

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	6
<b>Date of Meeting:</b>	07 February 2019		

<b>Report Title:</b>	Chief Executive's Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Prepared by:</b>				
<b>Executive Sponsor (presenting):</b>	Cara Charles-Barks, Chief Executive			
<b>Appendices (list if applicable):</b>	None			

<b>Recommendation:</b>
None

<b>Executive Summary:</b>
<p>This report provides an update for the Trust Board on some of the key issues and developments within this reporting period and covers:</p> <ul style="list-style-type: none"> <li>• <b>Performance</b> – update on current performance</li> <li>• <b>Finance</b> – update on our financial recovery plan</li> <li>• <b>Workforce</b> – update on workforce situation</li> <li>• <b>NHSmail Migration</b></li> <li>• <b>EU Exit Planning</b></li> <li>• <b>Novichok Incident – Recognition and Anniversary</b></li> <li>• <b>Service Improvement Awards</b></li> </ul>

## Performance

December was an extremely busy period for the hospital and we have continued to experience challenges with the emergency pathway, which saw us seeing 93.3% of patients within 4 hours. Whilst we failed to meet the national standard, thanks to the hard work and commitment of our staff, we improved on our performance in November and exceeded our projected trajectory.

We exceeded the overall 18 week referral to treatment target and all cancer standards were delivered. Unfortunately the diagnostic standard was missed by less than 0.5% due to on-going resourcing issues in Endoscopy. A recovery plan was

implemented in December and further solutions are being investigated to improve this for quarter four.

It is essential that we continue to provide good quality safe care. We had one case of C Difficile and a third reported case of MRSA bacteraemia in December. We will renew our focus on infection prevention and control, and actions have been identified for improvement. We saw a rise in falls in December, with three falls resulting in major harm. We are asking staff to follow the falls interventions list to ensure that measures are in place to reduce the risk of falls in their areas.

Further details on our performance across all targets will be covered later in the Trust Board.

## **Finance**

We ended the third quarter of the year with a deficit of £8.8m. Although this is £1.7m worse than planned for at this stage of the year, it was slightly better than forecast. As we have not met our control total as required by NHS Improvement, we are unable to draw down the quarter's Provider Sustainability Funding.

As we enter the final quarter of the year we are working with our system partners to mitigate the risks associated with increased emergency demand and complexity that often come with the winter months; a number of winter resilience schemes are now in place to ensure the impact on the Trust's bed capacity is kept to a minimum.

## **Workforce**

We continue to organise recruitment events and campaigns both domestically and overseas. We are attending two career events for students in January at Portsmouth and Bournemouth Universities. Internationally we have developed a healthy pipeline of appointments, still have over 100 live offers, and continue to undertake Skype interviews with international nurses who have already passed the International English Language Testing System (IELTS). We have now introduced 'stay conversations' for staff who are thinking about leaving the Trust, and are already receiving enquiries about these. The Trust's overall sickness absence rate has increased significantly in the last month to 4.45%, well above the 3% target, with long-term absence by far a greater increase than short-term absence. We continue to focus on specific areas to proactively manage sickness absence with the aim of reducing it back below target to a sustainable level. Mandatory training, medical and non-medical appraisals are all above target.

## **NHSmial Migration**

In March 2019 we are planning to migrate to NHSmial, the national email system for the NHS. Moving to a national, secure email system will bring the organisation many benefits. For example emails between @nhs.net emails are fully secure, so can be used for sharing patient information. This means we can connect and share information more easily with those of our partners who also use this system, making us less reliant on outdated practices such as fax machines. It also means that people moving in or out of the Trust can keep their existing email address. And by being on

a national system, we'll be able to share calendars with any other users on NHSmail, or look up the contact details of more than one million NHS and business partner staff on the NHSmail directory.

Over the last few months, the IT Project Team have undertaken detailed planning to ensure we are fully ready as an organisation to migrate. In order for the migration to be as seamless as possible we now need our staff to take action, to ensure they accept the Acceptable Use Policy of their new email accounts.

This is a change to a core system that many of our staff rely on to complete their day-to-day work and so we will be supporting our staff through this process.

### **EU Exit Planning**

We still don't know if the UK is heading for a 'no deal' exit but we are preparing for the expected reasonable outcomes if this is the case. An EU Exit Planning Group has been established, meeting every week, working across areas to implement the guidance that we have received from the Department of Health and Social Care. We are awaiting further operational guidance from NHS England and NHS Improvement on a number of areas as contingency planning work progresses.

### **Novichok Incident – Recognition and Anniversary**

Our staff's response to the novichok incident was recognised with a Special Award at Spire FM's recent Local Hero Awards ceremony. Presented by the Mayor of Salisbury, Councillor Mike Osment on behalf of the city, the award, which was accompanied by a standing ovation, was presented to all the 26 emergency agencies for their amazing hard work during the incident. It is clear how proud and grateful our community continue to be of the outstanding care our staff provided in the most difficult of circumstances.

04 March 2019 will mark the one year anniversary of the Major Incident, the longest running incident in NHS history. This milestone will inevitably lead to widespread local, national and international media interest and the Communications Team and Executive Team have been preparing for this. We also plan to celebrate the amazing role our staff played in responding to this.

### **Service Improvement Awards**

Our Service Improvement Awards, which showcase examples of outstanding practice, projects and improvements, will take place on 16 April in the Lecture Theatre. Entries are now open until 15 February. The awards are open to all staff, at all levels and across all professions. This is a great way to publicly recognise and celebrate the achievements of our staff and showcase improvements in the quality or efficiency of our services such as the redesign of patient pathways, new procedures, projects looking at patient experience and care, an awareness campaign, incorporation of a new technology into a service and cost-saving programmes.

**Cara Charles-Barks**  
**Chief Executive**

# **BaNES, Swindon and Wiltshire STP Delivery and Financial Recovery Plan Programmes Progress Report – January 2019**

## 1.0 Prevention and Proactive Care – Responsible Officer Tracey Daszkiewicz

Scoping and ambition session planned for the January 2019 Sponsoring Board.

## 2.0 Right Care – Responsible Officers - Mark Harris

- Plan to undertake interpretation of the detail to focus clinical discussions on the solutions.
- Plan to develop High Intensity Users Service.
- To develop QIPP schemes using the high level data.
- Still awaiting Right Care data packs due on the 14th Jan 2019.

## 3.0 Length of Stay – Responsible Officer Paul Goodwin

- **Implementation** - The implementation of reductions in length of stay is being delivered through the three A&E delivery Boards. Each system has in place a set of actions to drive a reduction in length of stay. A full update was circulated in slide format after the STP Executive team meeting on 21 September.
- **2018/19 delivery trajectories** - A full set of trajectories for delivery in 18/19 has been received from the BaNES and Swindon systems, with partial trajectories received from the Wiltshire System.
- **Reduction in bed occupancy (L of S)** – Across BSW there has been a reduction in the number of bed days consumed by patients with a length of stay equal to or greater than 7 days. Comparing the five months ending Oct 18 with the equivalent period in 2017/18 shows a bed days reduction of 3,239 days.
- **Comparison between Oct 17 with Oct 18** - the number of bed days utilised increased by 657 days, with this increase principally relating to an increase at GWH. This is currently being investigated.
- **L of S workshop** - The three A&E DB's have been asked to nominate attendees at a length of stay workshop to share best practise to support the development of plans and trajectories for delivery in 19/20.

## 4.0 Acute Hospital Alliance (AHA)/GIRFT - Responsible Officer James Scott

- **Programme Board** - held 3rd December.
- **Programme Director** - started 6th December; stakeholder introductions underway.
- **Programme office** - set up with AHA SRO.
- **Programme Plan** - in development.
- **GIRFT**: SW Region agreed to align forward review plan across AHA and reaffirmed commitment to share AHA trust data. PMs from 3 sites sharing lessons. Dermatology review across 3 sites planned in May. Cardiology review planning for Q2 underway.
- **Clinical service reviews** - High-level scope template circulated.
- **Stroke Services Review** - to be led by Dr Bernie Marden, Medical Director RUH.
- **Interventional Cardiology review** - to be led by Dr Guy Rooney, Medical Director GWH.
- **Gastroenterology review** - to be led by Dr Christine Blanshard, Medical Director, SFT.
- **National Model Hospital data** - refresh available December; opportunity analysis initiated.
- **Draft Bronze diagnostic** - received by providers late December; review underway.

## 5.0 Wellbeing & Health of Older People – Responsible Officer Tracey Cox & Cara Charles-Barks

- **3rd workshop 30th November** deep dive Comprehensive Geriatric Assessments (CGA's): Consistent goal to support integration & person centred care: great ideas; identified different tools across BSW; better use of community services etc.
- **BSW leads meetings** - Bi-weekly update meetings were commenced on 11<sup>th</sup> Dec 18.
- **FutureNHS workspace** – to share OPP library and knowledge maps with MH, Digital and Workforce leads
- **Input to BaNES ICA Board frailty programme**
- **BSW system wide metrics** - to underpin BSW OP initiatives; pilot person centric measures in GP clusters in each Place and to apply the learning and the development of the BSW integrated care model.
- **Workforce briefing scheduled for early January**

## 6.0 Mental Health & Wellbeing – Responsible Officer Linda Prosser

- **STP Programme Board and associated governance structure** - agreed and in place.
- **LGI event held on Dec 12th 2018** - 170 attendees. Report to be completed end of Jan 19.
- **Questionnaire** - to establish current practices and baselines in areas of MH training, awareness and information gathering.
- **System Performance Report** - commenced its development.
- **Scoping of the MH commissioning functions** - at scale versus at place completed.
- **BSW Mental Health Service Reconfiguration Steering Group** - First meeting held and draft timeframes agreed.
- **Mental health estate strategy** - meeting held and high level timeframes agreed.
- **AWP contract for 19/20** - agreement reached on approach for relationship building and collaborative approach agreed with BNSSG. BSW leading service specification work stream across both BSW and BNSSG – first joint meeting held to prioritise focus for service specification review.

## 7.0 Maternity Review – Responsible Officer Linda Prosser

- **Maternity Services redesign public consultation** - continues.
- **Continuity of carer team** - in place in SFT. GWH and RUH team commencing training in January.
- **Pregnancy to parenting integrated training** ( HEE funded) project – training took place in Dec 18.
- **STP/LMS Maternity digital group** - scoping DMA report; interoperability; digital etc.
- **LMS workforce transformation draft report** – further discussions with HEE team in Jan 19.
- **Safety- Acuity tools** - being explored for possible implementation.
- **Transitional care**- ongoing work for workshop in March 2019.
- **Maternity space** - identified for local community hub in planned urgent care centre in Devizes and pilot community hub in Swindon.
- **Wave 2 Safety collaborative QI projects** - at GWH progressing well – hypoglycaemia pathway revised and launched.
- **Safety Improvement plan** - Alexis screening for pre-eclampsia implemented in GWH, transitional care pathway expansion scoping in progress. Review of smoking cessation services in Swindon with planned changes to improve provision of these services.

Please refer to the following highlight report:

## 8.0 Workforce - Responsible officer Mike Wood

Plan to develop workshop to review responsibilities, roles and deliverables of LWAB.

## 9.0 Estates – Responsible officer James Scott

Further review of Estates Strategy completed and to be shared with STP Board and Executive.

## 10.0 Digital – Responsible Officer Christine Blanchard

- **LHCRE (one South West)**
  - IDCR (Integrated Digital Care Record) - across BSW
  - Join Devon & Cornwall STPs, funding support from LHCRE, procure IDCR
  - Integrated digital care record with a clinical data repository – IDCR with CDR
  - Agreement given in principle to take funding agreement to next stage.
  - Data layer procurement 18/19.
  - RUH are host organisation for LHCRE monies, procurement etc.
  - Must align to needs of 6 STPs.
  - Clinical input will be needed.
- **Shared Care Record in Primary Care**
  - Extend Swindon EOL solution across Wilts – OBC in progress.
  - GPSoC Lot 1 solution - revenue costs paid for centrally. Aiming for Go Live March 2019.
  - Virgincare procurement nearly complete. First Go Live anticipated June 2019.
  - Clinical input will be needed
- **Provider Bids** – awaiting outcome
- **Demonstrator Projects**
  - Share DGH admission/discharge patient information daily across the whole system.
  - Consultant Connect
  - Prostate (or ANO) clinical pathway
  - Test clinical hypotheses with data
  - Improve GP ability to be mobile whilst accessing spine applications
  - Be the bandwidth – which of the 550 apps & for whom?