

TRUST BOARD MEETINGS

MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available on our website www.buckinghamshirehealthcare.nhs.uk.

Members of the public will be given an opportunity to raise questions related to agenda items during the meeting or in advance of the meeting by emailing: bht.communications@nhs.net

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

An acronyms buster has been appended to the end of the papers.

David Highton
Trust Chair

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

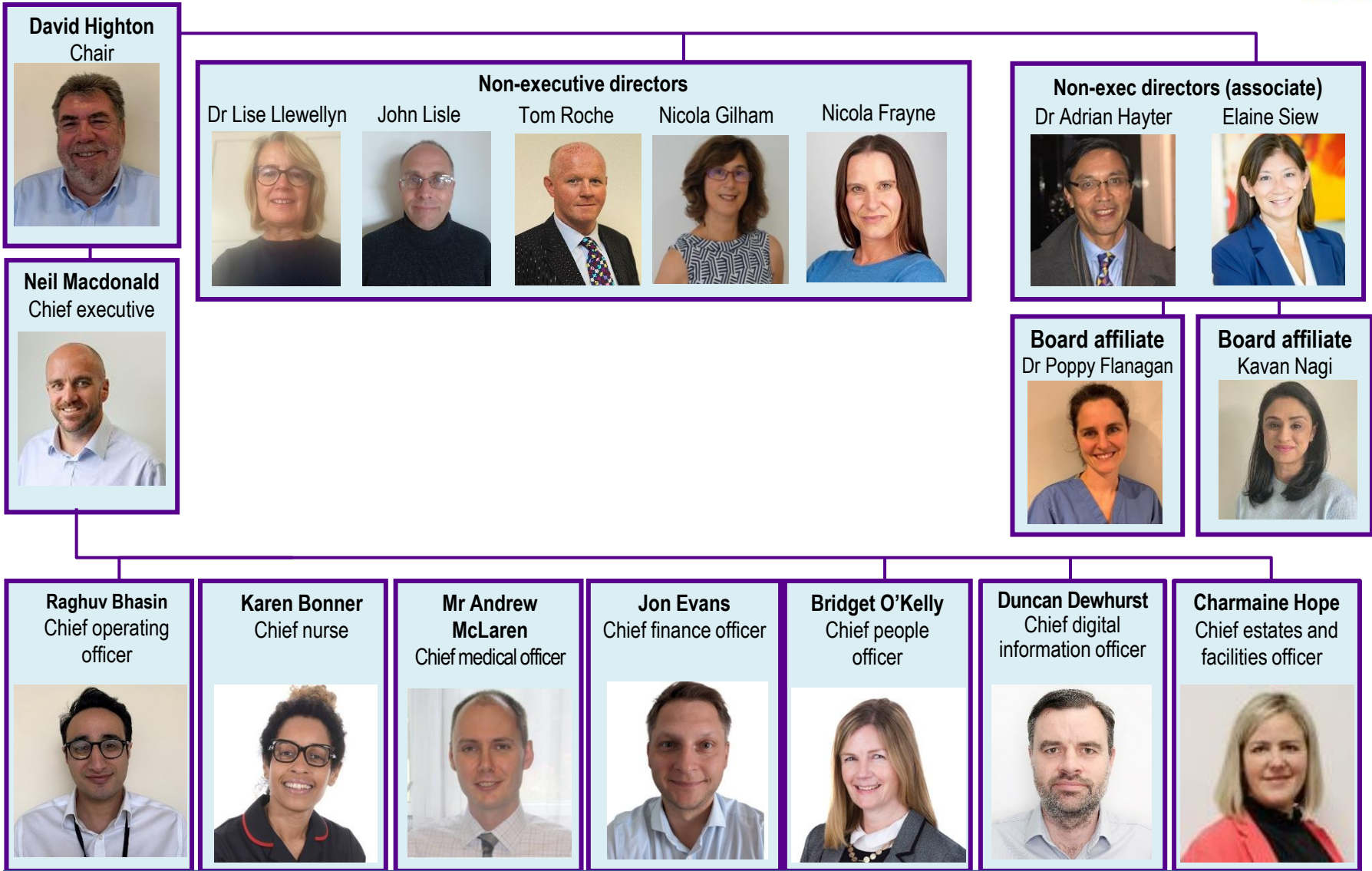
Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.

Board of directors



Buckinghamshire Healthcare
NHS Trust



Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Patient Story -Carer Passport
Board Lead	Karen Bonner, Chief Nurse & DIPC
Author	Amarjit Kaur, Head of Patient Experience and Involvement
Appendices	None
Purpose	Discussion
Previously considered	Quality and Clinical Governance Committee – 17.07.2024 Patient Experience Board – 18.07.2024

Executive summary

In June 2024, the BHT Carer Passport scheme was launched during Carers Week. The Carer Passport is designed to support carers when the person they care for is admitted to BHT. Carers can play a vital role in supporting patients and know the needs of that person best. Carers should be supported to be involved in care giving, making decisions and care planning with the agreement of the patient and the carer. Carers have a right under the Health and Care Act 2022 to be involved in decisions about discharge.

The passport allows carers to:

- Agree with colleagues about what care they want to assist with.
- Open visiting between 8am and 10pm as agreed with ward colleagues. (This can be extended in exceptional circumstances, such as end of life or dementia).
- Concessionary car parking.

Learning from the pilot phase of having a Carer passport includes the following:

- increased identification and support for carers.
- supported patient care and well-being.
- provided help and assistance to the team caring for the patient.
- made carers feel valued.
- provided a short-cut so carers didn't have to repeatedly explain themselves.

The patient experience film focusses on Colin who was a patient in the Bucks neuro-rehabilitation unit (BNRU), following a stroke, and his wife Pamela and their experience of the Carer Passport.

Decision	The Board is requested to note the benefits of the Carer Passport in supporting our service users.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
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 type="checkbox"/> Improve elective waiting times			

<input checked="" type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Outpatient blood pressure checks	
Implications / Impact		
Patient Safety	Research shows a correlation between involving carers and reduced falls and improved nutrition in hospital settings. Martha's Rule is based on listening to patients and carers to improve safety	
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards	
Financial	Carers have a right to be involved in decisions on discharge that affect them. Carer involvement can ensure earlier and more successful discharge, saving money	
Compliance CQC Standards Person-centred Care	Carer passport supports personalised care.	
Partnership: consultation / communication	The Carer passport was developed in partnership with patients and carers	
Equality	Involving carers increases equity by ensuring patients with additional needs for example learning disability have an effective advocate	
Quality Impact Assessment [QIA] completion required?	No	

1 Introduction/Position

- 1.1 The Carer Passport is designed to support carers when the person they care for is admitted to BHT. Carers can play a vital role in supporting patients and know the needs of that person best. Carers should be supported to be involved in care giving, making decisions and care planning with the agreement of the patient and the carer. Carers have a right under the Health and Care Act 2022 to be involved in decisions about discharge.

2 Problem

- 2.1 There have been many cases most recently that of Martha Mills where the failure to listen to and involve carers has led to patient harm and even death.
- 2.2 Not involving carers in decisions about discharge that affect them can lead to failed discharges.

3 Possibilities

- 3.1 Having the Carer Passport:
- increases identification and support for carers.
 - supports patient care and wellbeing.
 - provides help and assistance to the team caring for the patient.
 - makes carers feel valued.
 - provides a short-cut so carers didn't have to repeatedly explain themselves.
- 3.2 The Carer Passport is also an acknowledgement that the carer is there to support the patient while in hospital, but their role may also continue when they get home. This increases the chances of a successful return home for the patient, potentially reducing hospital re-admissions.
- 3.3 At BHT, we work closely with Carers Bucks who provide information, advice, guidance and emotional support to carers. One of the aims of the Carer Passport scheme is to link more carers to this support for when the patient returns home.

4 Proposal, conclusions recommendations and next steps.

- 4.1 The patient experience film focusses on Colin who was a patient in the Bucks neuro-rehabilitation unit, following a stroke, and his wife Pamela and their experience of the Carer Passport.
- 4.2 The Carer Passport has been rolled out to all inpatient areas and we will continue to monitor its impact through patient, carer and colleague feedback.

5 Action required from the Board/Committee

- 5.1 The Board is requested to note the benefits of the Carer Passport and its impact on patient experience.

APPENDICES

Appendix 1: Link to film: Patient Story

<https://www.youtube.com/watch?v=Kw9rIAKrDpc>

Meeting: Trust Board Meeting in Public

Date: Wednesday, 26 June 2024

Time: 10.00 – 11.45

Venue: Hampden Lecture Theatre and live streamed to the public

MINUTES

Voting Members:

Mr D Highton (DH)	Trust Chair
Mr R Bhasin (RB)	Chief Operating Officer
Mr J Evans (JE)	Chief Finance Officer
Mrs N Frayne (NF)	Non-Executive Director (virtually)
Mrs N Gilham (NG)	Non-Executive Director
Mr J Lisle (JL)	Non-Executive Director
Dr L Llewellyn (LL)	Non-Executive Director
Mr N Macdonald (NM)	Chief Executive Officer
Mr A McLaren (AM)	Chief Medical Officer
Mr T Roche (TR)	Non-Executive Director

Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital Information Officer
Dr P Flanagan (PF)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer
Ms K Nagi (KN)	Board Affiliate
Ms E Siew (ES)	Associate Non-Executive Director

In attendance:

Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Mr M Fernandez (MF)	Deputy Chief Nurse

01/06/24 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Adrian Hayter, Associate Non-Executive Director and Karen Bonner, Chief Nurse.

02/06/24 Colleague Voice

BOK introduced the video for the Board which told the story of Libby, a Speech and Language Therapist who spoke about her experience and highlighted the impact of patients' behaviours, incidents of violence and aggression and racism towards colleagues. The video explained how the Trust was responding in a multi-disciplined way whereby the occupational health teams and operational nursing teams worked together to look at the impact of these issues.

The Board discussed the following and noted the following:

- The importance of providing a wellbeing service for colleagues to ensure they were supported and providing a non-judgemental safe area in which to discuss issues.
- There was ongoing communications throughout the Trust including outreaching and referrals and links with the operational site management and well-being team to ensure those who needed support received it.
- There was learning from the feedback of previous cases.
- The benefit of restoration and supervision were discussed - both were in place for the community as well as on site teams.

Action: BOK to ensure community teams were being reached to ensure support was being provided for those experiencing issues with patients' behaviours.

The Board **NOTED** the story recognising the need to ensure all colleagues were aware of the services available, particularly those in the community.

03/06/24 Declarations of Interest

There were no declarations of interest.

04/06/24 Minutes of the last meeting

The minutes of the meeting held on 29 May 2024 were **APPROVED** as a true and accurate record.

05/06/24 Actions and Matters Arising

Patient Stories 2023/24

A summary of actions implemented following patient stories presented to the Board during the year had been provided to the Quality & Clinical Governance Committee which noted further work was required to provide feedback to the patients involved.

External Reviews / Compliance with Legislation

Plans to combine the reporting of external reviews with the annual compliance with legislation process had been deferred to September to allow this to be aligned with the External Reviews Policy noting the process of assurance would be via the Audit Committee. The importance of setting realistic dates with explanations was discussed.

The Board **NOTED** the Action Matrix.

06/06/24 Chief Executive's Report

NM referred to the submitted report and highlighted the following points:

- Karen Bonner, Chief Nurse and Andy Tyerman, retired head of the community head injury service had been recognised in the King's Birthday honours.
- Thanks to the teams which had enabled the Trust to move from Oversight Framework 3 to Oversight Framework 2 which showed the improvement in performance of recovery.

The Board highlighted the following points:

- The inclusion of the Buckinghamshire Executive Partnership (BEP) report which provided clarity on the collaborative mechanisms of working within Place and System and the clear outcomes included in the report for Tackling Health Inequalities. The Board requested further detail on the focus areas for Joining Up Care and Transforming SEND.
- The importance of initial assessments in the community for paediatric services being undertaken in a timely manner particularly for neurodiverse children and young people which was vital for the development of young people.
- DH explained there were two bottom-up areas where the Trust could contribute - one was in the Place of Buckinghamshire and, secondly the Executive Partnership which NM was lead responsible officer for. This sat under the Buckinghamshire Health and Wellbeing Board. The Place could be described as vertical integration; horizontally the Trust were members of the Acute Provider Collaborative in which it sat alongside Royal Berkshire NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust. The ICB is the commissioner who organises and creates programs of work as approved by the ICB Board. DH explained his personal view was BOB had not yet got clarity as to who's doing what, as there was still some overlap of function but it was really important that in Buckinghamshire the Trust were enabled through the funding mechanisms to be able to improve the Executive Partnership under the oversight of the Health and Wellbeing Board locally. There was more work to do with the ICB on how the funding levers were best distributed across the system to enable the Trust to get on with its work.

The Board **NOTED** the CEO report.

07/06/24 Finance and Business Performance Committee Chair Report

NG highlighted the following points:

- The Committee had met the previous day and discussed the finances and performance of the Trust up to Month 2.
- The Integrated Performance Report (IPR) continued to be an improved and enhanced report

- with greater clarity on actions and information and use of trajectories.
- There had been improvements in the discharges before 2pm metric recognising initiatives such as electronic white boards and discharge hub were still in the process of being rolled out.
- Concerns were expressed on the overall waiting lists and a deep dive was underway and would be presented in July.
- There had been a deep dive on Cancer looking at the results of activities and improvements to pathways and patient experience in the previous financial year and reviewing planned deliverables for the current year recognising the new national standards for cancer wait times.
- There had been an update on digital health and a lot of work was underway to create a paper free pathway across the organisation.
- The Committee recommended Board approved the slight adjustments requested to the financing of the electronic patient record system.
- The Trust was on target with a minor variance to plan and noted the efficiencies across the organisation and different Care Groups.
- There was a slight underspend on capital programme connected to the larger programmes which would recover.
- The Committee received the Litigation report for the year and were assured on the clinical and non-clinical inquests which were principally dealt with by NHS Resolution. The Committee were assured the lessons learnt for the investigations were shared across the Trust to ensure the Trust was a learning organisation.
- Assurance was provided by the update on paediatric audiology services.
- The Committee recommended the Board approved the Digital Strategy which would come to Board in July noting the ongoing work to enhance the digital literacy of colleagues across the Trust to ensure the digital improvements were embraced as they were rolled out.
- The IT hosting contract and Urgent and Emergency Care contract were recommended for Board approval.

The Board were **ASSURED** by Committee Chair report.

08/06/24

Quality and Clinical Governance Committee Chair Report

LL highlighted the following points:

- The IPR was a positive report noting the numeral metrics for the Patient Safety Incident Response Framework (PSIRF) would be used by all Care Groups and Specialities. LL had joined the patient safety forum where there had been a good discussion around incidents and themes. It was explained this new approach engaged staff earlier in the process and made a more positive response to a patient safety incident. The implementation would be monitored by the Committee.
- A deep dive would be undertaken into pressure ulcers recognising the rise of incidents, noting some of the increase was due to a difference in counting.
- There had been a significant increase in the number of safeguarding referrals recognising the risk around capacity and the Committee sought assurance around the management of those children in the Trust, recognising these children were at risk of worse outcomes.
- There had been a positive safe staffing report which would move to a quarterly report and would be linked to PSIRF and complaints.
- The Committee recommended the Quality account for Board approval.
- The Committee noted the risk around the overall waiting list.

The Board noted the following during discussion:

- The increase in safeguarding referrals was positive as it showed an increase in awareness within the organisation. The resources within the Trust to handle the increase in demand was on the risk register and the Trust was in conversation with the ICB around changing the process to improve this.
- The issue with water temperature at Wycombe had been resolved and with reference to sampling for legionella, filters had been deployed for mitigation and there was further work to do for the older outlets which cannot have filters attached.

The Board **APPROVED** the Terms of Reference for Quality and Clinical Governance Committee and were **ASSURED** by the Committee Chair report.

09/06/24

Nomination and Remuneration Committee
Terms of Reference

10/06/24 Integrated Performance Report (IPR)

RB highlighted the following points:

- Most of the metrics in the IPR were stable however there had been an increase in the occurrence of pressure ulcers and a report would go to Quality and Clinical Governance in July detailing the actions being taken to reduce the increase in these numbers.
- There had been an increase in the acute waiting list and work was underway to address the growth and reduce the number of patients on the list through treatment prioritisation and working on different models of care.

During Board discussion the following points were noted:

- The nationally provided productivity measure was three months in arrears as it relied on an assessment of income and activity data and then required collation. The Trust would report an internal assessment of the data and what it meant at Care Group level at the end of Q1 and then triangulate when the national data was available. The importance of aligning and having a comparable productivity benchmark across the Acute Provider Collaborative was discussed.
- The new 21-bedded ward at Stoke Mandeville would be open at the end of July and there was a detailed plan on how the ward and existing wards would be used to obtain optimal patient flow. There would be an increased area for assessment to ambulate patients and prevent admission for working age and older age adults.
- The system was under pressure at Wycombe and Stoke Mandeville because of hot weather.
- The Trust was prepared for the upcoming Junior Doctor strikes and cover was in place to ensure patient safety recognising the impact on elective capacity and activity.
- Cardiology referrals were declining and relied on patients to attend their GP to be referred, however primary care services in the deprived areas of the county were less well served. Hypertension detection and a cholesterol project was focussed on the deprived wards to address this and engagement with primary care colleagues was required for improvement.

The Board were **ASSURED** by the report.

11/06/24 Operating Plan

DD referred to the submitted report and highlighted the following points:

- The updated financial plan for 2024/25 had been submitted to the Integrated Care Board and NHS England on 12 June 2024.
- The Board had considered previous iterations of the plan over previous months and recognised the challenges in overall delivery, including the impact of industrial action and assumptions regarding rates of sickness absence amongst colleagues.

The board discussed the plan and noted the following:

- The plan remained a challenge to deliver and work was ongoing with the Care Groups to work through this.
- Commissioning contracts had not been concluded however these did not pose a significant risk to the plan.
- The plan assumed there would be no Industrial Action; if action did take place this would have an impact in supporting urgent care and would be costly and cause a loss of income for activity.

The Board were **ASSURED** by the report.

12/06/24 Finance Report

JE referred to the submitted report and highlighted the following:

- The Trust was In line with the plan of £6.6m deficit.
- The Trust had released earlier than planned the impact of a variation agreed with PFI partners at Stoke Mandeville which had been confirmed and paid and related to £2m and removed some planned income of approximately £1m. Over performance income had not been assumed for areas that would be paid for.
- The activity plan was now consistent with the financial plan.
- Pay performance was on plan.
- The Trust was on a steady trajectory for improvement with the challenge becoming tougher in the second half of the year.

The Board were **ASSURED** by the report.

13/06/24 Paediatric Audiology Services

RB referred to the submitted report and noted the following:

- The report had been undertaken due to the CQC finding deficits in care in some areas of the country.
- The Trust provided a good level of service in terms of low waiting times and there had been no identification of harm because of waiting times.
- The Trust had issues with coping with the capacity in the service due to the national shortage of paediatric audiologists however a mitigating action plan would be provided to the CQC.

The Board noted the following during discussion:

- The teams worked to clinically prioritise which patients were seen and accelerated into the ENT team.
- The Trust was aware of the challenges in terms of staffing and availability, and this had been highlighted by the clinical lead and the Care Group and was on the risk register.
- Work was already underway on prioritising work needed to provide additional capacity.

The Board were **ASSURED** by the report.

14/06/24 Quality Account

MF referred to the submitted report and noted the following:

- The report reflected the hard work and resilience of colleagues in delivering the Trust's quality priorities and improvement to deliver outstanding care.
- During the coming year the Trust would continue to focus the quality priorities based on patient safety, improving the experience of patients and colleagues, and improving clinical effectiveness.

The Board **APPROVED** the Quality Account for publication on 30 June 2024.

15/06/24 CQC well-led framework

JJ explained the new CQC guidance for the well-led question was centred around a self-assessment of quality statements against the eight quality standards setting clear expectations and focussing on specific topic areas.

NM and DH informed the Board an external review of leadership and governance would be procured and would be used to test against the Trust's vision and the improving together board development programme.

The Board **NOTED** the report.

16/06/24 Integrated Safeguarding Annual Report

MF referred to the submitted report and noted the Trust had met its legal safeguarding obligations through the year recognising the increase in staff awareness.

The Board discussed the report and acknowledged that safeguarding was the responsibility of all colleagues and how concerns could and should be raised. The Importance of sharing 'We said', 'We did' was highlighted as per JL's request from last year.

The complexity and challenges of some of the cases dealt with by the safeguarding team was recognised, particularly in view of the small sized safeguarding team. Going forward the Board requested examples of the types of cases and their complexity was included in the report.

Action: Undertake a gap analysis against the Safeguarding Accountability and Assurance Framework to make the necessary preparations in planning for next year.

The Board **NOTED** the report.

17/06/24 Private Board Summary Report

The Board **NOTED** the report.

18/06/24 Risks identified through Board discussion

No further risks were identified during board discussion.

19/06/24 Any other business

There was no other business.

20/06/24 QUESTIONS FROM THE PUBLIC

No questions from the public had been received.

Date of the next Trust Board Meeting in Public: 31 July 2024 at 09.45

Generated Date	24 Jul 2024 15:31
Action Criteria	
Project	Public Board

Public Board							
Reference	Minute Reference	Agenda Item	Detail	Owner	Fixed Target	Variable Target	Last Update Description
1813		External Reviews	Combine reporting with the annual Compliance with Legislation Report	Chief Nurse	31 Jan 2024	25 Sep 2024	External Reviews Policy currently under review including review of Compliance with Legislation oversight and assurance processes.
2209	02/06/24	Colleague Voice	Chief People Officer to ensure community teams were being reached to ensure support was being provided for those experiencing issues with patients' behaviours.	Chief People Officer	31 Jul 2024	31 Jul 2024	Propose close: Director of Workforce and Wellbeing has confirmed that community teams are being reached and cases brought forward. In addition, we are now running a monthly 'community teams focus' meeting about violence & aggression and other relevant issues arising. This follows a meeting with community team senior managers, at which some specific issues in the community colleague experience were identified.
2211	16/06/2024	Integrated Safeguarding Annual Report	Undertake a gap analysis against the Safeguarding Assurance and Accountability Framework to make the necessary preparations for 2024/25 planning.	Chief Nurse	29 Jan 2025	29 Jan 2025	Recruitment for Interim Safeguarding Lead underway. Plan for a full review of the integrated safeguarding model including development of a case for investment.