

**Minutes of a Trust Board Meeting in public held on Wednesday 29 November 2017
in the Hampden Lecture Theatre, Education Centre, Wycombe Hospital**

Present:

Voting Members:	Ms H Llewelyn-Davies Mr N Dardis Dr D Amin Mrs R Devonshire Mr J Drury Mr R Jaitly Mr G Johnston Dr T Kenny Prof M Lovegrove Mrs C Morrice	Chair Chief Executive Officer Non-Executive Director Non-Executive Director Director of Finance Non-Executive Director Non-Executive Director / Senior Independent Director Medical Director / Director of Infection Prevention and Control Non-Executive Director Chief Nurse
Non-Voting Members:	Mrs Bridget O'Kelly Prof D Sines Mr D Williams	Director of Organisation Development & Workforce Transformation Associate Non-Executive Director Director of Strategy and Business Development
In Attendance:	Miss E Hollman Mrs E Ryder Mrs N Fox Ms H Beddall Dr H Pegrum	Director for Governance Senior Board Administrator (minutes) Divisional Director, Division of Community and Integrated Elderly Care (representing the Chief Operating Officer) Head of Midwifery and Gynaecology Outpatient Lead (for agenda item 2) Clinical Lead for End of Life Care (for agenda item 7)

159/2017	CARE AWARDS 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: Vitor Olivera, HCA, Ambulatory Emergency Care; Clare Christopher, Bianca Deegan and Sara Foskett from the dermatology department and Nancy McHugh, ward clerk on the Wilkinson Day unit at Amersham Hospital. Other winners will receive their awards outside of the meeting.
160/2017	CHAIR'S WELCOME AND OPENING REMARKS 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.
161/2017	APOLOGIES: Apologies were received from Mr T Roche and Mr N Macdonald. Mrs N Fox was attending to represent Mr Macdonald.
162/2017	PATIENT STORY and MATERNITY SERVICES The Board was shown a video which showed the experiences of a first-time mother who recently had her baby at Stoke Mandeville Hospital. She shared the story of her journey

	<p>through the maternity services including antenatal, labour and postnatal care. Her story demonstrated the diverse nature of the service and the range of staff and students that women meet during pregnancy and birth and reflected their kind and helpful approach. In addition, the story highlighted the wider team who help to provide safe maternity care such as radiology and the wrap around care provided in breastfeeding clinics.</p> <p>Ms H Beddall, Head of Midwifery and Gynaecology Outpatient Lead, updated the Board on the Trust's maternity services including the aspiration to reduce low birth weight babies and the number of stillbirths. Mr Johnston queried if the Trust ever turned away women needing our services, it was explained that the Trust was proud to say this had never happened.</p> <p>The challenges for the service were explained as being around retention of midwives and estates issues.</p> <p>Ms Beddall explained how maternity services would continue to evolve models of care to encourage women across all communities to access the care available to them.</p> <p>The Trust was looking to develop transitional care for babies born who were not yet ready to go to the normal postnatal ward but did not need the full neonatal intensive care unit. This would also keep mums and babies together with additional care as needed.</p> <p>Dr Amin commented on obstetric complications and the need for further work to understand the position in relation to coding when there was a challenge with data collection.</p> <p>Dr Amin noted the clinical variation and the room for improvement commenting that the remodelling of care for different groups of women would be strengthened through the Accountable Care System work.</p> <p>Professor Lovegrove queried what was being done regarding the negative experience the patient had experienced with the sonography department. Mrs Beddall explained that the feedback from patients was given directly to the service, whether that was in maternity or the wider Trust.</p> <p>Mr Jaitly noted the importance of including awareness of cultural differences in staff appraisals and training. The Trust was improving the experience for non-English speaking mothers however there was more work to be done to address individual needs.</p> <p>Action: Maternity dashboard to be included in Quality papers.</p> <p>Thanks were expressed to Ms Beddall for her update to the Board.</p>
<p>163/2017</p>	<p>DECLARATIONS OF INTEREST There were no declarations of interest relevant to the meeting.</p>
<p>164/2017</p>	<p>MINUTES OF THE LAST MEETING HELD ON 27 SEPTEMBER 2017 Page 6 of the minutes, 148/20176 <i>'Dr Amin wanted to understand whether higher numbers of medicines management related incidents indicated improved reporting or a higher number of errors. It was explained that the goal would be to have higher numbers of incidents reported with a decreasing level of harm as this would show an improvement and learning culture.'</i> Dr Amin requested that this sentence be re-worded to indicate an action that would be taken to improve reporting of trends emerging from medicines related incidents in order to draw a sense of whether the situation with medicines management was improving or deteriorating at the Trust.</p>

	<p>Following the amendment above the minutes of the meeting on 27 September 2017 was agreed as a true and accurate record.</p>
<p>165/2017</p>	<p>MATTERS ARISING AND ACTION MATRIX With regard to the following actions: 142/2017 – a new version of the ACS Executive Terms of Reference would be available in January 2018 and would be circulated at that point. 147/2017 Marginal cost of agency and locum – this would be discussed at the Finance and Business Performance Committee and back to the Board in January 2018.</p> <p>There were no other matters arising.</p>
<p>166/2017</p>	<p>CHIEF EXECUTIVE OFFICER'S REPORT The Chief Executive Officer presented a report setting out strategic developments and partnership working, developments in out of hospital care, quality and performance and various items of news.</p> <p>The Trust had hosted several high profile visits, including Chris Hopson of NHS Providers, Chris Ham, Chief Executive of the Kings Fund and international visiting fellow at the King's Fund, Don Berwick. There had been great learning from these visits and a chance to celebrate what the Trust does well.</p> <p>Leaders within the Trust had visited other Trusts to learn from best practice and bring this back to Buckinghamshire to continue in its ambition to become one of the best healthcare systems in the county.</p> <p>It was important to have an on-going commitment to the time required to build these relationships and to raise the profile of the Trust. The Director of Strategy explained the members of the accountable care system (ACS) shared learning at the Kings Fund which was helpful.</p> <p>Action: The Director of Governance would look at where the learning coming through the ACS would come back into the organisation.</p> <p>With regard to the Corporate Governance Structure, the Director for Governance was asked to consider amending the flow chart for Domain 1 by removing the Board and committees from this chart and showing them separately. Action: The Director of Governance to review the flow chart.</p> <p>The Board noted the Chief Executive's report.</p>
<p>STRATEGY</p>	
<p>167/2017</p>	<p>END OF LIFE CARE STRATEGY Dr H Pegrum, Clinical Lead for End of Life Care introduced a discussion on end of life care and the strategy for continual improvement which is based on the national 6 ambitions to deliver excellent end of life care through partnership and collaborative action across organisations at a local level. The Trust has been on an improving end of life care journey since 2014 and a lot has been achieved in that time. Patients and carers have been involved in forming the strategy and care plan. The Trust is proud of the level of education happening throughout the organisation. End of life care was everyone's business.</p> <p>The Board discussed how end of life care would work with multicultural families and multicultural teams which would be woven into the strategy.</p>

	<p>High quality end of life care has to happen wherever the patient wants / needs to be, which is why hospital, community and hospice teams work closely together.</p> <p>Mrs Devonshire commented on the importance of having time to care and managing conflicting demands which was an on-going pressure. The Chief Nurse noted that individuals having forward plans for their end of life care was an ambition in the strategy.</p> <p>Dr Amin queried how realistic the aims of the strategy were and whether the funds were in place to achieve them. The Chief Nurse responded that there was a planning map devolving the requirements through the teams and divisions building a strong foundation with accelerated pace. There was one chance to get it right and it was therefore of great importance to make sure that the necessary capacity was in place.</p> <p>Professor Lovegrove commented on the feeling of compassion that came through in the strategy and that a focus on the importance of multicultural elements within end of life care should be included in the strategy. Religious and faith groups needed to be addressed and reflected in the strategy's aims.</p> <p>Mr Jaitly commented on the work plan around bereaved families and the medical examiner role which would feed into learning. The Chief Nurse noted that the work would come together and be monitored at the Quality and Safety Group. Mr Jaitly asked for timescales and for a paper on this to come to the January Board meeting. Action: timescales on medical examiner role for January Board meeting.</p> <p>The Medical Director noted that the strategy was a perfect topic for the Accountable Care System to tackle along with long term conditions.</p> <p>The Board approved the strategy.</p>
<p>168/2017</p>	<p>QUESTIONS FROM THE PUBLIC Cllr David Pepler, South Bucks District Council, queried if there was a partnership with the hospice. It was noted that there was and that care was provided wherever the patient wished to be, at home, in hospital or in a hospice.</p>
<p>169/2017</p>	<p>OPERATIONAL PLANNING 2018/19 The Director of Strategy and Business Development presented the timetable for the development of the 2018/19 operational plan which detailed how the Trust would meet the populations' needs in Buckinghamshire into the future, working through integrated care teams and health care providers. The Chair noted that the plan gave a real sense of where the Trust was going.</p> <p>The board approved the process and timetable.</p>
<p>170/2017</p>	<p>BUCKINGHAMSHIRE ACCOUNTABLE CARE SYSTEM (ACS) PROGRESS The Director of Strategy and Business Development updated the Board on progress with the Buckinghamshire Accountable Care System to meet the needs of the population to keep them healthy and well in their community.</p> <p>Professor Lovegrove queried whether mental health was included as it should be highlighted and connected with primary care. It was noted that mental health needs to be highlighted more in future work, linking in with primary care and community support, working with our ACS partners to keep Buckinghamshire healthy and well.</p> <p>The provider collaborative model showed good leadership with system work planning and community hubs. There was a need to do more which was a real challenge. The Chief</p>

	<p>Executive Officer noted that communication and engagement was a priority and plans needed to be developed. The integrated teams looked at all needs.</p> <p>Mr Jaitly noted that it was important the Trust should not lose sight of the importance of the Buckinghamshire Oxfordshire and West Berkshire Strategic Transformation Plan (BOB STP) and its relationship to the ACS. The Chief Executive Officer noted as the STP lead there had been progress on engagement with the STP work which would be reflected in the objectives. There had been collaborative work in some areas between the ACS and STP.</p> <p>The Board noted the progress to date.</p>
171/2017	<p>CORPORATE OBJECTIVES QUARTER 2 PROGRESS</p> <p>The Director of Strategy and Business Development informed the Board of progress in quarter 2 against achievement of the 2017/18 corporate objectives.</p> <p>The Director of organisation development and workforce transformation proposed amendments to the nurse vacancy level target as this was now forecasting 15.6.</p> <p>Mr Jaitly noted that medical appraisals were monitored through the Strategic Workforce Committee and that they were on a different reporting cycle to the rest of the organisation. There needed to be greater clarity on the alignment of medical appraisals.</p> <p>The three objectives quality, people money were core to everything.</p> <p>The Board noted the progress to date, approved the nurse vacancy rate target at 15.6, noted the wording around the STP and reporting of medical appraisals, noted the changes to objectives for quarter 3 and quarter 4 and noted the risks to delivery.</p>
OPERATIONAL PERFORMANCE	
172/2017	<p>FLOODLIGHT AND OPERATIONAL PERFORMANCE REPORT</p> <p>The Divisional Director, Division of Community and Integrated Elderly Care (representing the Chief Operating Officer) presented the integrated performance report drawing the Board's attention to the acute medical opening the following week, GP streaming had begun in A&E and there was lots of work on discharge ensuring medically fit people could go home or back to a care setting as soon as they were well enough to leave hospital enabling the Trust to improve performance going forward.</p> <p>It was noted that A&E was challenging. Also there were objectives to improve performance against the cancer targets and Referral to Treatment ratings and that in 2/3 months an impact should be seen. The Chief Executive Officer commented on the need to understand relative performance and that benchmarking should be linked to the strategic agenda. Mr Johnston considered that managing winter pressures would be a priority. The Chief Nurse noted there would be external eyes to test reliability of plans and a report by the Chief Operating Officer would go to the whole board.</p> <p>The Board noted the operational performance report and reviewed the relevant exception reports.</p>
PEOPLE	
173/2017	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Director of Workforce Transformation and Organisational Development presented the workforce performance report. Of particular concern were staff retention, medical agency staff spend and alternatives, statutory training and appraisals.</p>

	<p>There had been developments in recruitment but there was still more to do to keep talent in the organisation, to support staff to develop and gain professional registration, and to engage with schools and universities to show that people can have a full and long career at BHT.</p> <p>There had been shared learning from a London Trust around improving internal career moves including offering flexible retirement alternatives to staff who wished to do so, keeping knowledge and experience in the organisation.</p> <p>45 band 4 posts were proposed to help grow our own talent and support development in nursing roles.</p> <p>The Finance Director queried the drivers on retention and recruitment hotspots to understand why the Trust was able to recruit in some areas but not others. Understanding good practice was important. It was vital to grow our own workforce engaging with the local population to offer a complete career pathway.</p> <p>The January meeting of the Strategic Workforce committee would look into the hotspots around compliance with appraisals which were thought to be down to gaps in management staff.</p> <p>Mr Jaitly commented on the uptake of the flu vaccination and what was being done to improve this. The Board were informed that teams were around the Trust at weekends and evenings and nights to capture more staff.</p> <p>The Board noted the workforce performance report in particular the update on the workforce performance metrics and actions in place to address identified issues.</p>
174/2017	<p>STATUTORY TRAINING UPDATE</p> <p>The Director of Workforce Transformation and Organisational Development presented the current statutory training compliance and actions in place to increase compliance levels and meet the Trust target of 90% compliance.</p> <p>Statutory training rates were at 85%. There had been challenges but the target of 90% by end of December would be met. After that time there would be a disciplinary process in place to obtain compliance. The Chair noted that the Trust Board were compliant. It was important to look at planning of training to focus at an individual level and giving staff adequate time to complete it.</p> <p>The Board noted the following the levels of compliance at end of October and as at 17 November across the Trust as a whole, by Division and across specific staff groups; endorsed the activities in place to improve compliance and noted the expected level of compliance by end November and end December.</p>
175/2017	<p>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT</p> <p>The Board noted the Strategic Workforce Committee Chair's report and level of assurance given.</p>
QUALITY	
176/2017	<p>QUALITY PERFORMANCE REPORT</p> <p>The Medical Director and Chief Nurse jointly presented the quality performance report with the Medical Director focusing on mortality and outcomes, and the Chief Nurse focusing on harm reduction.</p> <p>The Board were updated on performance against key quality indicators and the</p>

	<p>development of a refreshed quality report which would include learning from deaths. This had been approved at the Quality Committee in December and would be presented at January 2018 Trust board meeting.</p> <p>There would be a detailed paper on patient experience and patient voice at the January Board meeting to inform on what needs to be developed and improved further.</p> <p>The Chief Executive Officer commented on the fracture neck of femur clinical pathway and link to mortality. The targets and aims would be higher and the Quality and Safety Group would drive this.</p> <p>The Board noted the quality performance report.</p>
177/2017	<p>INFECTION PREVENTION & CONTROL REPORT</p> <p>The Medical Director presented the infection prevention and control report highlighting the numbers of clostridium difficile which was already over the year-end limit. She highlighted the deep clean taking place in ‘front door’ wards and departments and work with the public to ensure that they were aware of their role in preventing infections spreading.</p> <p>Professor Lovegrove sought assurance around how the Trust was working with the public around clostridium difficile. The Chief Nurse noted that there had been communications with the public. In addition it was important to predict where harm could be rather than just dealing with it when it happened.</p> <p>The Board noted the infection prevention and control report.</p>
178/2017	<p>QUALITY COMMITTEE CHAIR’S REPORT</p> <p>The Board noted the Quality Committee Chair’s report and the level of assurance given.</p>
179/2017	<p>DEVELOPING A REGISTERED AND NON-REGISTERED NURSING AND ALLIED HEALTH PROFESSIONAL WORKFORCE FOR THE FUTURE</p> <p>The Chief Nurse presented the process of developing a registered and non-registered nursing and allied health professional workforce for the future and also developing other roles such as increasing the number of nurse consultants to strengthen care and professional leadership. The Medical Director noted that it was around having the right person with key competency doing the right job and was not just nursing.</p> <p>The Board approved the following:</p> <ul style="list-style-type: none"> • create 65 new band 4 roles across wards in medicine, surgery and specialist services • support the innovative deployment of alternative registered professional groups to work alongside nurses as part of a multidisciplinary team <p>The Board would have oversight through the strategic workforce committee and would report to the Board quarterly. The financial appraisal would go through the Executive Management Committee, then the Finance and Business Performance Committee before Board.</p>
	MONEY
180/2017	<p>FINANCIAL PERFORMANCE REPORT</p> <p>The Director of Finance presented the financial performance report at Month 7 October 2017. The numbers include the Strategic Transformation Funding (STF). The Trust was £1.3m off plan year to date.</p>

	The Board noted the financial performance report and the additional information reported with regard to the Control Total and revised plan, Cost Improvement Plan delivery and the restrictions to the Capital Programme.
181/2017	FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT The Board noted the Finance and Business Performance Committee Chair's report and the level of assurance given. Focus on risk to financial performance and outcome.
RISK AND ASSURANCE	
182/2017	ORGANISATION RISK PROFILE The Director for Governance presented the organisation's top risks and summarised how they were being managed. The top risks were around having the right number and calibre of staff, vacancy rates and to improve staff retention; delivery of the financial plan and the risk to patient experience in urgent care due to the increased demand. There had been an audit on risk and good processes were in place. The Board confirmed the top risks.
183/2017	AUDIT COMMITTEE CHAIR'S REPORT Initial impressions of the new auditors were positive. The Board noted the Audit Committee Chair's report and the level of assurance given.
FOR INFORMATION	
184/2017	PRIVATE BOARD SUMMARY REPORT The Board noted the report.
185/2017	BOARD ATTENDANCE RECORD Future reports would include the Commercial Development Committee and to note that Mrs Devonshire was now a voting member of the Board. The Board noted this report.
OTHER BUSINESS	
186/2017	ANY OTHER BUSINESS There was no other business.
187/2017	RISKS IDENTIFIED THROUGH BOARD DISCUSSION The Director for Governance highlighted that the risks emerging through the discussions at the meeting were: nurse vacancy rates, statutory training in general with particular risks around safeguarding training and level 2 infection control training, A&E performance, numbers of cases of Clostridium difficile, flu vaccination update, fractured neck of femur pathway, delivery of Cost improvement plans, cash, capital programme, retention rates and need to focus on the STP.
188/2017	DATE OF NEXT MEETING The next meeting will be held on Wednesday 31 January 2017, 9am, Education Suite, Florence Nightingale Hospice Charity, Walton Street, Aylesbury HP21 7QY There being no further business the Chair recited the motion to bring the meeting in public to an end.

	Signed Trust Chair Dated.....
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ACTION MATRIX

Minute		Lead	Timescale	Update January 2018
021/2017	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.
106/2017	Update on business case for lone workers.	Director of Finance	October 2017	Work in progress. Update to Board in March 2018.
142/2017	Equality Impact Assessment to be completed on Buckinghamshire ACS compact. Terms of Reference of the ACS executive to be provided to the Board.	Director for Governance	November 2017 January 2018	Complete. Awaiting revised version.
147/2017	Marginal cost of agency and locum staff be tracked and reported to the Finance and Business Performance Committee.	Director of WT and OD	November 2017	Reported to the F&BP Committee in January 2018. Complete.
162/2017	Maternity Dashboard to be included in the Quality Papers	Chief Nurse	January 2018	On agenda.
166/2017	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	Not due
167/2017	Action: timescales on medical examiner role for January Board meeting.	Chief Nurse	January 2018	Update on mortality review process provided to Quality Committee in January 2018 including the role of the medical examiner. Complete.