

**Meeting:** Trust Board Meeting in Public

**Date:** 27 November 2024

<b>Agenda item</b>	Chief Executive's Report
<b>Board Lead</b>	Neil Macdonald, Chief Executive
<b>Author</b>	Chloe Powell, CEO Business Manager
<b>Appendices</b>	Chief Executive's Report Appendix 1: NHS England Letter Evolution of our operating model Appendix 2: CARE value awards Appendix 3: Executive Management Committee & Transformation Board
<b>Purpose</b>	Information
<b>Previously considered</b>	None

### Executive summary

This report aims to provide an update on key developments since the last Trust Board Meeting in Public 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, and as part of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS).

Appended are a letter from NHS England regarding evolution of the operating model (Appendix 1), a list of our monthly CARE value award winners (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).

<b>Decision</b>	The Board is requested to note this report.
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### 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 type="checkbox"/>
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### Relevant objective

<input checked="" type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input checked="" type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

### Implications / Impact

<b>Patient Safety</b>	Highlights activities in place to support high quality patient care
<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	Links to all strategic objectives of the BAF and highlights any risks of note to the Board
<b>Financial</b>	Provides an overview of the Trust financial position
<b>Compliance</b>	Updates on any changing or new legislation or regulation of relevance to the Board
<b>Partnership: consultation / communication</b>	Highlights partnership activities at Place and System
<b>Equality</b>	Highlights activities regarding equalities where relevant, including equality standards and health inequalities
<b>Quality Impact Assessment [QIA] completion required?</b>	Not required for this report

# Chief Executive's Report

## 1.0 National and system update

- 1.1 NHS England has issued a letter (Appendix 1) to providers titled 'Evolution of our operating model' which sets out an ambition to continue developing the existing operating framework through simplifying and reducing duplication, shifting resources to neighbourhood health, devolving decision-making, and enabling leaders to manage complexity at a local level. It will also involve supporting organisations to improve through the NHS Performance, Improvement and Regulatory Framework. NHS England have also published [Insightful Board guides](#) for Integrated Care Boards and providers which we will review in due course.
- 1.2 Earlier this month we were honoured to welcome the Duke and Duchess of Edinburgh to the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital, together with the Lord Lieutenant and High Sheriff of Buckinghamshire, as part of the 80<sup>th</sup> anniversary celebrations. The Duke of Edinburgh is Patron of the British Paralympic Association and was able to learn more about the extraordinary heritage of the NSIC, Horatio's Garden and spend time with patients, colleagues and volunteers during their visit. I am sure the Board will join me in extending our gratitude to the Duke and Duchess for taking the time to visit us.
- 1.3 Thank you also to Andrea Lewis, Regional Chief Nurse, and Kaye Wilson, Regional Chief Midwife, for visiting us recently and presenting several of our esteemed nursing colleagues with Chief Nursing Officer Silver Awards. Further details about each individual's contribution to nursing can be read [here](#).

## 2.0 Outstanding care

- 2.1 Key performance data up to the month of October are presented in the Integrated Performance Report with supporting narrative. Urgent and emergency care performance has stabilised after the slight deterioration in September, and diagnostic and waiting list data continuing to head in the right direction. Our cancer performance in certain measures is challenged and the Board may wish to discuss this further under this item later in the Board meeting agenda. Our Healthy Communities and Great Place to Work data are all remaining somewhat stable as well this month – my thanks to colleagues across the organisation for their continued hard work that is leading to these data. Progress against delivery of our breakthrough objectives is also included, with a couple (blood pressure and bullying & harassment) continuing to be developed.
- 2.2 Colleagues across planned care services are continuing to improve how quickly patients can receive the treatment they are waiting for through different initiatives and improvement approaches. Earlier this month the Day Surgery Unit team at Stoke Mandeville completed their first High Intensity Theatres list, completing 33 pain procedures in a single day compared to the usual average of 20, demonstrating what can be achieved through this approach and which we are looking to roll out to other services over the coming months.
- 2.3 My thanks to one of our amazing labour ward coordinators, who was generous enough to allow me to observe one of her recent shifts. It was a pleasure to witness her compassionate and collaborative approach, and the recent improvements that have been made in maternity staffing levels, culture and leadership.
- 2.4 Scannappeal currently has a Spinal Surgery Appeal open, with the target to fundraise £1.1m to fund three state of the art pieces of equipment. Thank you to Mr Edward Seel for sharing more about the equipment at a spinal technology showcase recently at Wycombe Hospital.

2.5 At Month 7, the Trust is reporting a £6.20m deficit position against a planned deficit position of £5.66m. This c.£0.5m difference is mainly due to £1.3m additional cost and lost income related to industrial action earlier in the year offset by £0.53m funding received in Month 6 and other run rate improvements.

### 3.0 Healthy communities

3.1 Our influenza and COVID-19 vaccination programme is underway, and it has been great to support our wonderful peer vaccinating team recently at Amersham, Stoke Mandeville, and Wycombe hospitals.

3.2 For the first time this year we have been delighted to support [Baby Week](#), a national initiative aimed at supporting new parents and infants with information and practical advice. Buckinghamshire Council has worked with midwifery and health visiting colleagues, as well as local voluntary organisations, to prepare a range of activities across the county.

### 4.0 Great place to work

4.1 We remain indebted to the countless volunteers who support our patients and colleagues in a variety of services across the Trust and our multiple sites, and I was delighted to celebrate their commitment, generosity and contribution to the care we can provide at our most recent thank you party. It was particularly humbling to recognise some extraordinary years of service, for which we are incredibly grateful.

4.2 It was a pleasure to be able to join celebrations at the end of October to mark both Black History Month and Diwali – thank you to colleagues for organising such a fantastic event.

4.3 My thanks also to our Armed Forces Lead and chaplaincy service for once again organising three services at Stoke Mandeville, Wycombe and Amersham hospitals in recognition of Armistice Day on 11 November. These humbling events were also live-streamed so colleagues working at other sites or at home could join too.

4.4 In line with our continued efforts to work increasingly collaboratively with our local partners in health and care, it was great to observe one of the new leadership programmes the Buckinghamshire Health & Social Care Academy has started, focused on leadership in system working.

4.5 Finally, this is the last Board meeting for Karen Bonner, our Chief Nurse, who will sadly be leaving the Trust in December to take up the Chief Nurse position at NHS London. Karen joined the Trust in Spring of 2020 when the COVID-19 pandemic was in its early days. An extraordinary time in healthcare, particularly for nursing, during which Karen demonstrated exceptional leadership, often taking on shifts alongside her nursing colleagues. Karen has consistently advocated for the experiences of our patients and of our global majority colleagues, bringing helpful challenge to our Board conversations. It is no wonder Karen has, together with May Parsons, Deputy Director of Quality and Patient Safety, once again been recognised in the Health Service Journal's list of Black, Asian and minority ethnic figures who will exercise the most influence in the NHS and health policy over the next year. I am sure the Board will join me in thanking Karen, and wishing her every success.

## Appendices

Appendix 1 – NHS England Letter Evolution of our operating model

Appendix 2 – CARE value awards

Appendix 3 – Executive Management Committee & Transformation Board

- To:
- Integrated care boards:
    - chief executive officers
    - chairs
  - NHS trusts and foundation trusts:
    - chief executive officers
    - chairs

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

13 November 2024

- cc.
- NHS England regional directors

Dear colleagues

### Evolution of our operating model

Over the past year, we have been working with colleagues across the NHS and more widely on the development of our operating model. We are grateful for the enormous amount of time and input many of you have already given as part of this work. We are conscious, however, that there is much more work to do, and are writing both to provide an update following recent headline messages, and to ask for your input and support over the coming months. Please accept our apologies for the delay in communicating this to you formally.

Lord Darzi's recent report was clear – we don't need another seismic reorganisation pulling focus from the important tasks, but the system we have needs to be optimised and every part of the NHS needs greater clarity on what they are accountable for. This is in line with many of the conversations we have been having with colleagues over the last year. So our work on the evolution of the operating model is designed to do just that; and to ensure that the way the NHS works supports delivery of today's priorities and sets us up to deliver the neighbourhood health model that will underpin a health and care system that is fit for the future.

The 4 actions that will guide our refresh of the current operating framework are set out below:

- 1) **Simplify** and reduce duplication, clarifying roles and responsibilities and being clear on the place of performance management.

- 2) **Shift** resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners.
- 3) **Devolve** decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards.
- 4) **Enable** leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice.

Achieving this will require everyone in the NHS family to work together, alongside our partners in the wider system, to fully leverage the potential of ICSs, aligned around a clear purpose and each with a distinct role to play.

As our ways of working continue to develop and evolve, and as we strive to achieve our ambition of devolving decision-making to the local level, the functions where we as NHS England add most value will also change and may reduce.

### **Self-managing, self-improving systems**

Lord Darzi, in his recent review, was unequivocal that the current NHS model is the right one, and that our structures can support delivery of the changes that we all want to see.

Looking to the future, we want to see self-managing, self-improving systems, just as was set out in the [Hewitt review](#). Integrated care boards (ICBs) are critical to delivery of the strategic shifts from treatment to prevention, from analogue to digital and from hospital to community, and will continue to be the system leader for the NHS, convening and working across all key partners within their integrated care system. We want systems to be empowered, and our goal is to give more freedoms for the top performers – those who are improving population health, reducing inequality of outcomes and who deliver high patient satisfaction and use resources effectively.

This also means that we will work closely with these high performers to help shape policy, frame national best practice and drive improvement. We will build on the work of NHS IMPACT to ensure systems ‘in the middle’ have the capability and support to improve, and we will refine our approach to recovery support to enable stronger and more rapid intervention for lower performing systems. We also recognise that we need to take account of contextual factors for each of the issues that are apparent in each organisation and system.

We intend to capture this approach through an updated NHS Oversight and Assessment Framework and underpin this with a new NHS Performance, Improvement and Regulation Framework.

As the NHS system leader, ICBs will need to refocus on strategic commissioning, and they will continue to be responsible for the planning and provision of services to a population. They will act as the system convener and are expected to plan, secure and arrange services in line with their statutory responsibilities. They will ensure the sustainability of primary care, rebuilding the provision of dentistry and community pharmacy, alongside developing strong GP practices and the wider primary care family that are attractive to newly qualifying GPs.

We will support ICBs through the development of a new Strategic Commissioning Framework. They will have the primary responsibility for ensuring the delivery of neighbourhood health, identifying population health needs and acting on reversible risk factors to improve healthy life expectancy and reduce utilisation of secondary care. This vital work must continue at pace for us to deliver a neighbourhood health model.

All providers in a health system must still work together to deliver transformation, integration and improvement because these changes do not signal a move away from collaboration and system working and we will also ensure that the duty to collaborate mechanisms are tested in how we work with organisations.

Importantly, ICBs will continue to have oversight of how providers deliver the outcomes that they have been commissioned for. But where performance is below an acceptable level, and the use of commissioning levers has not secured improvement, NHS England will step in with both the ICB and provider to support rapid improvement and using our regulatory powers in a defined set of circumstances.

### **Supporting organisations to improve**

The NHS Performance, Improvement and Regulatory Framework will have clear guidelines for interventions in organisations struggling with quality, finance, or access, ensuring transparency and consistency. This will include establishing a consistent regulatory approach for underperforming organisations, mandating recovery plans and maintaining board accountability for effective delivery. As part of this approach, we will also use an independent diagnostic process to accurately assess and analyse the root causes of issues within organisations, providing targeted insights for improvement.

These changes should allow us to streamline how different parts of the health system work together to support our collective focus on improving the delivery and recovery of urgent and emergency care and elective performance, at the same time as the medium- and long-term changes required to meet the needs of our communities, shifting care to where it is delivered best in a joined-up and integrated way.



## Board accountability

Strong boards are essential for all organisations if the NHS is to deliver its objectives. To be effective, boards need the right information at the right time and used in the right way. As part of our commitment to support leaders to deliver and improve, and to set them up for success, I am pleased that we have published this week the [Insightful Board guides](#) for both ICBs and providers. We recognise that ICBs have a unique role in supporting the wider primary care working to be sustainable, and the Insightful Board documents support that.

These guides provide clarity around the critical information boards need to understand their organisations, and the culture and governance necessary to support information flow, so it can be used most effectively when overseeing their organisations.

## Working with you

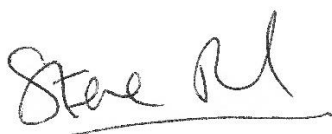
We have heard consistently that clarification was needed, and while there has been broad consensus on much of this, we acknowledge there are different views on precisely what the roles and responsibilities should be and how this should work in practice. While we have set out the direction of travel, we want to work with you on how we refine and implement this. There are no immediate changes for 2024/25, and systems must continue to deliver their plans in the way that has been agreed.

We have set up an NHS System Development and Reform programme, working closely with colleagues in DHSC. This will include a regular advisory group of chairs and chief executives, among others, to help co-create the implementation plan.

We recognise there will be a need for extensive engagement about what the evolution of the operating model will mean in practice and how we best describe and implement it. We will hold an initial webinar with you next week, at 11am on Wednesday 20 November, and plan further engagement from there.

Finally, although the next steps in evolution of the operating model have been discussed extensively with some of you, we know that much wider engagement is needed to make this a reality, and we are committed to working closely with you on next steps, including plans for implementation.

Yours sincerely



**Steve Russell**

Chief Delivery Officer



**Adam Doyle**

National Director, System Development





## Appendix 2 – 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 2024

Category	Name	Role	Nomination	Nominated by
Collaborate	Natalie Davies	HCA, Urgent Community Response Team North	Natalie and I were sent to a lady who had fallen out of her bed in her own home, luckily onto a crash mat, but had been on the floor around 8 hours as there was no ambulance response available. She was a heavy patient and we had to use our specialist lifting equipment, the Raizer chair. The family were upset as there had been several falls from bed over a month but due to her dementia, she could not have a bed rail fitted so there were also some upset family members to contend with. We did manage to get her back into bed, but it was the way Natalie was able to keep the family happy and calm while also finding some novel (safe) techniques to use the lifting device that I would not have thought of. She was kind and compassionate throughout and even though she did not agree with the opinions of the family she still listened to them and involved them in helping. By the end of this particularly difficult incident the family were happy and smiling and very pleased. It was her idea to use the crash mat to spin the patient round the right way and then manoeuvre the device so we could start to lift. Then when the patient was unable to stand it was her idea to move the bed behind her and tweak some of the Raizer's back plates which allowed us to gently slide the patient back into bed. I think this was a non-standard technique, but it was safe and it worked. I would never have thought of it. I believe she deserves recognition for her professionalism and her ability to collaborate in solving a problem while also being the least senior member of staff. She took the lead when it was necessary, and her ideas worked!	Colleague
Aspire	Janine Brooks and Joe Edmunds	Advanced Clinical Practitioner Critical Care Outreach Team and Simulation and Skills Faculty Lead	With so many national days and weeks, it is difficult to find ways of making sure that your activities stand out from the crowd. Looking at how to raise awareness of the dangers of sepsis and the importance of timely treatment, Janine and Joe didn't stick with the tried and tested route of posters, webinars, trolley runs etc. Instead, they came up with something which has not been tried within this Trust before (and we're not aware of any other Trusts having done it either) - creating their very own sepsis escape room. After much careful planning and testing by Janine and Joe, colleagues and members of the public were invited to see if they could answer a series of questions to crack the code and open the door to the escape room within 10 minutes. Over 200 people took part - both on World Sepsis Day and at the Trust's Open Day - with only two teams managing to escape within 10 minutes. The escape room created a real buzz and has raised the bar in finding innovative ways to relay and reinforce important messages.	Colleague

Respect	Samantha Brown	Orthopaedic Nurse, Plaster room, High Wycombe Hospital	I met Sam several months ago following the need for a cast change to my right leg. During my visit I was also told by the consultant that I would need to have my other leg in plaster as well. I was devastated, very upset and overwhelmed with the news, Sam showed me compassion and understanding, she allowed me to cry on her shoulder and was so empathetic. She told me that I should cry it out, it was an awful situation to find myself in and my reaction to the news was valid. The support and kindness that Sam showed me on that day and at following appointments has been invaluable to me. She was able to make me smile at the times I wanted to breakdown, she made me feel heard and gave me hope that my situation would improve. Every time I have seen her since she has been so encouraging about the progress I have been making in my recovery. She remembers little details about my life that I have told her and will ask me about them when I see her next. The support, encouragement, and compassion she has shown me has been above and beyond what I expected. Sam is an irreplaceable asset to the Plaster room team, her skills, knowledge and personable but professional manner is remarkable, and this should be recognised. I am so very thankful that it was her that had been there on that very emotional day for me, I don't feel that thank you is enough to express my thanks and gratitude to her.	Patient
Enable	Desni Alleway	Community Healthcare Assistant Practitioner	Desni is celebrating her 35th year working for the Trust on 1st October 2024. Desni has worked in various roles over the years, including Marlow Community Hospital and more recently in the Marlow Rapid Response & Intermediate Care Team. Desni brings her 35 years of experience to her role, which is essential in supporting our patients to remain in the community and to facilitate timely discharge from hospital. Desni really is a font of knowledge, she is our key manual handling link, and runs training sessions to share her knowledge with the team. Recently for example she spent a long time with a palliative patient, discussing her needs and identifying equipment that would enable her to have a shower. Desni also participates in our rehab programmes, recently seeing a patient who progressed from being housebound to walking a mile outside. Desni's input over the years has changed the lives of countless patients, enabling them to live more independently in their own homes.	Colleague

## Executive Management Committee and Transformation Board

### Executive Management Committee 29 October – 19 November 2024

The Executive Management Committee (EMC) 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 care groups. The following provides an overview of some of the key areas considered by the committee this month:

QUALITY & PERFORMANCE	PEOPLE	MONEY & PROPERTY SERVICES	GOVERNANCE, DIGITAL & BUSINESS PLANNING
<b>Assurance</b>			
Integrated Performance Report	Workforce weekly report	Monthly finance report	Internal audit summary report
Recovery plan for planned care (65 week)	Freedom to speak up guardian quarterly report	Monthly capital report	Organisational risk report
Quarterly quality & safety report	Standards of behaviour and conduct report	Waivers of Standing Financial Instructions	Cyber security
Clinical harms six-monthly review	Proud to be BHT communications report	Commercial plan update	
Mortality report			
Integrated safeguarding report			
Infection prevention & control report			
Maternity quality and safety report			
Maternity staffing			
Safe staffing			
Patient Safety Incident Response Framework update			
Nutrition report			
Update on blood pressure breakthrough objective			

## Approval

Musculoskeletal ultrasound injections	Consultant appointments	Carbon energy fund cost review	BHT Pol 089: Governance Manual
Blood gas analyser contract extension		Clinical waste contract extension	Use of artificial intelligence (AI) tool phase 3
Endoscope maintenance contract		Telephony contract award	
GP consumables proposal		Boiler replacement proposal	

## Information

Patient experience annual report	Monthly CARE awards		Policies ratification report
AI-enabled patient experience tool			Minutes of EMC sub-groups
			Draft agenda for next meeting

On 12 November, EMC discussed national and local priorities regarding health inequalities.

## Transformation Board 22 October 2024

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 Transformation Officer and meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement (QI).

## Assurance

Place strategy update

Strategic transformation planning

Strategic programmes quarterly update:

- Quarterly update for Trust Board
- Healthy communities
- Improving together
- Digital Health

## Information

Quality improvement projects on a page

Digital health maternity deep dive

Strategy development group update