and your team for providing comprehensive updates on the Trust's position at the BOB/NHSE Tripartite Oversight Meeting on 14th September 2023, the second meeting of the 2023/2024 financial year.

The purpose of the meeting was for the Trust to provide updates on performance and assurance on key operational areas.

Summary highlights of the presentation topics included:

UEC Programme

There is evidence that the Trust has increased productivity and flow through the Emergency Department (ED) since the previous meeting, with the successful go live of the 24/7 Urgent Treatment Centre and SDEC extended hours at Stoke Mandeville Hospital in July 2023. In addition, all of the new consultants are now in post with the Department fully established at 12 consultants. However, industrial action continues to impact on the consistent productivity of the department.

Ambulance handover performance at the ED has shown great improvement with a culture change being introduced whereby the Emergency Department medics are taking ownership of issues and significant operational changes; for example the removal of the Emergency Practitioner in Charge role to ensure there is a consultant at ambulance and walk in arrival respectively between 8am and midnight seven days a week. These in turn deliver significant patient benefits. The Trust stated their bed occupancy rate was 99.7%. A modelling review has identified that 50 additional beds are required, which will be partially addressed through the introduction of a new ward, but the remaining capacity would require the implementation of a further ward in the coming year.

The significant reduction in the length of stay was noted. There are a number of initiatives to be delivered in the coming months that will increase capacity and/or manage demand and thereby reduce waiting times for patients. These include:

- Opening of the Transfer of Care hub (16th October 2023)
- Clinical Decision Unit opening on 2 October 2023 providing an additional 12 beds and 12 chair spaces.
- Implementing single point of access on 6th November 2023 and
- Olympic Lodge reopening on 23rd October 2023 (22 MOFD beds).

The Trust provided assurance that maintaining the 12 hours wait trajectory was sustainable by having senior workforce in place and the continuation of the clinical staff effectiveness review. The implementation timeline for the additional twenty-two beds through a capital build is challenging so to mitigate the risk, 10 additional beds will be opened on the top floor of the Olympic Lodge in January and February.

Despite these clear interventions and improvements in elements of the pathway, the Trust did not achieve the trajectory for UEC performance that was outlined at the last assurance meeting, although it has shown some improvements since that meeting and in August. Further interventions are planned over the coming months to improve performance. The ICB will continue to work closely with the Trust on the Buckinghamshire system UEC improvement programme.

Planned Care

Activity plans are off plan due to industrial action, theatre closures and a shortfall in productivity. The Trust are currently addressing the productivity and usage of theatres and introducing programmes which have increased list and booking capacity. The gap to activity plan has reduced from 20% to 10% from M1 to M5.

The Trust has a programme to develop recovery trajectories for activity and 65 weeks which will come through by the end of the first week of October. The Trust is facing particular issues within Dermatology from a high flow of referrals and the lack of implementation of tele-dermatology, an intermediate service, and a national must-do for cancer care. The Trust has developed an internal solution and has asked the ICB to understand the lack of delivery of this intermediate service.

Action: ICB to follow up on position regarding intermediate dermatology service

The Digital Mutual Aid System (DMAS) is being utilised and local Trusts were offering some mutual aid on a case-to-case basis to reduce the 65 week waits. The use of DMAS was partially dependent on the financial position and work is currently taking place with the ICB to build this into the recovery plans. The Trust acknowledged the letter received from Jim Mackey and that the OPFU target would not be delivered.

The Trust reported that there are opportunities to improve the position through validation, which is dependent on how quickly the process can be achieved. A projected 10-15% improvement is anticipated over the course of the rest of the financial year. Additional colleagues are starting in the Trust to increase booking and validation.

The Trust highlighted the introduction of a new pre-operative triage tool which utilises data to triage patient cohorts according to their comorbidities, allowing early and fast-tracked assessment improving capacity and throughput. Currently 20% of patients on the orthopaedic waiting list are being removed due to being unfit for surgery at admission date. High risk, less fit patients are being identified earlier in the pathway to ensure they are fit for surgery. It was reported that previous initiatives to encourage healthier lifestyles have had little impact.

Action: The ICB and Trust to consider the feasibility of a Primary Care pre-operative intermediate service which aims to ensure patients are fit for surgery at the time of planned admission.

Action: The Trust is asked to produce a recovery plan for elective waits incorporating the asks of the national outpatients' letter to present at the ICS Elective Care Board on 9 October.

Cancer

The Trust has successfully delivered its 62+ day long waiter trajectory having number of patients waiting > 62 days in the region July with 4.7%. The 62-day performance achieved 76% in July for which they were congratulated by region and ICB.

We look forward to seeing a sustained improvement in 62-day performance and would welcome, a "lessons learned" session, facilitated by the alliance, which articulates the improvement journey to compliance.

It was noted that oncology and chemotherapy capacity within Oxford requires further discussion with the Thames Valley Cancer Alliance. It has been recognised that the Alliance and BOB footprints do not mirror which can cause challenges in management of pathways and capacity in the round.

Action: ICB and NHSE to raise the issue regarding Oncology capacity with TVCA

Diagnostics

The Trust confirmed they are maintaining a DM01 performance of around 45% with a trajectory of 40% at the end of quarter 4, which is well below the national target. This position has been primarily driven because of a mismatch of demand and capacity, particularly in MRI and endoscopy. To mitigate, initiatives to improve demand management and productivity are being put in place such as:

- CDC funding for a new CT and MRI scanner at Amersham Hospital.
- Bid via the Elective Care Hub to increase the number of Endoscopy rooms from 4 to 6.5 rooms at Wycombe hospital (cold site).
- iREFER system usage to avoid inappropriate referrals.

The Trust confirmed that they have funded diagnostic activity relating to cancer and urgent care to deliver the 65 weeks wait and that further outsourcing could occur using the limited funding available. However, utilising outsource capacity is not a sustainable solution to increase the capacity. Priority investment areas for the Trust are MRI, CT and Endoscopy capacity, which would support the delivery of 65 week waits.

NHSE highlighted that the DM01 rate for the region was approximately 25-26% making the Trust an outlier in this area and enquired if any further impact could be made to reduce the 40% without additional funding. The Trust confirmed this would not be possible due to insufficient scanner capacity across the system. Utilising data, the Trust is reviewing the risk of clinical harm for long waiting patients, and this will be discussed with the ICB.

The Trust reported that they have met with Oxford University Hospitals to learn more about the productivity work they have undertaken. The ICB highlighted that the Digitalised Diagnostics Programme in the coming months should start to unlock the ability to perform better mutual aid and the Trust's teams would be able to utilise this.

The Trust informed that endoscopy resource is required at scale to address the capacity gap and a modular solution may be a possibility on the land at Wycombe Hospital. It was agreed that the situation could not wait 2 years and there is an urgent requirement to understand the endoscopy capacity gap across BOB in its entirety; the links to the Elective Care Hubs and the value of funding available.

Action: Trust to work with the ICB on further options to reduce diagnostics waits, review the risk of harm from these long waits and produce an updated position by the end of October.

Action: ICB to work with regional diagnostic programme to confirm whether the CDC programme offers a route to capital availability

Community Services

The Trust delivers 37 community children's and adults services. It was noted that the service specifications within the community contract are out of date and clarity is required to address the difference between what is commissioned and what is currently delivered. There is a view that some of areas of care could be delivered within Primary Care given the development of Primary Care Networks. Areas the Trust are focusing on are single point of access, flow between community and acute beds and patient discharge. The community cardiology programme will focus on improving access in the most deprived wards. More broadly the Trust set out its ambition to develop a revised clinical strategy focused on 'de-hospitalising' Buckinghamshire which had been received well by Place partners and will be part of a wider Place strategy.

The Trust improvements for the 'Hospital at Home' service were recognised by the ICB and NHSE.

The Trust is part of the multi partner response to the SEND challenges across Buckinghamshire. To further reduce waiting times, the Trust has plans to outsource 360 of the longest waiters and is also working on a model to address the gap in Speech and Language Therapists and Occupational Therapists.

The Trust also raised concerns regarding the school's immunisation re-procurement process and asked for NHSE and ICB support to review the process.

Action: ICB to consider process for reviewing the community contract and aligning it to activity.

Action: ICB/NHSE to revisit the childhood immunisation strategy and risk to the process if there is no NHS provider bidding across BOB.

Quality

The Trust has undertaken two CQC inspections since the last meeting; one of which was unannounced. The Paediatric inspection report has been received and includes 1 must do and 1 Should do action; both of which have been delivered. The maternity inspection report is currently with the CQC for factual accuracy checking.

The Trust mortality ratio remains low.

It was noted that 2 key posts within the maternity directorate have become vacant, one of which has been recruited to internally and the other being out for advert. The Trust and ICB work closely together to discuss improvements to the maternity pathway.

Finance and capital

The Trust reported that the M4 financial position was in line with plan. No impact of ERF or variable payments have been assumed. The Trust is looking at specific technical adjustments at the end of the financial year to include:

- Settlement of an outstanding PFI, with a Deed of Variation is being written - £2m
- Large scale valuation of estates (MEA or equivalent asset process) in conjunction with WSM and ICB colleagues - £2-2.5m
- Technical finance within the balance sheet - £2m

Regarding the divisional CIPs, an estimated gap of £5-6m remains on a recurrent basis which is reviewed and updated weekly. Data driven workshops within specialities are occurring with a view to identify further savings and change the culture to reduce cost and improve productivity.

Workforce controls remain in place, with temporary staff usage at 3.4% which is below the cap of 3.7%. The focus remains on targeting the change from agency to bank staff.

The Trust informed that energy inflation had been £1m less than planned and that a full review around clinical supplies would be worked through to see if further savings can be identified.

It is important to note the impact of industrial action is currently at a direct cost of at least £0.5m to date.

The Trust continues to look at innovative funding models to address capital availability constraints including an assessment of the flexibility within ICB suggested FRS 16.

The meeting concluded with the requirement to discuss the next steps for the Trust and the continued focus on addressing the delivery of diagnostics and elective activity to achieve planned levels. The ICB and NHSE will discuss the segmentation position and communicate with the Trust in due course.

Action: NHSE to confirm next steps and position regarding segmentation

I personally wanted to thank you and your Executive team for a positive and open meeting where you shared an overview of performance and identified areas of challenge.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matthew Tait', with a long horizontal flourish extending to the right.

Matthew Tait
Chief Delivery Officer

Cc: Nick Broughton, Chief Executive Officer (Interim), BOB ICB

Annex 1 Agreed action and support

	Agreed Action and Support	Lead/s
1	ICB to follow up on position regarding intermediate dermatology service.	Matthew Tait
2	The ICB and Trust to consider the feasibility of a Primary Care pre-operative intermediate service which aims to ensure patients are fit for surgery at the time of planned admission.	Matthew Tait/ Raghuv Basin/ Rachael de Cux
3	The Trust is asked to produce a recovery plan for elective waits incorporating the asks of the national outpatients' letter to present at the ICS Elective Care Board on 9 October.	Raghuv Basin
4	ICB and NHSE to raise the issue regarding Oncology capacity with TVCA.	Matthew Tait/ Rachael De Caux/ Chris Tibbs
5	Trust to work with the ICB on further options to reduce diagnostics waits, review the risk of harm from these long waits and produce an updated position by the end of October.	Raghuv Basin/ Matthew Tait
6	ICB to work with regional diagnostic programme to confirm whether the CDC programme offers a route to capital availability.	Raghuv Basin/ Justin Collins/ Jayne Rhodes
7	ICB to consider process for reviewing the community contract and aligning it to activity.	Matthew Tait/ Rachael Corser
8	ICB/NHSE to revisit the childhood immunisation strategy and risk to the process if there is no NHS provider bidding across BOB.	Rachael Corser/ Jackie Huddleston
9	NHSE to confirm next steps and position regarding segmentation.	Jackie Huddleston

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.

August 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Faye Bedford	Colorectal Stoma Nurse Specialist	Faye has recently been required to support a very complex patient who has been diagnosed with a bowel cancer whilst pregnant. Very difficult conversations have had to take place and Faye has remained alongside the patient and her family to support what is an agonising process. To meet the needs of her patient Faye collaborated with a wide range of professionals, she sought out the right people to provide ongoing care and throughout stayed with her patient who was understandably distressed and highly vulnerable. This was a particularly difficult case, but it symbolises how Faye goes above and beyond for all her patients no matter how challenging the situation. Faye embodies our Trust values in what is a relatively new leadership role she is truly excelling. I believe this is because her emotional intelligence and her natural empathy equip her well to support both patients and staff and I very much hope she can be recognised and rewarded for her exemplary work.	Colleague
Aspire	Dr Maria Zammit-Mangion	Consultant Obstetrician and Gynaecologist	Dr Zammit was friendly and approachable from our very first interaction with her. As new parents going through pregnancy, we were nervous about the process. I had some complex prior medical history all of which was dealt with by different hospitals in Berkshire. Dr Zammit was thorough and comprehensive in her review of my medical history and reached out to all my precious doctors to bring everything together to plan for my delivery. She made me feel reassured and confident in the maternity care at Wycombe and Stoke Mandeville hospitals. She kept in regular communication with me throughout my pregnancy and was clear and evidence based in presenting my birth plan options to me being clear about risks and benefits. She gave me and my partner time to think and assess our options and answered all our questions. We feel so lucky to have been under her care, she's a fantastic asset to the team and the entire team at Wycombe and Stoke Mandeville. The maternity and labour ward have all been wonderful.	Patient
Respect	Huben Hubenov	Doctor, Sunrise Cancer Care Unit at Wycombe	I have worked for the Trust for 23 years; I have worsening mobility problems and rely on my mobility vehicle for independence which allows me to work. I was driving home yesterday going up the slope towards Hospital Accommodation in Wycombe when my mobility vehicle suddenly stopped. It had broken down. This wonderful, kind man stopped and helped me so much, I was in pain, I was stressed, getting panicky and close to tears as I needed to get back to feed my beautiful fur baby, it was just another event that added to an awful day for me. This incredible, kind-hearted soul stayed with me whilst I was arranging for my vehicle to be picked up. His patience was so welcoming. He was even looking on his phone to see if he could try and find a reset button on my vehicle. When you think about	Colleague

			<p>it, after a hard day's work Huben could have just ignored me and walked on, but he didn't, he stayed there with me for ages and so very kindly drove me home. There was another family that stopped to help which was incredible. I really need to emphasize the genuine kindness of this wonderful human; he made such a huge difference to me yesterday. While I appreciate that this form is based on work accomplishments, I do feel this is even more special as Huben took at least an hour out of his own time to ensure I was okay and the fact he helped me home. I can only imagine how wonderful Huben is to his patients and know that everyone would be treated with kindness and respect. This was also confirmed by the lovely lady who answered my call today. My heart literally soars with pride knowing we have this wonderful Doctor working in our Trust. I'm hoping that Huben's kindness is rewarded because he went out of his way to help a stranger in need. Huben, if you get to see this, I thank you from my entire heart and soul for your kindness to me. It's so lovely to know such kind humans exist in this often-cold world. I wish you the very best of health, happiness, and success always. Please don't ever forget how much of difference you made and continue to make.</p>	
Enable	Kirsty Taylor	Paediatrics deputy sister	<p>Kirsty is a very hard-working member of the team; she demonstrated such amazing managerial skills when working as nurse in charge. Kirsty can make you feel at ease when she is in charge. She will ask everyone if they are ok and if she can help in anyway. She works well in enabling others to do their best and especially student. I remember having Kirsty as my mentor when I first started as a student nurse and Kirsty still inspire me today.</p> <p>Kirsty is honestly the best supervisor I have had over the last 3 years of placement as a student. She values each person as an individual knows their strength and weaknesses and is always available to help other staff members, students, patients, and their families no matter how many other things she must do. She always thinks about her team and makes sure they take their breaks before taking her own. Always puts others patient, staff, and parents before herself. She is a great teacher, gives clear instructions is very organised and is very knowledgeable at teaching both staff and students as well as explaining medicines to a parent when discharging the patients. She knows about all the patients present on the ward and when ever asked a question she always knows and can direct appropriately. She completes all my student paperwork on time and straight away when asked and we have proper chats about anything I want to learn or what I need to get signed off etc. She always asks staff if they need any help. She is kind, caring, positive and a great motivator towards everyone and a real credit to this team on ward 3.</p>	Colleagues

Executive Management Committee and Transformation Board

Executive Management Committee 26 September to 10 October 2023

Executive Management Committee meets three times a month and covers a range of subjects including progress against our strategic aims, performance monitoring, oversight of risk and significant financial decisions. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors and leads from the clinical divisions. The following provides an overview of some of the key areas considered by the committee over the last month:

Quality and Performance

Integrated Performance Report – quality metrics
Care Quality Commission action plan update
Safe staffing report
Mortality review group update
Deteriorating patient group update
Clinical effectiveness quarterly report
Organisational educational culture
Research & Innovation annual report
Regional diagnostic networks
Point of care testing
Winter plan
Elective recovery plan

Governance

Trust Policy sub-group ratification report
Corporate Risk Register updates
Minutes from EMC sub-groups

Money

Productivity and efficiency update
Monthly finance report
Procurement update
Managed service contracts
MRI CT business case
Business planning

Digital and Estates

Premises Assurance Model (PAM) annual report
Wycombe Hospital high voltage electrical work
Smokefree Pledge
Electronic Patient Record finance update

People

Freedom to Speak Up action plan in response to NHS
England letter re Lucy Letby case
CARE awards

Transformation Board 18 October 2023

Transformation Board is an Executive-level meeting with clinical and operational leads from across the Trust and is dedicated to strategic projects and oversight of delivery of the operating plan. It is chaired by our Chief Digital and Information Officer and meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement (QI). The following provides an overview of the key areas considered in the last meeting:

Quality Improvement projects on a page
Integrated Performance Report
Finance review
NHS Impact assessment
Organisational design
Project lifecycle
Transformation Portfolio updates

- Urgent and emergency care
- Planned care
- Healthy communities
- Digital
- Diagnostics