

## CHIEF EXECUTIVE'S REPORT

This report aims to highlight to Board members those areas that will benefit from focussed discussion in today's meeting, note the national context we are currently operating in and recognise the developments and achievements of the Trust since we last met.

### 1. Quality and performance

The Board will note the reports from the chief operating officer and finance director. The past few months have been some of the most challenging the NHS has faced. An ever-increasing demand across all services over the past year has been compounded by a persistent winter illness and rising flu cases that have seen attendances at A&E departments rise sharply. Across the country, the number of people arriving at A&E has increased significantly from the same time period last year – up nationally by 3.7%. At BHT we have seen an increase of 3.4%.

We have been planning with our partners for some time to prepare for the impact of the winter months on our services and we have already implemented a number of measures to improve patient flow. This has included investment to expand the space available within A&E to create additional assessment and treatment cubicles, purchasing additional care home and domiciliary care packages, introducing additional staff in the A&E department with access to GPs on site and working closely with primary care, social services and our own community staff to support patients to return home as soon as it is safe to do so.

There have been periods where the demand has placed considerable pressure on our services, this has resulted in patients waiting longer than they should have and required reductions in planned activity and the opening of additional bed-based areas on our acute sites. We continue to monitor the situation on a day-by-day basis. Any cancellations of non-urgent operations or outpatient clinics have been kept to a minimum and are being rearranged as a priority; in our preparations for this period we had scheduled planned activity in a way to minimise the need to postpone appointments.

I would like to take this opportunity to thank our staff for their continued hard work and dedication and also to our partners, including GPs, social care and SCAS in helping us to support patients.

The Trust is experiencing increasing financial pressure, exacerbated by the challenges in medical and nurse recruitment. Whilst 75% of the Trust's cost improvement programme has been delivered, we are currently off plan, running at a £1.9m deficit. To reflect this position, our forecast for the outturn has been adjusted to a £5.7m deficit, excluding STF funding, but this is still an ambitious target and not without risk. We are continuing to work with partners and across the system to ensure sustainability in the future. The finance director will provide more detailed information in his report and there will be further discussion in part two of the Board.

Our focus on improving quality remains, despite the challenges. The chief nurse and medical director will update the Board through their reports, but I would like to draw your attention to the following: we have improved performance of our complaints response times and friends and family test response rates; work is on-going to improve our infection controls rates; reduce falls and grade 3 and 4 hospital acquired pressure ulcers.

We are continuing to invest in our ophthalmology department and have recently become one of a few departments in the country to provide patients with access to an Eye Clinic Liaison Officer (ELCO). The ELCO helps to support patients, and their carers, with the emotional and practical impacts of sight loss. We would like to thank Bucks Vision and the Royal National Institute of the Blind for helping us to set up this service.

Further to my November CEO report regarding the establishment of 29 pathology networks across England, our medical director has been working with our pathology team to evaluate our options to help establish what solutions would provide the best outcomes for Buckinghamshire. The Board will receive a comprehensive update at the March board meeting.

## **2. Strategic developments and partnership working**

I am delighted to inform you that BHT is continuing to be recognised at a national level. Our chair, Hattie Llewelyn-Davies, has just been elected as the acute service chair representative on the NHS Providers Board, the national organisation representing the views of NHS trusts. This is great news for the Trust as Hattie will have the opportunity to directly influence and shape the future of the provider system in which we operate and her appointment is recognition of the skills and values Hattie will bring to the role.

I have previously updated the Board on the five impact areas we identified to enable us to continue our rate of improvement and transformation. The Board will be aware we commenced a process to review clinical service strategies nine months ago when I met with all SDUs to encourage long term planning and the bottom-up development of strategy and engagement. Workshops are being held this month to review progress and we will share this strategy with the Board in March.

Working as part of a provider collaborative with Oxford Health, South Central Ambulance Service and FedBucks (the federation of local GPs) we submitted a successful bid for the contract to deliver 24/7 primary care services across Buckinghamshire, effective from April 2018. Key benefits will be that we can further join-up all of our NHS services, including integration with the Thames Valley Integrated Urgent Care service which handles all the NHS 111 calls from Buckinghamshire, directing patients to the right place for their needs. The Minor Illness and Injuries Unit at Wycombe Hospital will become a designated Urgent Treatment Centre. It will continue to be GP-led, open 24 hours a day, every day, and well equipped to diagnose and deal with many of the most common ailments that cause people to attend A&E.

As we move towards becoming an accountable care system, we have secured additional support and capacity. Louise Watson, currently NHS England Director of the new care models programme, has been appointed as interim managing director for the Buckinghamshire accountable care system for a 12-month period and will be responsible for leading the implementation of our plans. Louise will continue to spend part of her time in an advisory role to NHS England supporting the development of accountable care systems across the country, which will mean Buckinghamshire will benefit from learning and best practice from elsewhere. Part of Louise's role will be to ensure we maximise opportunities for the Buckinghamshire accountable care system as part of the wider Buckinghamshire, Oxfordshire and Berkshire West Sustainability & Transformation Partnership (STP). Louise will be working closely with the new BOB STP Lead, Fiona Wise, who commences her role in March.

I would also like to advise the Board of recent changes to the regional NHS leadership. David Radbourne is now director of commissioning operations for NHS England – South East, with David Robertson being named as interim delivery and improvement director for NHSI, replacing Penny Emerit who has taken up a post with Portsmouth Hospitals NHS Trust.

## **3. Developing out-of-hospital care**

The Board has been involved in our engagement programme with staff, stakeholders and local communities over the past two years to develop a vision for out-of-hospital care, improving community services and establishing community hubs. This has been a core part of our strategy and central to the Buckinghamshire 'your community, your care' strategy. During January and February we are holding additional engagement sessions with the public, shaped by our stakeholder engagement group, to help us to further shape our plans for developing care closer to home across the county. We will share details on how the pilot has been progressing as well as explore how the model could work elsewhere across the county. An update on the pilot will be presented at the March Board and we will be returning to the Buckinghamshire Health and Adult Social Care Select Committee with our wider proposals in April.

## **4. Developing our workforce**

I would like to bring to the Board's attention the system-wide workforce strategy for the NHS and social care which has been issued for consultation: *Facing the Facts, Shaping the Future, A Health and Care Workforce Strategy for England to 2027*. The draft strategy looks at the major workforce plans required to deliver the Five Year Forward View. The executive team is reviewing this draft strategy to understand implications for BHT as we develop our own workforce plans. Following this review, the director of organisational development and workforce transformation will update the strategic workforce committee and the Board.

## **5. News and awards**

I would like to congratulate Liz Anderson, our nutrition nurse specialist, on being invited to become a member of the British Association for Parenteral and Enteral Nutrition (BAPEN) Executive Committee. Liz's appointment will enable the Trust to further share and contribute towards national initiatives around nutrition and hydration as well as enabling us to showcase the excellent work we are already undertaking in this area.

Historic England has been conducting a public vote to create a list of the 100 places, buildings and historical sites that tell the remarkable story of England and its impact on the world. We are very proud to tell you that Stoke Mandeville Hospital is on this final list, having been nominated by Baroness Tanni Grey-Thompson as one of the top ten places in England of significance from a sporting perspective due to its place in history as the birthplace of the Paralympic movement.

As this is my last report as CEO of Buckinghamshire Healthcare NHS Trust, I would like to take this opportunity to express my gratitude to the Board, staff, partners and the local community for their support and enthusiasm during my time here. I am honoured to have worked with so many great and talented people, and I know that many of the relationships we have developed will lead to enduring friendships. I am incredibly proud of what we have achieved together in working towards our goal of being one of the safest healthcare systems in the country and continuing to improve the care of our patients. I am confident that the Trust will continue to go from strength to strength under the leadership of Neil Macdonald who has been appointed interim CEO. I take up my new position as CEO of Frimley Health NHS Foundation Trust in March and I look forward to working with you all collaboratively in the future for the benefit of our communities.

**Neil Dardis**  
**Chief Executive**

## Appendix 1

### Items discussed at Executive Management Committee 24 November 2017 to 12 January 2018

The Executive Management Committee meets formally on a weekly basis and covers a range of subjects ranging from early strategy discussions, performance monitoring, consideration of business cases and moderation of risk documentation. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors, Director for Governance, Director of Communications and other representation as required depending on the subjects under discussion.

The following provides a brief overview of some of the key areas considered at the Executive Management Committee since 24 November 2017.

#### **High Impact Areas of Focus**

##### Leadership

- Actions to increase capability and capacity

##### Organisational Development

- Alignment of clinical strategies and enabling strategies
- Business case templates
- Organisational Development Strategy

##### Patient Voice

- Focus on safe discharge

##### Innovation and Improvement

- Community Hubs
- Cardiac rehabilitation
- Research and innovation strategy
- Outpatient pharmacy

#### **Governance**

Corporate Risk Register moderation

Board Assurance Framework moderation

Internal audit programme and actions

General Data Protection Regulation

BS10008 Quality Assurance and Audit Process

Compliance with legislation assurance process

Health and safety structure and process

Whistleblowing and raising concerns

Risks associated with being a led provider

Risk and Compliance Monitoring Group terms of reference

Fire safety

Information Governance toolkit

Single Oversight Framework

The following policies have been approved:

- Policy for the commercial collection of cord blood
- Venous-thrombo Embolism policy
- Clinical Audit Policy
- Clinical Record Keeping Policy
- Management of sickness absence and attendance policy
- Antimicrobial policy

Minutes were reviewed from the Risk and Compliance Monitoring Group, Divisional Operations Committee and Quality and Safety Group.

## **Quality**

- New approach to quality reporting
- Clostridium difficile numbers
- Quality Improvement Plan
- Hand hygiene compliance
- Preparation for CQC inspection
- Complaints
- E-observations
- Facilities monitoring
- MRSA bacteraemia
- Medicines Management
- Sepsis update
- Falls update
- Incidents with harm

## **People**

- Safe staffing and the use of temporary staff
- Compliance with appraisals and statutory and mandatory training
- Lone working and security
- Staffing in the Accident and Emergency department
- Recruitment and retention
- Staff Survey
- Flu vaccination
- CARE awards

## **Financial and Operational Performance**

- Progress with Cost Improvement Programme and financial recovery and resulting actions
- Cash
- Income analysis
- Temporary pay costs
- Capital plan
- Winter plan
- A&E performance
- RTT performance

Liz Hollman, Director for Governance, 23 January 2018