

Public Board Meeting:
Agenda Item: 1
Enclosure No: TB2018/070

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, 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.

Safe & compassionate care,

every time



Buckinghamshire Healthcare
NHS Trust

PUBLIC BOARD MEETING 25th July 2018

Details of the Paper

| | |
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| Title | Patient experience: Caring for the dying patient- Florence Nightingale Hospice |
| Responsible Director | Carolyn Morrice |
| Purpose of the paper | To highlight the importance of high quality care at the end of a person's life |
| Action / decision required | No decision required – for information/discussion only |

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

| <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> | <i>Regulatory/ Compliance</i> | Public Engagement /Reputation | <i>Equality & Diversity</i> | Partnership Working | <i>Information Technology / Property Services</i> |

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Quality – specifically joined up working between hospital, GP, social care and voluntary sector. Also improving patient experience.

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

To demonstrate the benefits community hubs provide in bringing care closer to home for many people in areas around Marlow and Thame. To show what staff who work in the community hubs feel about the service they provide and to highlight voluntary sector work within the hubs.

RISK

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| Are there any specific risks associated with this paper? If so, please summarise here. | <i>Non-Financial Risk:</i> |
| | <i>Financial Risk:</i> |

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

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| Which CQC standard/s does this paper relate to? | <p>Person-centred care – treatment that is tailored to you and meets your needs and preferences.</p> <p>Dignity and respect – given any support you need to help you remain independent and involved in your local community</p> <p><i>(if you need advice on completing this box please contact the Director for Governance)</i></p> |
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Author of paper: Liz Monaghan matron palliative care

Presenter of Paper:

Other committees / groups where this paper / item has been considered

Date of Paper: 25.7.2018

**Minutes of a Trust Board Meeting in public held on Wednesday 30 May 2018
in the Education Centre, Florence Nightingale Hospice Charity, Aylesbury**

Present:

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| Voting Members: | Ms H Llewelyn-Davies | Chair |
| | Mr N Macdonald | Chief Executive Officer (Interim) |
| | Dr D Amin | Non-Executive Director |
| | 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 |
| | Mrs N Fox | Chief Operating Officer (Interim) |
| | Mrs C Morrice | Chief Nurse |
| Non-Voting Members: | Mr D Williams | Director of Strategy and Business Development |
| | Prof D Sines | Associate Non-Executive Director |
| | Mr T Roche | Associate Non-Executive Director |
| In Attendance: | Miss E Hollman | Director for Governance |
| | Mr A Khaki | Deputy Director of Workforce and Organisation Development and Education |
| | Mr W Preston | Deputy Director of Finance |
| | Mrs T Underhill | Freedom to Speak Up Guardian (for agenda item 14) |

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| 067/2018 | <p>CARE AWARDS</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: Dr Emma Vallis-Booth, James Petterson and Bernadetta Riccoarni, Ian Ward, Lorraine White, Nafiza Kosar, Adeyink Okungowas and Ward 17.</p> <p>The Chief Executive Officer explained that presenting the CARE awards was one of his favourite tasks as CEO. They were amazing examples of care, making a massive difference to patients.</p> <p>In addition the Chief Executive Officer thanked a group of 4x4 drivers who had volunteered to assist with patient and staff transportation during the snow storms over the Winter.</p> |
| 068/2018 | <p>CHAIR'S WELCOME AND OPENING REMARKS</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> |
| 069/2018 | <p>APOLOGIES:</p> <p>Apologies had been received from Mr J Drury and Mrs B O'Kelly. They were represented at the meeting by Mr Wayne Preston and Mr Amir Khaki.</p> |

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| 070/2018 | <p>DECLARATIONS OF INTEREST There were no declarations of interest.</p> |
| 071/2018 | <p>PATIENT STORY The Chief Nurse introduced a video which related the developments within the community hubs from a patient's experience. The benefits of the hubs were demonstrated in providing care closer to home for many people in the areas around Marlow and Thame. The video also showed how staff who work in the community hubs felt about the service they provide and the voluntary sector working within the hubs was also highlighted.</p> <p>Mrs Devonshire commented on the old fashioned care and good communication with General Practitioners which had been highlighted. Mr Jaitly noted that it was important to hear the voice of the patient however he would have welcomed hearing the voices of patients who had not had such a good experience. The Chief Nurse noted this and the fact that stakeholder groups reported back to Health and Adult Social Care Select committee for Buckinghamshire.</p> <p>Dr Amin noted that it would be helpful to hear if the community hubs were having an impact on the services at Stoke Mandeville and Wycombe Hospitals. The Chief Nurse explained that the Hubs were one part of the jigsaw and the tangible effect on services would be seen in the future.</p> <p>Professor Lovegrove thanked staff who had been involved in the setting up of the community hubs and noted that the prevention matters agenda needed to be developed further with a navigator for patients to the services available at the Hubs. Dr Kenny commented on the importance of making every contact count in health promotion, and this was developing across the Trust and the entire healthcare community. Mr Johnston stressed the importance of good communication with patients with expectations of the amount of time a visit to the Hub would take.</p> <p>The Board noted the Patient Story.</p> |
| 072/2018 | <p>MINUTES OF THE MEETING HELD ON 28 MARCH 2018 The minutes were accepted as an accurate record of the meeting after the following amendment:</p> <p>Page 5 – Community Hubs – engagement had been taking place since 2016 not 2017.</p> |
| 073/2018 | <p>MATTERS ARISING AND ACTION MATRIX 61/2018 – The chairs of Quality and Clinical Governance Committee and Audit committee would discuss a matrix of monitoring clinical audit over the year working with the Chief Nurse and Director for Governance. 106/2017 - Lone worker policy – this was ongoing and the Board would receive an assurance update in due course.</p> |
| 074/2018 | <p>CHIEF EXECUTIVE OFFICER'S REPORT The Chief Executive Officer introduced his report by acknowledging the large risks recently experienced with regard to winter pressures which had led to cancellations of elective procedures; and the issues with infection control particularly in relation to Clostridium difficile.</p> <p>Recent achievements included national and local awards won by individuals and teams across the Trust. In particular the IT team were congratulated for the transition to the Trust using NHS mail, the finance team for their work on the final audited accounts and recognition of the Communications Team and the Director of Communications. The Chief</p> |

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| | <p>Executive Officer noted that the Director of Communications was leaving the Trust and thanked her and commended her for her leadership of the communications team.</p> <p>Mr Johnston commented that the final audited accounts had been submitted on time and the Trust had received an unqualified audit opinion and value for money opinion. This recognised a well-managed Trust with a business plan which was building towards business sustainability. Mr Johnston commented that the Annual Report and the Annual Governance Statement were both high quality pieces of work which had been completed under pressure.</p> <p>Assurance was given that high risk issues were regularly discussed at the Executive Management Committee.</p> <p>The Chair noted that she was pleased that the Chief Executive Officer had included an apology with regards to the quality of services during the winter pressures and expressed a thank you to staff who had persevered in delivering safe and compassionate care during this period.</p> <p>Mr Jaitly questioned if additional pressures should be added to the Key Performance Indicators. The focus of objectives was now for the Buckinghamshire Integrated Care System of which Buckinghamshire Healthcare NHS Trust was a member.</p> <p>The Board noted the Chief Executive's report.</p> |
| <p>075/2018</p> | <p>QUESTIONS FROM THE PUBLIC There were no questions from the public</p> |
| <p>076/2018</p> | <p>CORPORATE OBJECTIVES The Director of Strategy outlined how services were developing to meet the key corporate objectives which had been approved by the Board in March.</p> <p>It was queried whether a staff flu vaccination rate of 75% was high enough. The Chief Nurse accepted that the campaign needed to begin earlier and that top performing Trusts had a rate of 90%.</p> <p>Professor Lovegrove asked for the expression 'transfer' of care to be used rather than 'discharge' of care.</p> <p>Mr Johnston commented on the milestones sometimes appearing vague, a clear definition of standards which were challenging and achievable would be preferred. There needed to be a balance between aspirational and realistic targets. The Chief Executive Officer challenged the Executive team to make the targets meaningful for the organisation and informed the Board that this would be available in the next quarterly update.</p> <p>It was noted that the innovation centre would be launched in December with Bucks New University partners.</p> <p>The Board noted the Key Performance Indicators and the Chair requested that the action around making the objectives meaningful was included in the next update.</p> |
| <p>077/2018</p> | <p>COMMUNITY HUBS The Chief Operating Officer outlined the evaluation of the pilot of the Community Hubs at Thame & Marlow and for the extension of the pilot to include consideration of roll out of the model across Buckinghamshire. The next steps for the Community Hubs included integrating the work into the wider community health services and developing with other</p> |

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| | <p>local communities healthcare models that would work for them.</p> <p>The Chief Operating Officer praised the stakeholder engagement groups who had acted as a critical friend pushing the Community Hubs project in the right direction and acting as a link to the local community. The Hubs in Marlow and Thame included more than just an assessment service but also chemotherapy and other clinics. There was a need to make the community aware of what was available in their Hubs.</p> <p>Professor Lovegrove asked for assurance regarding the cost effectiveness for Community Hubs, it was explained that this was a work in progress as financial models change within the NHS but there should be an outline within the next six months.</p> <p>Professor Sines queried how the Trust could link more closely with nursing homes to work in Community Hubs to relieve pressure in A&E. The Chief Operating Officer reported that at a recent governance meeting consideration had been given to the top 10 referrers to A&E and how the assessment service and geriatricians within the Community Hub could support this pressure. Additionally the importance of involving voluntary services was highlighted.</p> <p>Professor Sines noted the work so far was very good but there was still a lot to do and the work was critical to the Integrated Care System. The Medical Director commented on the initiatives for pulling together GPs and the Trust, building up social capital and supporting staff to lead in a different way. This was a massive piece of work and the Trust must take the opportunity to make it work.</p> <p>Mr Roche commented on the importance of telling everyone about the services available at the Hubs and recommended the use of social media. The Chief Nurse suggested that non-executive directors be invited to attend to stakeholder groups to support the journey.</p> <p>The Chief Executive Officer noted that engagement with Aylesbury and Wycombe areas was challenging and would need to be done in the most appropriate way.</p> <p>Dr Amin commented on the promotion of healthy living and asked for details of preventative work to be included in the next update to the Board.</p> <p>Professor Lovegrove asked for planning for foot health practitioners to be reviewed.</p> <p>The Board noted the report.</p> |
| <p>078/2018</p> | <p>BUCKINGHAMSHIRE INTEGRATED CARE SYSTEM OPERATING PLAN 2018/19</p> <p>The Director of Strategy and Business Development presented the Buckinghamshire Integrated Care System Operating Plan for 2018/19. The paper explained that the vision for the Buckinghamshire Integrated Care System is 'Everyone working together so that the people of Buckinghamshire have happy and healthier lives'. The purpose of the plan was to set out how the Trust was aiming to achieve that vision with partners ranging from describing the delivery priorities for 2018/19 and the infrastructure and governance arrangements intended to be put in place to ensure delivery.</p> <p>The plan was around creating capacity across the system with programmes of care aligned to five year forward view. It was acknowledged that system sustainability was a challenge. The plan had been submitted to NHS England and feedback would be received in due course.</p> <p>Mr Jaitly noted the importance of being conscious of the risks for the Trust in the system. The Director for Governance confirmed that the profiling of risk relating to the ICS</p> |

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| | <p>would appear in the Board Assurance Framework in July.</p> <p>The Director of Strategy and Business Development commented on the transformation plan with the back office. It was noted that the Trust’s Director of Finance was the lead for back office transformation across the Integrated Care System.</p> <p>Dr Amin questioned what the 3 key areas for the Integrated Care System were. It was explained these were financial sustainability, public health and to support the population to get healthy and well – let’s do it better together. Dr Amin queried if these were deliverable. It was noted that it was critical to ensure there was capability and the correct prioritisation.</p> <p>Mr Roche questioned what the Integrated Care System meant for the patient and where was the Trust learning from others. The Director of Strategy and Business Development explained that the local Integrated Care System was part of a national Integrated Care System network with lots of best practice and expertise. It was noted that Trust was managing a real strategic change and that this expertise was being shared with others. The primary purpose was to improve quality of services for the patient.</p> <p>Mrs Devonshire stressed the importance of communication with patients and aligning communications about the Integrated Care System with the Community Hubs and being clear.</p> <p>Mr Johnston asked about financial deficits and whether it was the real Integrated Care System deficit, including the system wide financial situation of South Central Ambulance Service and Buckinghamshire County Council. Mr Jaitly noted that it would be helpful to see the full picture. Mr Williams noted that clarity around the financial challenge was needed across the system and there was a need to have alignment.</p> <p>The Medical Director commented on the fact that the NHS was approaching 70 years in existence and that it was now a time for change of direction, with a cultural shift towards having responsibility for your own health: help yourself and the NHS would help you. Mrs Devonshire noted that empowerment and enablement was a powerful message.</p> <p>The Chair concluded by noting that she was pleased to see the programme laid out three issues to bring forward; risk, a wider understanding of the financial model and how we fit in and a communication plan moving forward; and one model of care and how the roadmap evolves for the patient. We were an integrated Trust working as part of a system.</p> <p>The Board noted the plan.</p> |
| <p>079/2018</p> | <p>INTEGRATED PERFORMANCE REPORT</p> <p>The Chief Operating Officer presented the Integrated Performance Report for April 2018. It was highlighted that there was an improved position although pressure remained with continued flow issues. GP streaming was working very well and was seen as a national exemplar. A key change was the recovery plan maximising the use of the acute medical care unit which was improving patient flow through the hospital.</p> <p>There had been a reduction in performance in refer to treatment times (RTT) on the previous month and work with providers to put on additional activity was taking place including maximising work at Wycombe Hospital.</p> <p>There had been in increase in the number of Clostridium difficile cases; and 3 Never Events had occurred. The complaint response rate was variable. There was an improved position with regard to sustainable staffing and a retention lead had been appointed.</p> |

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| | <p>The comments on the new style report included that it was clear and concise however clarity was requested on the arrows with targets. There was some discussion on the length of the report which would be reviewed.</p> <p>The Chief Nurse explained that bench marking needed to be like for like and would be reviewed by the Quality and Clinical Governance Committee.</p> <p>Mr Roche commented on the non-pay target at divisional level which had not been allocated. It was explained that there was urgency around this and the requirement would be allocated by the end of Q1. There were weekly meetings for the teams, tightening down to dates and times and owning the transformation.</p> <p>Professor Lovegrove queried where the numbers around those who were due to retire were captured and what was the Trust doing to try and keep them. It was explained by the Deputy Director of Workforce that this was being looked into. It was important to differentiate between those who were leaving and those who were retiring. This would be reviewed by the Strategic Workforce Committee.</p> <p>The Board noted the plan.</p> |
| <p>080/2018</p> | <p>INFECTION PREVENTION AND CONTROL REPORT</p> <p>The Medical Director presented the Infection Prevention and Control performance report providing data for April 2018. It was noted that there had been increased numbers of cases of Clostridium difficile and that the NHS Improvement infection lead's report would be going to the Quality and Clinical Governance Committee. The key areas of focus were cleaning, particularly at Stoke Mandeville Hospital, anti-microbial prescribing stewardship, and the continued development of a culture of ownership.</p> <p>The infection control team was being reshaped to support colleagues early on to help prevent infections spreading. Key Performance Indicators were in place with the cleaning company who were being monitored through an independent review commissioned by the Trust.</p> <p>The Trust was engaged with a research study on the stewardship of prescribing which would continue over the year.</p> <p>The Board noted the report.</p> |
| <p>081/2018</p> | <p>PATIENT SURVEY REPORT AND ACTION PLAN</p> <p>The Chief Nurse presented the national inpatient survey 2017 report including actions and next steps. It was noted that the Quality and Clinical Governance Committee had discussed the report and noted that the Trust's results were average.</p> <p>Mr Roche queried if an emailed survey would have an improved return rate. Mrs Devonshire commented on communication with older patients around language and with carers and that this would be picked up by the Quality and Clinical Governance Committee. Professor Lovegrove noted that the results were better than the previous year and it was important that the results were fed back into the system and that staff were aware. The Chief Nurse noted that the actions to address results were part of the Quality Improvement Plan. Feedback went through divisional reports and into the Quality and Clinical Governance reports.</p> <p>The Chief Executive Officer commented on the importance of hearing the patient voice and that there was a wider piece around what we do as an organisation.</p> |

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| | <p>Mr Johnston highlighted the issue of food which was rated poor or fair. It was a real challenge to improve targets. Mrs Devonshire highlighted the theme of food and cleaning and questioned how the Trust was managing contracts as this was a recurrent theme. Contract monitoring would be monitored through the Finance and Business Performance Committees and the Quality and Clinical Governance Committee.</p> <p>The Board noted the report.</p> |
| 082/2018 | <p>17/18 EPRR ASSURANCE REPORT The Chief Operating Officer presented a summary of the Emergency Preparedness, Resilience and Response activity report for 2017/2018.</p> <p>Dr Amin questioned the risk around resilience in respect of a significant telecoms outage affecting the main Trust sites and questioned what the degree of deficiency was. It was explained that the telephone system was 20 years old and a business case was being prepared to upgrade the system.</p> <p>The Board noted the report.</p> |
| 083/2018 | <p>FREEDOM TO SPEAK UP GUARDIAN Ms Underhill, Freedom to Speak Up Guardian, presented the annual report for the inaugural year of having a Freedom to Speak Up Guardian for overview and update. The role provides a safe place for staff to speak up. In the first year 70 members of staff had approached the Guardian which was seen as positive. Staff were aware of the Guardian and how to contact her. Good foundations had been laid with face to face contact and flyers. Formal procedures had been prevented and this has a financial benefit.</p> <p>Dr Amin queried how staff knew that the Guardian was available. It was explained that Ms Underhill undertook sessions with staff, teams, staff bulletin, team brief and flyers – all the established routes. There was also a video available where Ms Underhill introduced herself.</p> <p>The Chair asked for future reports to include equality and diversity data.</p> <p>Mr Roche queried what protection there was for managers around managing performance. It was about behaviour, learning and speaking up go together. The Medical Director highlighted the importance of supporting managers to have a coaching style.</p> <p>The Board emphasised the need to the guardian to be seen to be independent from any internal pressures. The Board and the Guardian both noted that this was not the case at the moment, but staff had to be clear that this would never be the case.</p> <p>Professor Sines praised Ms Underhill for her commitment to staff and encouraging them to speak up about issues and therefore people have gained greater trust in the process and of being open and honest.</p> <p>The Board noted the report.</p> |
| 084/2018 | <p>FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p> |
| 085/2018 | <p>QUALITY AND CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p> |

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| 086/2018 | <p>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p> |
| 087/2018 | <p>CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT The Board noted the report. It was noted that a service user was now a member of this committee. The management of charitable funds policy was approved.</p> |
| 088/2018 | <p>AUDIT COMMITTEE CHAIR'S REPORT Mr Johnston commented on the NHS Counter Fraud inspection report and explained that the red rating was around RSM using different software to that required by NHS Counter Fraud. Mr Johnston was assured that the process was secure and risk was minimal.</p> <p>With regard to the internal audit reports Mr Johnston challenged the Executive Directors to respond more promptly to the draft reports in a good and timely way.</p> <p>The Board noted the report.</p> |
| 089/2018 | <p>PRIVATE BOARD SUMMARY REPORT The Board noted the summary of the private board held in March 2018.</p> |
| 090/2018 | <p>BOARD ATTENDANCE RECORD The Board noted the attendance record.</p> |
| 091/2018 | <p>QUESTIONS FROM THE PUBLIC Andy Trueman, representative of Bucks Older People, raised a question around bad patient experience. The Chief Nurse replied that the issue was around communication and providing healthcare for older people in a different way. Ms Trueman questioned if the Hub at Marlow was being fully utilised. She pointed out that the minutes of the engagement session were not reflective of the groups that had attended. It was noted that the Hubs need to get busier with better flow and work on transport and reaching out to those who have attended engagement events. Ms Trueman also commented on fax referrals getting lost and delayed. The Chief Executive Officer noted that this issue needed to be tackled as a system. From October all referrals nationally will have to be electronic.</p> |
| 092/2018 | <p>BUDGETS The Deputy Director of Finance notified the Board of the updates to the Budget plan since last reported.</p> <p>The Board noted the revised budget plan.</p> |
| 093/2018 | <p>SELF CERTIFICATION The Director for Governance presented the NHS Provider licence self-certification as required by NHS Improvement for 2017/18 going into 18/19 for approval.</p> <p>It was noted that comments from the Annual Governance Statement had been included. Mr Jaitly queried governance around the Outpatient Pharmacy which the Director for Governance would check on and report back to Mr Jaitly directly.</p> <p>The Board approved the self-certification.</p> |
| 094/2018 | <p>QUALITY IMPROVEMENT PLAN The Chief Nurse presented the Quality Improvement Plan (QIP) noting 70% achievement 17/18 and areas requiring further focus / embedding in 2018/19.</p> |

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| | <p>Mr Jaitly queried if training was monitored regularly and whether it should be a part of the Quality Improvement Plan. The Chief Nurse explained that it would link with exception reporting and would be monitored through the Strategic Workforce Committee.</p> <p>The board approved the approach for 18/19 and thanked the Chief Nurse and colleagues.</p> |
| <p>095/2018</p> | <p>ORGANISATION RISK PROFILE</p> <p>The Director for Governance presented the Organisation Risk Profile informing the Board of the organisation's top risks and how they were being managed. The top risks were delivery of the financial plan; risk to delivery of organisational objectives if we do not have the right number of staff with the right skills and talent and risk to patient experience due to pressures on the urgent care pathway. The risks and mitigations had been discussed in detail during the meeting.</p> <p>It was noted that the Board Assurance Framework was currently being reviewed and a revised version would be presented to the Audit Committee in July.</p> <p>The Board noted the report and confirmed their agreement of the top risks.</p> |
| <p>096/2018</p> | <p>RISKS IDENTIFIED THROUGH BOARD DISCUSSION</p> <p>The Director for Governance highlighted risks identified through Board discussion relating to infection control, Clostridium difficile and assurance around cleaning at Stoke Mandeville Hospital, Compliance with NHS standards, Integrated Care System risk on care plan and capacity of delivery, financial challenge and transformation, food and transfers of care and alignment of telecommunications.</p> |
| <p>097/2018</p> | <p>ANY OTHER BUSINESS</p> <p>The Chair wished the Director of Communications good luck as she leaves the Trust.</p> |
| <p>098/2018</p> | <p>DATE OF NEXT MEETING</p> <p>The next meeting will be held on Wednesday 25 July, 9am, Hampden Lecture Theatre, Wycombe Hospital</p> <p>There being no further business the Chair recited the motion to bring the meeting in public to an end.</p> |
| | <p style="text-align: right;">Signed</p> <p style="text-align: right;">Trust Chair</p> <p style="text-align: right;">Dated.....</p> |

ACTION MATRIX

| Minute | | Lead | Timescale | Update July 2018 |
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| 021/2017 | Fundraising for Charitable Funds to be discussed at a future board meeting | Director of Finance | 31 July 2017 | Will go on to private board agenda in July 2018. |
| 106/2017 | Update on business case for lone workers. | Director of Finance | 30 October 2017 | Procurement process commenced 13 July 2018 for lone worker devices. |
| 142/2017 | Terms of Reference of the ACS executive to be provided to the Board. | Director for Governance | 31 January 2018 | Awaiting revised version. |
| 61/2018 | Chair of Quality Committee to provide assurance to the Chair of Audit Committee with regard to clinical audit. | Chair of the Quality Committee | 31 May 2018 | Clinical audit plan 18/19 reviewed by Quality and Clinical Governance Committee in July. |
| 076/2018 | Corporate Objectives to be made real for the organisation in the next update. | Director of Strategy and organisation development | 30 September 2018 | Not due |
| 077/2018 | Community Hubs Details on preventative health to be included in the next update | Chief Operating Officer | 31 July 2018 | On agenda. |
| 078/2018 | Risk around ICS to be included in the BAF in July 2018. | Director for Governance | 31 July 2018 | The ICS strategic risk document is being prepared for partnership board in August. When this document has been completed the BHT BAF will be aligned. |
| 079/2018 | Number of those are retiring to be captured in a report and reviewed by the Strategic Workforce committee | Director of workforce and organisation development | 31 July 2018 | |
| 083/2018 | Freedom to Speak report to include equality and diversity figures | Director of workforce and organisation development | 30 November 2018 | Not due |
| 093/2018 | Self-Certification Clarity around Pharmacy Governance to be shared with Mr Jaitly. | Director for Governance | 30 June 2018 | Complete. |