

Public Board Meeting:  
Agenda Item: 1  
Enclosure No: TB2018/22

## 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 at the meetings, on our website [www.buckinghamshirehealthcare.nhs.uk](http://www.buckinghamshirehealthcare.nhs.uk), or may be obtained in advance from:

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Members of the public will be given an opportunity to raise questions related to agenda items at the beginning of the meeting. Questions are welcome in advance in writing, by email or telephone; or verbally at the meeting. The Board will respond to questions during the content of the meeting.

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.

Hattie Llewelyn-Davies

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 MEETING IN PUBLIC

### 28 March 2018

#### Details of the Paper

<b>Title</b>	Board Directors' Declaration of Interests				
<b>Responsible Director</b>	Director for Governance				
<b>Purpose of the paper</b>	The purpose of this paper is to confirm the annual updates to the Declaration of Interests register for Board Directors.				
<b>Action / decision required (e.g., approve, support, endorse)</b>	Approve				
<b>IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)</b>					
<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<b>Regulatory/ Compliance</b>	<i>Public Engagement /Reputation</i>	<i>Equality &amp; Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>
<b>ANNUAL OBJECTIVE</b>					
Which Strategic Objective/s does this paper link to?					
Please summarise the potential benefit or value arising from this paper:					
<b>RISK</b>					
Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> None				
	<i>Financial Risk:</i> None				
<b>LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY</b>					
Which CQC standard/s does this paper relate to?			Well Led Domain; Outcome 17 Good Governance		
<b>Author of paper: Liz Hollman</b>					
<b>Presenter of Paper: Liz Hollman</b>					
<b>Other committees / groups where this paper / item has been considered:</b>					
<b>Date of Paper: 22 March 2018</b>					

**Minutes of a Trust Board Meeting in public held on Wednesday 31 January 2018  
 in the Education Suite, Florence Nightingale Hospice Charity, Walton Street,  
 Aylesbury HP21 7QY**

**Present:**

Voting Members:	Ms H Llewelyn-Davies	Chair
	Mr N Dardis	Chief Executive Officer
	Dr D Amin	Non-Executive Director
	Mr J Drury	Director of Finance
	Mr R Jaitly	Non-Executive Director
	Mr G Johnston	Non-Executive Director / Senior Independent Director
	Dr T Kenny	Medical Director / Director of Infection Prevention and Control
	Prof M Lovegrove	Non-Executive Director
	Mr N Macdonald	Chief Operating Officer
	Mrs C Morrice	Chief Nurse
Non-Voting Members:	Mrs B O'Kelly	Director of Organisation Development & Workforce Transformation
	Mr D Williams	Director of Strategy and Business Development
In Attendance:	Mrs E Ryder	Senior Board Administrator (minutes)
	Ms L Staveacre	Clinical Nurse, Critical Care and Outreach (for agenda item 4)
	Ms J Phillips	Clinical Nurse Lead for Sepsis (for agenda item 4)

<b>001/2018</b>	<p><b>CARE AWARDS</b></p> <p>The Chief Executive Officer presented the Care Awards given to staff nominated by patients and colleagues for demonstrating the Trust's CARE values: Collaborate, Aspire, Respect and Enable. Winners were: Data entry clerk Ellie Kenworthy; for going the extra mile and personally ensuring a vulnerable young person continued to receive the right care and support despite moving to a different area; Staff nurse Pam Price for going above and beyond caring for a cancer patient and supporting her through a very difficult time, contacting the ladies GP and connecting her to healthy minds bucks; Consultant Mitra Shahidi worked tirelessly over the last 18 months to create and develop the Bucks Building bridges initiative to improve clinics relationships across partner organisations; Junior doctor Nikolaos Georgiou for treating a patient in ambulatory care and taking the trouble to organise food and drink and a taxi for the patient making the daunting experience less scary; Trudy Hayers on behalf of the clinical coding team for assisting patients in medicine for older people, organising Christmas presents for inpatients and making the time in hospital much brighter. Other winners will receive their awards outside of the meeting.</p> <p>In addition the Chair presented the Chief Executive with a Care Award for three years of Aspiring for the Trust to be excellent and not settling for average. She also wished him luck for his new position at Frimley Health.</p>
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002/2018	<p><b>CHAIR'S WELCOME AND OPENING REMARKS</b></p> <p>The Chair welcomed everyone to the meeting in particular those attending to receive a Care Award and the members of the public who were in attendance.</p> <p>The Chair welcomed Mr Neil Macdonald to his new role as interim Chief Executive Officer starting in March.</p>
003/2018	<p><b>APOLOGIES:</b></p> <p>Apologies were received from Mr T Roche, Mrs R Devonshire, Professor D Sines and Miss E Hollman.</p>
004/2018	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no further declarations of interest relevant to the meeting.</p>
<p><b>CHARITABLE FUNDS</b></p>	
005/2018	<p><b>CHARITABLE FUNDS ANNUAL ACCOUNTS</b></p> <p>The Director of Finance presented the Charitable Funds Annual Accounts to the Board for approval. It was noted that the Auditors had reviewed the accounts.</p> <p>The Board <b>approved</b> the Charitable Funds Annual Trustees Report and Financial Statements.</p> <p>In addition it was noted that this concluded the work of Ernest &amp; Young as auditors and thanks were expressed to them.</p>
<p><b>PATIENT STORY; BOARD ADMINISTRATION; CEO REPORT</b></p>	
006/2018	<p><b>PATIENT STORY</b></p> <p>Liz Staveacre, Clinical Nurse, Critical Care and Outreach and Julia Phillips, Clinical Nurse Lead for Sepsis, presented a video to the Board which showed the experiences of a patient who had sepsis whilst an inpatient which required admission to Intensive Care. The story highlighted the importance of knowing the patient in order to recognise the early signs of clinical deterioration and how family members played a vital role in this. The story also emphasised the need for compassion and good communication with patients and their relatives to maintain patient safety and to improve patient outcomes and experience.</p> <p>The Medical Director highlighted that the earlier sepsis is caught the better the outcome and the need to work with primary care partners to achieve this early diagnosis. There was also a role for the public to be more aware of sepsis symptoms and the Trust had leaflets and worked with charities who raise awareness of symptoms.</p> <p>Professor Lovegrove felt it to be a very moving video and queried what the Trust could do to raise awareness of staff of the importance of being compassionate including talking to patients. It was explained that it was for senior staff to lead by example showing that little things made a big difference, for example building relationships and being open to listening.</p> <p>The Chief Operating Officer queried the provision for children with sepsis highlighting staff training to ensure the safest possible care was available. It was explained that there was a clear pathway for raising consciousness and the importance of listening was stressed.</p> <p>Mr Jaitly commented on the library of videos the Trust held that contained patient stories and was a good source of education for staff particularly around compassion.</p>

	<p>The Medical Director noted the importance of the Accountable Care System and the opportunities to look at pathways including nursing homes and the ambulance service.</p> <p>The Director of Workforce transformation and organisation development recognised the importance of these messages for non-clinicians as well as clinicians.</p> <p>Dr Amin stressed the importance of ensuring staff remained vigilant when under pressure. Ms Staveacre noted that processes were in place to have the right person with the right skills with the patient to enable prioritisation of care to time critical intervention. Dr Amin expressed a wish to spend some time with the team.</p> <p>The Chair thanked Ms Staveacre and Ms Phillips and asked for thanks to be passed onto the patient in the video. The Chair noted that the Patient story had raised some good learning around training clinical and non-clinical staff to recognise sepsis.</p>
<p><b>007/2018</b></p>	<p><b>MINUTES OF THE LAST MEETING HELD ON 29 NOVEMBER 2017</b>          The minutes were <b>approved</b> as an accurate record.</p>
<p><b>008/2018</b></p>	<p><b>MATTERS ARISING AND ACTION MATRIX</b>          There were no matters arising.</p>
<p><b>009/2018</b></p>	<p><b>CHIEF EXECUTIVE OFFICER'S REPORT</b>          The Chief Executive Officer began his report by thanking staff for the care shown to patients over the incredibly challenging last few months during increased operational pressures. He commented on the enthusiasm shown for the work around the clinical strategy and for the work around pathology services, noting that the workforce strategy was a critical issue for the Board. It was important to celebrate the success of winning the urgent care contract but also to recognise the huge challenge of delivering this work. In addition he noted the good engagement with the community hubs agenda. The Chair was congratulated on becoming a member of the Board for NHS Providers.</p> <p>The Chief Executive Officer noted that he was immensely proud of where the Trust had come and urged everyone to be proud of the journey whilst being open to the problems that existed. Thanks were expressed to everyone for their support and he wished Good Luck to Mr Macdonald on his appointment as interim Chief Executive Officer.</p> <p>The Chair commented on the fact that the Trust was now winning contracts and that the urgent care contract was a real triumph and something to be proud of. Challenges remained and it would probably be even tougher next year.</p> <p>The Director of Strategy and business development wished the Chief Executive Officer the best of luck for the next stage of his career.</p> <p>Mr Johnston acknowledged the success of obtaining the out of hours contract but also the huge challenge and implications that this would bring.</p> <p>The Medical Director commented on the pathology partnership working with other Trusts. Options were being explored and would be brought back to the Board in March. The Trust would continue to work with established networks to strengthen and utilise staff in the best way to run as efficiently as possible.</p> <p>Professor Lovegrove commented on the demands in A&amp;E and the Chief Executive Officer informed the Board that it was important to be closely connected with the</p>

	<p>clinical teams and explore learning which would be seen through the Quality Committee. The Chief Operating Officer noted that more space had been built in A&amp;E with an acute observation area recently launched. Small changes to the estate environment had been helpful making a big difference to morale.</p> <p>The Board <b>noted</b> the Chief Executive’s report.</p>
<p><b>010/2018</b></p>	<p><b>QUESTIONS FROM THE PUBLIC</b>          Cllr David Pepler, South Bucks District Council congratulated the Chief Executive Officer on his appointment at Frimley NHS Trust and thanked him for his support.</p>
<p><b>STRATEGY</b></p>	
<p><b>011/2018</b></p>	<p><b>CLINICAL STRATEGY DEVELOPMENT</b>          The Director of Strategy and Business Development informed the Board of the progress and timetable for completing the Trust’s Clinical Strategy. A series of workshops had taken place which would enable the Trust to develop a detailed Clinical Strategy by March 2018 to support the Trust’s vision to be one of the safest healthcare systems in the country.</p> <p>The process involved capturing the aspirations, energy and innovation of each of the clinical teams to offer the highest quality service for patients into the future. The themes emerging from the clinical strategy workshops were; working with GPs on clinical pathways, collaborating with services outside the Trust for example in Pathology, exciting opportunities to grow services across borders for example in maternity and IT and information to help clinicians and to drive productivity and efficiency using innovations in diagnostics.</p> <p>The workshops explored looking at ways of delivering care for communities and supporting the teams and clinicians, looking to the future. Services had showcased their aspirations with good learning and development and aligning to support services. The details would come back to the Board at the end of March 2018.</p> <p>Professor Lovegrove commented on the importance of partnerships with GPs and that it would be good see the view from the GP perspective. The Medical Director highlighted that there were links within the ACS to the clinical leaderships sessions with lots of energy and a sense of being ready to work together and this would be highlighted when the strategy comes back to Board.</p> <p>Mr Jaitly requested an update on digitalisation when the strategy comes back to Board</p> <p>Mr Johnston commented on the requirement for having good communication to join up the work.</p> <p>The Chief Nurse noted that leadership would help the system to build in the community voice.</p> <p>It was noted that the Chief Executive Officer had attended the workshops and that all the Executive Directors had been involved. The five high impact changes had consistently been discussed throughout the workshops and these would support the strategy.</p> <p>The Chief Executive Officer emphasised the need to work in a broader way to provide joined up services, to be agile when looking at engagement and ambition, enabling staff to learn from others and knowing what the future looked like.</p>

	<p>Professor Lovegrove questioned the Finance Director on whether the investment would be available to take the strategy forward. It was explained that the Trust would need to be nibble and have business cases ready to apply for funding which may be available.</p> <p>Finally it was noted that the strategy was for everyone to be involved not just clinicians. More work needed to be undertaken around IT and digitalisation and supporting clinical services units and leadership.</p> <p>The Board <b>noted</b> the progress to date and <b>supported</b> the plan to finalise the Trust's Clinical Strategy by 30 March 2018.</p>
<p><b>012/2018</b></p>	<p><b>HIGH IMPACT ACTIONS:</b></p> <p><b>ORGANISATION DEVELOPMENT</b></p> <p>The Director of Organisation Development and Workforce Transformation updated the Board on the need for an Organisation Development Strategy and the action plan required to develop the Strategy. The strategy would be led by the HR department and would enable the organisation to be nibble and allow it to respond to future challenges.</p> <p>Mr Jaitly queried how the Trust supported its staff as well as those in the wider environment. It was explained that there was education and development for all staff however communication needed to be improved including links into career pathways. Investment in education for staff was required as well as looking outward. Mr Jaitly questioned if staff were aware of the opportunities. It was noted that the message was not consistent and assurance needed to be provided, this would be monitored through the Strategic Workforce Committee.</p> <p>The Chief Operating Officer highlighted the importance of making the organisation an easier place for staff to do their jobs.</p> <p>The Chief Nurse highlighted the value of learning which made the Trust attractive for staff. Professor Lovegrove noted that this had been discussed at the Strategic Workforce Committee looking at different generations and behaviours and how staff were recruited including digitally.</p> <p>Mr Johnston expressed concern at the amount of big transformation projects underway and the issue of project fatigue.</p> <p>The Board <b>agreed</b> the organisation development objectives and the associated plan.</p> <p><b>LEADERSHIP</b></p> <p>The Director of Organisation Development and Workforce Transformation outlined how the Trust aimed to increase leadership capability and capacity across the organisation which was one of the Trust's identified five high impact change areas.</p> <p>The plan would look to up-skill new managers especially to support those promoted for clinical competence, rolling out a talent management strategy to ensure all staff reached their potential, supporting clinical leadership. The plan would build on the CARE values and frameworks with talent management and succession planning to ensure everybody reached their potential.</p> <p>It was explained that the Trust offered great education and development opportunities for staff to take their careers forward and the Board were assured that this was known by staff and shared beyond the organisation to attract and keep talented people.</p> <p>Dr Amin queried how the Trust navigated the no-blame culture and ensured accountability.</p>



	<p>The Chief Operating Officer explained that there were frameworks, disciplinary processes and policies in place as well as support for managers to work with staff and to strike the right balance.</p> <p>Mr Jaitly commented on the process for succession planning at a senior level noting its importance. It was explained that this would be brought to the Strategic Workforce Committee in the near future.</p> <p>The Board <b>endorsed</b> the suggested approach.</p>
<b>OPERATIONAL PERFORMANCE</b>	
<b>013/2018</b>	<p><b>FLOODLIGHT AND OPERATIONAL PERFORMANCE REPORT</b></p> <p>The Chief Operating Officer presented the integrated performance report drawing the Board’s attention to the high demand for urgent care services and the demand on trauma services before Christmas. After Christmas there had been high levels of demand for critical care and at the present time the challenges were around patients with Flu.</p> <p>Mr Jaitly commented on the A&amp;E exception report and queried how Flu had impacted. The Medical Director highlighted the work being done to increase the uptake of flu vaccine, contacting individual teams and understanding why people didn’t want the vaccine. The lessons learnt would go back to the Strategic Workforce Committee.</p> <p>Dr Amin commented on the Pressure Ulcer Exception Report questioning if the performance was going backwards. The Chief Nurse commented that the report was disappointing. It was explained that the initial view was that there was a breakdown in communication pathways and that staff needed to be alert and agile around the fundamentals of care. The results were indicative of the pressure the Trust was under and managing this was challenging. The Chief Operating Officer noted that learning and expertise from the spinal unit around pressure ulcers where performance was excellent was being shared with colleagues.</p> <p>Professor Lovegrove commented on the Falls Exception report and questioned if this was linked with the movement of staff and what could be done differently.</p> <p>The Chief Nurse highlighted the need to think in agile ways, working with colleagues in the community and Professor Lovegrove highlighted the importance of linking with the patient voice.</p> <p>Mr Johnston commented that the number of exception reports was sobering.</p> <p>The Chair challenged the Board to continue to focus and keep a tight grip on operational performance especially in the current climate where the whole healthcare system was under pressure.</p> <p>The Board <b>noted</b> the operational performance report and reviewed the relevant exception reports.</p>
<b>MONEY</b>	
<b>018/2018</b>	<p><b>FINANCIAL PERFORMANCE REPORT</b></p> <p>The Director of Finance presented the financial performance report at Month 9, December 2017 noting the financial performance against plan, the exception areas of concern, and sought to seek approval of corrective actions being taken.</p>

	<p>The key highlights were:</p> <ul style="list-style-type: none"> <li>• Year to date performance was £1.9m deficit, £6.2m adverse to plan (£3.1m relates to Q3 STF &amp; Q2 A&amp;E STF). Of the £3.6m deficit in month £1.7m related to the writing off of Q3 STF due to non-compliance with criteria for recognition.</li> <li>• Contract Income continues to over perform year to date. Total income was £2.1m better than budget.</li> <li>• The month 9 year to date position included £2.5m sustainability and transformation funding. This relates to full delivery of Q1 STF and Q2 STF (excluding the Q2 A&amp;E element of £0.5m).</li> <li>• Risks to income relate to reconciliation of final SLAM for the period.</li> <li>• Pay was £3.8m adverse to plan and non-pay £2.8m adverse to plan. Under delivery of CIPS continues to be the main driver behind the variances, with other key pressures in medical staffing, premises and miscellaneous (FTI, CT scanner as highlighted last month).</li> <li>• Forecast outturn including STF earned reported to NHSI was a £3.2m deficit. Excluding all STF monies the forecast outturn was £5.7m deficit.</li> <li>• Capital Management Group was re-prioritising the capital programme to reduce expenditure by circa £4m to fit within the available cash envelope.</li> </ul> <p>It was noted that BHT provided pharmacy services to Carillion as soft FM provider to OUH. There was an exposure to Carillion of £16k, which would be written off. BHT understands that this contract has transferred to Oxfordshire County Council going forward.</p> <p>Dr Amin questioned if Mr Jaitly as Chair of the Finance and Business Performance Committee was assured of what was being done. It was explained that Q4 remained a risk, the forecast had been reset and that there were risks and mitigations in place.</p> <p>It was noted that a number of Trusts had also not met criteria for the STF funding. Any unearned STF is reported as part of NHSI position. NHSI also has incentive schemes in place to match improvements above control totals with additional STF.</p> <p>The Trust forecast deficit of £5.7m still demonstrates an improving trajectory on prior year for turnaround of the financial deficit however progress was not fast enough.</p> <p>The Chair concluded the discussion by noting that there had been a small improvement but there were still risks that had to be managed.</p> <p>The Board <b>noted</b> the financial performance report.</p>
019/2018	<p><b>FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT</b>          The Board <b>noted</b> the Finance and Business Performance Committee Chair's report and the level of assurance given.</p>
	<p><b>PEOPLE</b></p>
020/2018	<p><b>WORKFORCE PERFORMANCE REPORT</b>          The Director of Workforce Transformation and Organisational Development presented the workforce performance report to provide assurance on key people metrics and activities.</p> <p>Mr Johnston expressed concern over the pipeline for nurse undergraduates and queried if there were opportunities to spread the net wider and to recruit from other places. Professor Lovegrove also expressed concern on this issue. In addition it was queried if the Trust was working across the STP, and learning from others how to encourage students to stay with BHT. The Chief Nurse accepted the challenge and explained that the Trust should take the</p>

	<p>opportunity to do something brave and dramatically different this year on recruiting, developing and keeping our nurses and to be highly competitive and multi-faceted. There was learning to be had from our midwifery teams in this area. It was noted that other organisations train more skilled workforce than they need, recognising that some people will move on. Becoming a centre of excellence was key, for example the anaesthetics department was now training and keeping more Junior Doctors. The Finance Director added that the Finance Department was looking at a training practice for accountants.</p> <p>The Chief Executive Officer commented on a national document on staffing that would go to the Strategic Workforce Committee and then to Board and that it would be helpful for the nurse associates to come to a future Board meeting to share their experience.</p> <p>The Chair drew the discussion to a close by challenging the Executive team to see what neighbouring Trusts and the STP were doing around staffing.</p> <p>The Board <b>noted</b> the update on the workforce performance report in particular the actions in place to address identified issues.</p>
021/2018	<p><b>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT</b>          The Board <b>noted</b> the Strategic Workforce Committee Chair's report and level of assurance given.</p>
<p><b>QUALITY</b></p>	
022/2018	<p><b>QUALITY PERFORMANCE REPORT</b>          The Medical Director presented the quality performance report to update the Board on performance against key quality indicators and to continue the development of a refreshed quality report.</p> <p>The new format quality report had been presented and discussed at the last Quality Committee. The committee approved the new format and offered recommendations for some amendments which had been made to include the addition of trend indications, identification of national targets and highlighting as red/high risk those indicators not meeting minimum standards.</p> <p>The Chief Nurse presented the Maternity dashboard noting that the C-section rate was now below the national average. The team were improving care and forward thinking and predicting challenges. The Director of Strategy and Organisation Development noted that the local maternity action plan had now been submitted. It was explained that there was assurance around the plan to deal with the health and wellbeing indicators.</p> <p>The Medical Director noted that since the report had been published there had been a never event in Ophthalmology. There had been no permanent harm to the patient.</p> <p>The Chief Executive Officer commented on the challenges facing the Trust. All indicators were important but it was important to understand what the priorities were.</p> <p>The Board <b>noted</b> the quality performance report.</p>
023/2018	<p><b>INFECTION PREVENTION &amp; CONTROL REPORT</b>          The Medical Director presented the infection prevention and control report providing the Board with the Infection Prevention data for December, an update on Gram negative infections and shared comments made by patients who had experienced C.Difficile. The emotional and very informative patient stories around infection control highlighted how the Trust was learning and informed around how the care provided had improved.</p>

	<p>It was noted that the Trust had not achieved the targets for either C.Difficile or MRSA. This would be a priority for 18/19 with lessons learnt highlighting what could be done differently.</p> <p>The Board <b>noted</b> the infection prevention and control report.</p>
<b>024/2018</b>	<p><b>QUALITY COMMITTEE CHAIR'S REPORT</b> The Board <b>noted</b> the Quality Committee Chair's report and the level of assurance given.</p>
<b>025/2018</b>	<p><b>QUESTIONS FROM THE PUBLIC</b> A question from a twitter user had been received during the meeting around pre and post intervention outcomes for patients. The Chief Operating Officer would look into and respond to this outside of the meeting.</p>
<b>RISK AND ASSURANCE</b>	
<b>026/2018</b>	<p><b>ORGANISATION RISK PROFILE</b> In the absence of the Director for Governance, the Director of Finance presented the organisation's top risks and summarised how they were being managed. The top risks were delivery of the financial plan, delivery of organisational objectives if the Trust does not have the right number of staff with the right skills and talent and patient experience due to pressures on the urgent care pathway.</p> <p>Mr Jaitly commented on the actions to address the gaps and requested monitoring and renewed actions.</p> <p>The Board <b>confirmed</b> the top risks.</p>
<b>027/2018</b>	<p><b>AUDIT COMMITTEE CHAIR'S REPORT</b> Mr Johnston noted that the Terms of Reference had been reviewed and updated and that the new auditors had embarked on their initial work. The Finance Director, Chair and Chief Executive Officer had meet with Grant Thornton to understand pressures.</p> <p>The Board <b>noted</b> the Audit Committee Chair's report and the level of assurance given.</p>
<b>028/2018</b>	<p><b>ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE</b> The Chair informed the Board that all committees except for charitable funds had reviewed their terms of reference. Mr Jaitly requested the terms of reference for safeguarding, commercial and organ and tissue donation committees were available for the Board to see. The Chair agreed that these would come to the March Board Meeting along with the Charitable Funds Terms of Reference.</p> <p>The Board <b>approved</b> the committee Terms of Reference.</p>
<b>FOR INFORMATION</b>	
<b>029/2018</b>	<p><b>PRIVATE BOARD SUMMARY REPORT</b> The Board <b>noted</b> the report.</p>
<b>030/2018</b>	<p><b>BOARD ATTENDANCE RECORD</b> The Board <b>noted</b> this report.</p>
<b>OTHER BUSINESS</b>	

<b>031/2018</b>	<b>ANY OTHER BUSINESS</b> Mr Johnston queried how the Trust was performing with regard to the Gender Pay Gap. The Director of Organisation Development and Workforce Transformation noted that Gender pay gap review would be brought forward and published this year as a national requirement. The Data would come to a future meeting. Mr Johnston was assured that the Trust had the data collection in hand.
<b>032/2018</b>	<b>RISKS IDENTIFIED THROUGH BOARD DISCUSSION</b> The Chief Operating Officer highlighted that the risks emerging through the discussions at the meeting were: <ul style="list-style-type: none"> <li>• People; training nurse numbers; pressure on staff and change fatigue; uptake of the flu vaccination</li> <li>• Money; digitalisation to support the clinical strategy, capital resource and financial position</li> <li>• Quality; Out of hours contract implementation; pressure ulcer damage infection prevention control; never events; generic risks to performance and safety due to operational pressures and the challenge of taking forward the clinical strategy.</li> </ul>
<b>033/2018</b>	<b>QUESTIONS FROM THE PUBLIC</b> There were no questions.
<b>034/2018</b>	<b>DATE OF NEXT MEETING</b> The next meeting will be held on Wednesday 28 March 2018, 9am, Hampden Lecture Theatre, Wycombe Hospital  There being no further business the Chair recited the motion to bring the meeting in public to an end.
	Signed ..... Trust Chair  Dated.....

### ACTION MATRIX

Minute		Lead	Timescale	Update March 2018
<b>021/2017</b>	Fundraising for Charitable Funds to be discussed at a future board meeting	Director of Finance	July 2017	Deferred until after the next Charitable Funds Committee.
<b>106/2017</b>	Update on business case for lone workers.	Director of Finance	October 2017	Work in progress. Update to Board in March 2018.
<b>142/2017</b>	Terms of Reference of the ACS executive to be provided to the Board.	Director for Governance	January 2018	Awaiting revised version.
<b>166/2017</b>	The Director of Governance would look at where the learning coming through the ACS would come back into the organisation.	Director for Governance	March 2018	This is included in the draft Board development programme for 18/19
<b>009/2018</b>	Pathology Partnership Networks	Medical Director	March	Deferred to May 2018

Minute		Lead	Timescale	Update March 2018
011/2018	Clinical Strategy	Director of Strategy and Business Development	2018 March 2018	On agenda

DRAFT

## PUBLIC BOARD MEETING 28<sup>th</sup> March 2018

### Details of the Paper

<b>Title</b>	Patient story
<b>Responsible Director</b>	Chief Nurse
<b>Purpose of the paper</b>	To share the experiences of a patient and her husband following a fracture that Mrs Wilson sustained to her right arm following a fall at home. Their experience highlights the importance of <ul style="list-style-type: none"> <li>• Valuing patients time – delay in treatment is a delay in getting back to normal</li> <li>• One pathway, one system “speak to each other”</li> <li>• Staff taking ownership to tackle an issue in partnership with the patient/ next of kin</li> </ul>
<b>Action / decision required (e.g., approve, support, endorse)</b>	For information and discussion

### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<b>Patient Quality</b>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<b>Public Engagement /Reputation</b>	<i>Equality &amp; Diversity</i>	<b>Partnership Working</b>	<i>Information Technology / Property Services</i>

### ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?  
Objective 1 - Improving quality, safety and patient experience

Please summarise the potential benefit or value arising from this paper:

### RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> no
	<i>Financial Risk:</i> no

### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Regulation 12: Safe care and treatment  <i>(if you need advice on completing this box please contact the Director for Governance)</i>
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**Author of paper: Carolyn Morrice in partnership with Mrs and Mr Wilson**

**Presenter of Paper:**

**Other committees / groups where this paper / item has been considered:**  
**Out patients senior team meeting to share experience and learning**

**Date of Paper: 20.3.18**



### REGISTER OF DIRECTORS' INTERESTS

The following is the current register of the Executive and Non-Executive Directors of the Buckinghamshire Healthcare NHS Trust and their declared interests. The register is maintained by the Senior Board Administrator.

Name	Position	Interests Declared
Dipti Amin	Non-Executive Director Chair Organ and Tissue Donation Committee	Medical Information and Toxicology Services (non paid Director) Trustee of Faculty of Pharmaceutical Medicine Member of the Innovation Board of the ABPI
Rachel Devonshire	Non-Executive Director Chair Commercial Development Committee	Registered director of Bucks Healthcare Projects Ltd
James Drury	Director of Finance	Registered director of Bucks Healthcare Projects Ltd
Natalie Fox	Interim Chief Operating Officer	None
Rajiv Jaitly	Non-Executive Director Chair Finance and Business Performance Committee Chair Charitable Funds Committee	GFG Ltd, Advisory Board Member; Jaitly LLP, Managing Partner; London & Quadrant Housing Trust , non-executive Board member; Heirloom Investment Fund SPC - non-executive director; Shares held directly in a number of healthcare and other companies which are not material holdings such as in GSK, Astra Zeneca, Reneuron and Legal & General. Board Director of Board Apprentice Global Ltd Board Director and Council Member – Trinity College London
Graeme Johnston	Non-Executive Director Chair Audit Committee	Advisory board member Patient Focused Medicine Development a global industry not for profit in Pharmaceutical sector Member scientific advisory board UCB pharma, a drug company which sells several drugs to the NHS. Lay chair of University of Buckingham Medical School Fitness to Practise Committee. UofB may engage in training with BHT. Attendee at Aylesbury vale CCG (north locality) patient engagement group
Tina Kenny	Medical Director	Visiting Professor, Buckinghamshire New University
Hattie Llewelyn-Davies	Chair	Owner/Director of consultancy business that does not undertake work with the NHS but may advise organisations that do. Daughter a student with Bucks New University. From 1 <sup>st</sup> September 2017: Chair of Colne Housing (Society Ltd): £7k per annum Non Executive Board member 'Your MK': £20k per annum
Mary Lovegrove	Non Executive Director Chair Quality Committee	Director of Allied Health Solutions Member of the Governing Board of the British Acupuncture Council



Name	Position	Interests Declared
		Emeritus Professor - London South Bank University Visiting Professor – Singapore Institute of Technology Visiting Professor- Buckinghamshire New University Trustee of the Joint Council for Cosmetic Practitioners and Chair of the Practitioner Register Committee
Neil Macdonald	Interim Chief Executive Officer	Wife managing partner of Marlow Medical Group & chair of FedBucks (Buckinghamshire primary care federation) Registered director of Bucks Healthcare Projects Ltd
Carolyn Morrice	Chief Nurse	None
Bridget O’Kelly	Director of Organisational Development and Workforce Transformation	None
Tom Roche	Associate Non-Executive Director	Non Executive Chair – Clarks of Amersham Executive Coach
David Sines	Associate Non-Executive Director  Chair Strategic Workforce Committee	Self-employed consultancy with Health Education England and with Department of Health and various non-Buckinghamshire CCGs related to workforce planning and educational development. Trustee of the Burdett Nursing Charitable Trust and Patron of the Learning Disability Charity Choice Support in London Non-Executive Director with Central London Community Health Trust Emeritus Professor - Buckinghamshire New University Chair and Trustee of the national Joint Council for Cosmetic Practitioners
David Williams	Director of Strategy and Business Development	Brother is a personal injury lawyer and may act for clients from the spinal injury unit and elsewhere across the Trust.

## **Potential Conflict of Interest**

Mr Neil Macdonald has declared a potential conflict of interest in that his wife, Dr Penny Macdonald, is a managing partner of the Marlow Medical Group and Chair of the Buckinghamshire GP Federation, a federation of GP practices in Buckinghamshire comprising 55 GP practices (FedBucks). The Trust has taken legal advice on managing this conflict and a summary of key considerations and resulting actions is set out below.

### **Context**

Mr Macdonald's concern in relation to this potential conflict is that Dr Macdonald's interest in her practice and particularly her position in FedBucks may impact on any contractual decision making by the Trust that crosses primary and secondary care. This is particularly relevant to the Trust at the present time for the following reasons:

- The Trust and FedBucks are members of the Buckinghamshire Provider Collaborative and co-signatories of a provider memorandum of understanding (MOU) along with Oxford Health NHS Foundation Trust and South Central Ambulance Trust
- The Trust is potentially sub-contracting with FedBucks for the provision of integrated 24/7 Primary Care Access Services
- The Trust and FedBucks have both participated in the Buckinghamshire health and care system's successful application to join the national Integrated Care System exemplar programme.

### **FedBucks**

Dr Macdonald's interest in FedBucks is as follows:

- She is not a direct salaried employee of FedBucks.
- Her practice is reimbursed for the time that she spends working for FedBucks.
- She does not benefit from any 'profit' from the Federation directly. Any income generated by FedBucks is paid directly back to member practices on an equal share to cover their costs of providing services on behalf of FedBucks.
- Dr Macdonald will therefore benefit from this income along with the other partners of Marlow Medical Group, in common with other GPs within Buckinghamshire.

### **Integrated Care System**

The Integrated Care System Memorandum of Understanding (MoU) notes that the health and care organisations in Buckinghamshire have agreed to work together to develop robust plans to transform the way that health and care is planned and delivered for their populations working within a 'system control total'. The objective of the MoU is said to be to provide a mechanism for securing the parties' agreement and commitment to sustained engagement with and delivery of Buckinghamshire's Accountable Care System, and to realise a transformed model of care in the county. The parties have agreed to establish an Integrated Care System Partnership Board to co-ordinate achievement of the objective. The MoU was entered into on 1st June 2017.

The arrangements described above therefore predate NM's appointment as interim Chief Executive by approximately 9 months. In addition, the ICS application has been scrutinised externally by NHS England, and accepted for inclusion in the ICS exemplar programme. This in turn suggests that the principle of closer collaboration between the Trust and FedBucks as relevant parties for the delivery of greater integration within Buckinghamshire is recognised and accepted.

### **Existing conflict management arrangements**

When Mr Macdonald raised the potential conflict with the Trust Chair the following arrangements were agreed in June 2017 as suitable for the Chief Operating Officer role:

:

1. At every board or committee where there was an agenda item relating to Primary Care Mr Macdonald would declare the potential conflict of interest.
2. Where the board considered that there was a significant conflict as guided by the Chair and Director for Governance, Mr Macdonald would be asked not to participate in the discussion or decision making, and the board would take a view as to whether it was appropriate for him to remain in the room during the discussion.

3. Mr Macdonald would copy the Director of Finance into any correspondence where there was a potential conflict and seek his endorsement of any operational decision.
4. Mr Macdonald would use the Divisional Directors for operational decision making where appropriate.
5. Mr Macdonald would provide a summary of operational decisions made over the previous six months for consideration by the Chair and Director of Finance.

### **NHS England guidance**

NHS England issued revised guidance to the NHS entitled “Managing Conflicts of Interest in the NHS” last year. The following points from the guidance are relevant to this advice:

- The relationship between Mr Macdonald and Dr Macdonald, and her involvement with FedBucks, amount to a conflict as defined under the guidance
- The first requirement of the guidance is for staff to proactively declare interests at the point they become involved in decision making. Mr Macdonald declared the potential conflict in March 2017, and raised the matter specifically to the Chair at around the same time as the Trust entered into the MoU with FedBucks.
- The guidance indicates that management action in respect of conflicts should be proportionate, but that the available options include:
  - deciding that no action is warranted
  - restricting an individual’s involvement in discussions and excluding them from decision making
  - removing an individual from the whole decision making process
  - removing an individual’s responsibility for an entire area of work
  - removing an individual from their role altogether if the conflict is so significant that they are unable to operate effectively in the role
- There is then specific guidance for members of strategic decision-making groups like Trust Boards. This follows a similar approach to the more general guidance but includes more detail in respect of the management actions that may be taken when conflicts are identified. These include:
  - Requiring the member to not attend the meeting
  - Ensuring that the member does not receive meeting papers relating to the nature of their interest
  - Requiring the member to not attend all or part of the discussion and decision on the related matter
  - Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate
  - Removing the member from the group or process altogether.
- Importantly, the guidance states that the default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made.

### **Managing the potential conflict of interest**

In the light of the above matters, and following the legal advice we have received we have put in place the following arrangements as an appropriate management response to the potential conflict of interest that has been identified:

1. Mr Macdonald has already declared the interest. This has been recorded in the appropriate register by the Trust, and is also noted in meetings of the Provider Collaborative, and the Integrated Care Partnership Board

2. In any sub-contracting arrangement between the Trust and FedBucks there would be a Due Diligence process confirming governance arrangements
3. The Trust has taken regard to the following:
  - The general strategic commitment to collaborative working between the Trust and FedBucks predates Mr Macdonald's appointment as interim Chief Executive. The commitment is also consistent with the general drive towards provider collaboration and integrated care systems in the NHS
  - On the basis of the information currently available it appears that Dr Macdonald will not derive any greater financial benefit from any contracts entered into between the Trust and FedBucks than any other GP whose practice is a member of FedBucks
  - The Trust has confirmed that FedBucks has made a commitment to open book accounting in respect of its involvement in any sub-contract, and confirmed it is a not for profit organisation
  - The Board of an NHS Trust has a non-executive majority, and therefore insofar as decisions concerning the relationship between the Trust and FedBucks are made at Board level this is a further safeguard in respect of potential conflicts.
4. In view of these factors, it is not necessary for Mr Macdonald to routinely to absent himself from Board meetings where matters relating to Fedbucks are discussed. Similarly, there is not a need to prevent him from receiving Board meeting papers that may relate to FedBucks. His wife's interest in FedBucks is a matter of record, and has been appropriately disclosed to the Trust. The Trust Chair will be able to monitor Mr Macdonald's involvement in and contributions to Board meetings where the interest may be relevant, and can intervene if necessary to limit Mr Macdonald's involvement or require him not to participate in any particular discussion or decision.
5. Another member of the Trust's Executive team will take the lead on any operational matters concerning FedBucks in order to ensure that there is no appearance of bias or impropriety on Mr Macdonald's part.
6. The Trust Chair has the overall responsibility for determining that the arrangements for managing the conflict of interest remain appropriate and proportionate. She is also the officer to whom any concerns about the propriety of Mr Macdonald's involvement in meetings and decisions that are relevant to his interest should be raised.

**Liz Hollman**  
**Director for Governance**  
**22 March 2018**