

TRUST BOARD MEETINGS

MEETING PROTOCOL

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

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

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

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

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

David Highton
Trust Chair

THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

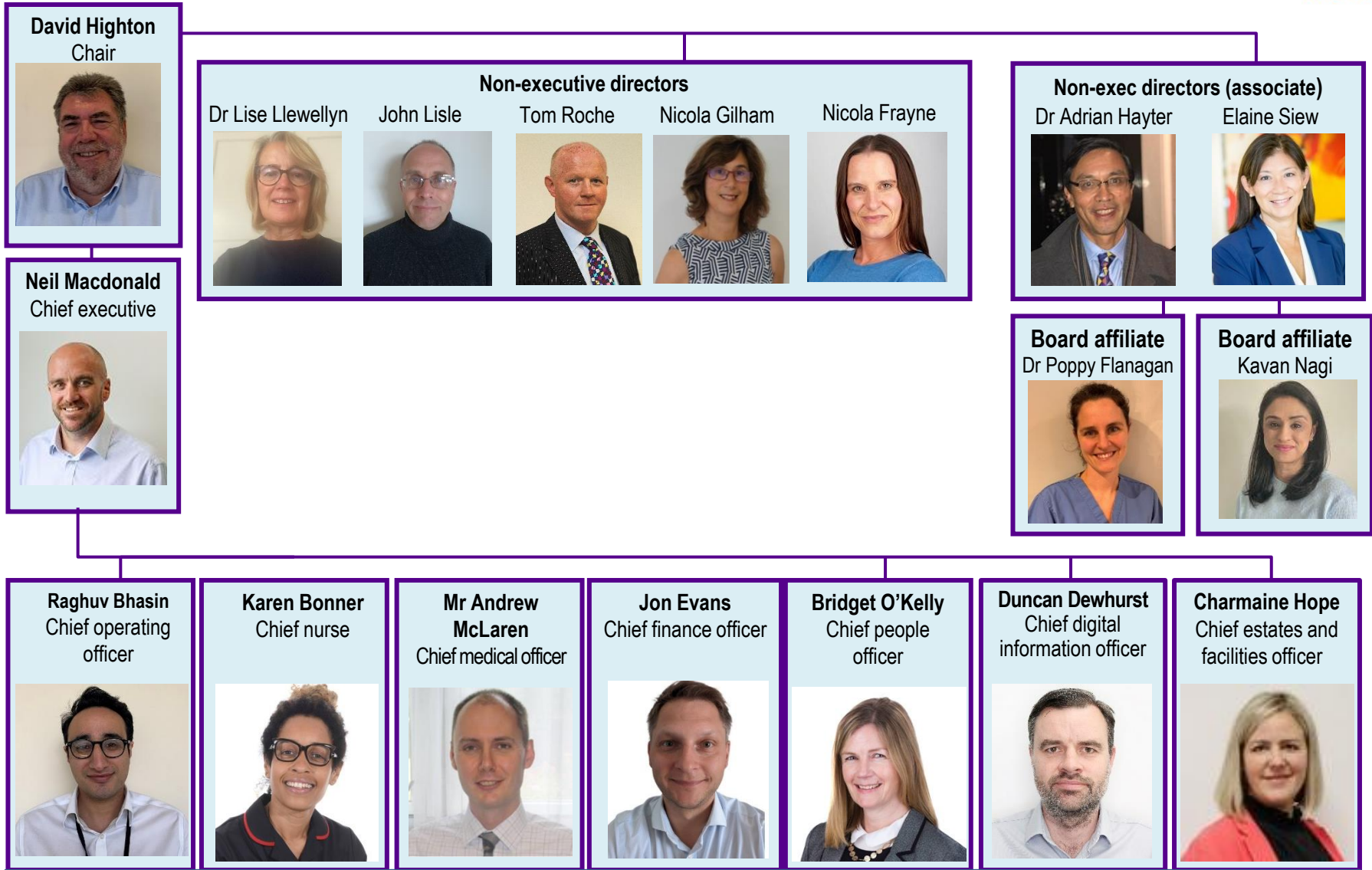
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

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

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

Board of directors



Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Community Head Injuries Service Story – Cognitive Group Therapy
Board Lead	Karen Bonner – Chief Nurse and DIPC
Author	Heather Brown – Patient Experience Improvement Manager
Appendices	Appendix 1: Cognitive Group Therapy – YouTube Clip
Purpose	Discussion
Previously considered	Q&CGC 16.10.2024

Executive summary

This paper summarises the patient feedback given by Community Head Injury Service clients regarding Cognitive Group Therapy.

The Cognitive Group is a 10-week inter-disciplinary team (IDT) facilitated group where clients learn about different aspects of cognition, the role they play in successfully participating in everyday life and social situations, and different strategies that can be learnt and used to reduce difficulties experienced in these areas after brain injury.

The group provides an opportunity for clients to share their own experiences and offer advice to/ask for help from others experiencing the same difficulties.

Next Steps are to share this feedback and other films from other clients as a learning tool for colleagues and new clients to the service.

This story was presented to the Quality & Clinical Governance Committee on 16 October 2024. The Committee reflected on the benefits of group work both in this area and more broadly across health services.

Decision	The Board is requested to reflect on and learn from the patient feedback provided.
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Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

Implications / Impact

Patient Safety	Impact on quality and safety standards and patient experience
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Failure to provide care that meets quality and performance standards
Financial	Financial impact of clinical variation, avoidable harm and length of stay and complaints.
Compliance CQC Standards Person-centred Care	Person centred care, safety, safeguarding, complaints, Duty of Candour compliance

Partnership: consultation / communication	Working with key stakeholders in quality, safety and experience including the paediatric wards.
Equality	Potential for inequality due to known health inequalities across the county. Risk of discrimination of patients from diverse backgrounds and poorer socio-economic communities.
Quality Impact Assessment [QIA] completion required?	No All policies impacting on activity referred to in this report have undertaken Equality Impact Assessments including: Duty of Candour and Being Open and Incident reporting including the Management of Serious Incidents

1 Introduction/Position

- 1.1 Listening to the personal stories of others, especially those about emotional issues like health, can help us learn and make an impact on how we behave.
Reading/listening to their stories helps us understand the experience of being a patient/relative. They also show how staff can play a critical role in optimising the power of the story in the patient's journey towards physical and psychological healing.

2 Feedback

- 2.1 Patient feedback from three clients who appreciate sharing challenges with others who understand, gaining new perspectives, and feeling encouraged in their recovery journey. Many clients found the sessions empowering and motivating.
- 2.2 Group therapy for head injury patients fosters emotional support, reduces isolation, and enhances coping skills. Patients share experiences, promoting understanding and empathy. It improves communication, cognitive function, and social reintegration. Additionally, group settings offer a safe space for practicing new strategies and emotional expression, aiding recovery and helping participants rebuild confidence in their abilities.

3. Possibilities

- 3.1 Learning for colleagues from the feedback given which has come directly from clients on what works well about group sessions as opposed to 1:1 and what changes/improvements could be made to make the experience even more positive.
- 3.2 Learning for other clients who may be going through the same or similar treatment.
- 3.3 Improve on listening to the voice of clients and their families/support network through finding innovative ways to capture and share their experiences.

4. Proposal, conclusions recommendations and next steps.

Telling the story of one patient's experience of care can memorably illustrate improvements or problems in a care pathway. Statistics and data have an important place in monitoring and understanding services and facilitating improvement, but the right story can also have the power to motivate and change minds.

5. Action required from the Board/Committee

The Board is requested to:

- a) Reflect and learn from the feedback provided by the clients.

APPENDICES

Appendix 1: <https://youtu.be/DXit1NXwZQY>

Generated Date	21 Nov 2024 10:43
Action Criteria	
Project	Public Board

Public Board							
Reference	Minute Reference	Agenda Item	Detail	Owner	Fixed Target	Variable Target	Last Update Description
2211	16/06/2024	Integrated Safeguarding Annual Report	Undertake a gap analysis against the Safeguarding Assurance and Accountability Framework to make the necessary preparations for 2024/25 planning.	Chief Nurse	29 Jan 2025	29 Jan 2025	Work underway.
2863	16/07/2024	Strategic Programme Overview	Review of Health on the High Street model after being open for a year	Chief Digital & Transformation Officer	30 Oct 2024	18 Dec 2024	Review of Health on the High Street completed November 2024 and being written up. Presentation to Board deferred by 1 month.
3193	12/10/24	Winter Resilience Plan	Comms related to new UEC pathways	Associate Director of Communications & Engagement	18 Dec 2024	18 Dec 2024	
3199	12/10/24	Winter Resilience	Improved signage related to new UEC pathways	Chief Estates and Facilities Officer	18 Dec 2024	18 Dec 2024	