

## Meeting: Trust Board Meeting in Public

**Date:** Wednesday, 28 February 2024

**Time:** 09.30 – 12.15

**Venue:** R&I Centre, Stoke Mandeville and live streamed to the public

### MINUTES

#### Voting Members:

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

#### Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital Information Officer
Mrs H Hornby (HH)	Board Affiliate
Miss S Lewis (SL)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer

#### In attendance:

Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Dr Rachael de Caux	Deputy Chief Executive and Chief Medical Officer BOB ICS (for item 8)
Dr Abid Irfan	Director of Primary Care and Deputy Chief Medical Officer BOB ICB (for item 8)
Dr Jane O'Grady	Director of Public Health, Buckinghamshire Council (for item 9)
Mrs Lisa Squire	Nursery Nurse (for item 3)

#### 01/02/24 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Elaine Siew and Adrian Hayter, Associate Non-Executive Directors.

#### 02/02/24 Declarations of Interest

There were no additional declarations of interest to declare relevant to the items on the agenda.

#### 03/02/24 Colleague Voice

KB introduced Lisa Squire, who told the Board about her daughter, Libby, who disappeared in January 2019 and tragically was found having been raped and murdered. Since Libby's death, Lisa has publicly advocated for tougher sentences for men convicted of non-contact sexual offences. In addition, Lisa has worked with the White Ribbon accreditation, a nationally recognised programme to end violence against women and girls in the workplace. Lisa has agreed to work with the Trust to reduce violence and improve safety for colleagues and work towards the Trust receiving White Ribbon accreditation.

Following Lisa's presentation and Board discussion the following points were noted:

- The White Ribbon Accreditation would be PLACE based and the teams were in the process of working through the steps involved.
- The results of the staff survey showed some colleagues had experienced sexual violence and enabling people to come forward to report this was essential.
- It was important to articulate clearly what sexual violence was and recognising micro aggressions.
- The Trust had a responsibility to make sure the workplace was safe.
- Ensure hierarchal structures were not a barrier to reporting.

The Board thanked Lisa for her bravery in sharing Libby's story and working to improve safety for colleagues and were fully supportive of the White Ribbon programme.

#### 04/02/24 Sexual Safety Charter

BOK informed the Board of the NHS England sexual safety charter in healthcare which had been launched in September 2023 to improve sexual safety in the workplace. The charter comprised 10 core principles and actions which organisations were required to be compliant with by July 2024. The Trust was committed to signing the charter and ensuring it was in place by July 2024. The Trust welcomed the zero-tolerance approach to any unwanted, inappropriate, and harmful sexual behaviours towards the workforce and approved the signing of the Sexual Safety Charter, noting the work to achieve White Ribbon accreditation would be aligned to compliance with the Charter.

The Chief Nurse and Chief Medical Officer were leading on the work for the Trust to be accredited with the white ribbon process and the Board would be regularly updated on progress.

The Board **AGREED** for the Sexual Safety Charter to be signed.

#### 05/02/24 Minutes of the last meeting

The minutes of the meeting held on 31 January 2024 were **APPROVED** as a true and accurate record.

#### 06/02/24 Actions and Matters Arising

JE updated the Board on the Charitable Fund Investment Policy by confirming there were no investments linked to sanctioned regimes.

The Action Matrix was **NOTED**.

#### 07/02/24 Chief Executive's Report

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

- The end of the financial year was approaching and the importance of delivering the operational performance plan to deliver the financial plan was a priority.
- Thanks were expressed to Sarah Lewis who was attending her last meeting as Board Affiliate.

In response, members of the Board discussed and raised the following points:

- Thanks were expressed to the Trust's volunteers for their extraordinary contribution particularly related to Trust gardens and outdoor spaces.
- Discussions with the community teams on MM's visits had been around the new clinical strategy and the future of healthcare delivery, which was under development, acknowledging the challenge around making the community sites feel as important as the hospital sites particularly around estates and IT challenges.

The Board **NOTED** the CEO report.

#### 08/02/24 Primary Care Strategy

Dr Rachael de Caux and Dr Abid Irfan joined the meeting to discuss the Primary Care Strategy. The following points were highlighted:

- Primary care included community pharmacy, optometry, and dentistry as well as GPs.
- There was currently variation to accessibility of primary care with inequalities and variable health outcomes and the current model of delivery of care was unsustainable.

- The new strategy was a key enabler to delivering some of the ambition and was triangulated with patient experience and analytics and contained a high-level vision and principles.
- There had been engagement with local groups to allow influence from everyone to shape the strategy.
- Currently there were pockets of strength in primary care however there was more to do which would take the pressure off GPs such as improving access of dentistry for the vulnerable.
- The aging demographic of the population with long term conditions requiring care did not currently meet capacity and changes needed to be made to how care was delivered to meet the demand.
- The strategy was a shared vision, and the main priorities were ambitious and transformational key enablers which would underpin with other the strategies these being Workforce, Digital, Estates and Resourcing.
- Low complexity patients would be seen by the right person with the right skills, and this was not necessarily a GP. This would involve a change of expectations and patient behaviour and involve secondary care to avoid patients accessing the urgent care pathway unnecessarily.
- There would be a focus on preventative cardiovascular disease such as smoking cessation and better management of blood pressure and diabetes.

The Board discussed the Strategy, and the following was noted:

- The Trust was already involved in some of the work particularly around cardiovascular disease and community pharmacies.
- The draft strategy would be discussed at an upcoming system meeting and finalised and would include outcomes and deliverables with a final version published in May.
- There would be a focus on behavioural change using communication teams which would be a continuous gradual process and would include what it means for the service user.
- The strategy would address high frequency users who would contribute to the delivery of the strategy such as treating minor ailments in a pharmacy.
- The role of pharmacists would change with allowing them to do more clinical work and become prescribers.
- Deprived areas would receive more income through redistributing growth income.
- Integrated teams were a key system priority in the strategy and providing the public with confidence which was being tested with patient groups.

NM thanked RS and AI and requested they came back to Board when finalised to further explore how the Trust can help with corporate infrastructure to deliver the outcomes.

The Board **NOTED** the report.

#### 09/02/24 Director of Public Health Annual Report

The Director of Public Health, Buckinghamshire Council, Dr Jane O'Grady joined the meeting to present the Health Annual Report 2023: Mental Health Matters.

The annual report focussed on promoting good mental health recognising this was as important for overall wellbeing as well as physical health. The annual report followed the Buckinghamshire Joint Local Health & Wellbeing Strategy 2022-2025 in the use of three categories; 'Start Well', 'Live Well' and 'Age Well' and the report aimed to reduce inequalities in mental health. There was a focus on supporting children, young people, and families.

The Board discussed the report, and the following points were noted:

- The importance of mental health training and awareness and support for professionals such as Health Visitors.
- Having good and clear signposting for other services to provide support in different pathways and make it easier for referrals.
- Recognition of the importance of good mental health and the affect this has on physical health.

The Board **NOTED** the report and thanked Dr O'Grady for joining the meeting.

#### 10/02/24 Finance and Business Performance Committee Chair Report

NG updated the Board noting the following:

- The Committee had been assured the Trust was on trajectory to meet the national standards for Urgent Emergency Care, elective waits for Cancer and diagnostics.

- The finance report showed an adverse position of £1.2m against the planned outturn for the year the Committee were assured the Trust was on track to meet the plan for the year with a focus on the temporary pay position.
- There was more to do around the capital report with weekly oversight to ensure the spend was completed by year end.
- The Committee had approved 2 business cases for Board approval and would be undertaking a committee self-assessment.

The Board **NOTED** the report.

## 11/02/24 Integrated Performance Report

RB highlighted the following points:

- Continuing strong performance in the people metrics.
- Good progress on quality metrics due to a lot of hard work throughout the Trust.
- Operational metrics were improving noting the challenges of industrial action in urgent emergency care and planned care.

During Board discussion the following were noted:

- There was a focus on reducing the high vacancy rates particularly in midwifery which were being picked up through the Care Groups and assurance was given that work was ongoing with the teams to manage those.
- Reviews of metrics against how different teams were managing and had the capability was important to provide assurance of how the Trust was being managed Trust wide.
- An update was provided on industrial action and the resultant impact and thanks were given to teams for covering the most recent junior doctors strike.
- The large number of turnover of colleagues and recruiting less experienced people was acknowledged which influences productivity in addition to the large amount of industrial action also having an impact on anxiety. There was more to do to appreciate the effort colleagues were going to, to demonstrate the successes and spread good news.
- The improved trajectory in elective activity due to additional capacity productivity was highlighted however there was more to do recognising the Trust was in the best third in the country.
- A new IPR would be circulated in March for comments which would show more work being undertaken in the committees.
- Good management skills allowed for better outcomes for patients and embedding quality improvement was a focus for the year.

The Board **NOTED** the report.

## 12/02/24 Finance Report

JE updated the Board on the financial position of the Trust at month 10, noting the following:

- The Trust was reporting a year-to-date deficit of £16.4m, £1.2m behind the planned deficit due to the impact of industrial action and not having delivered the reduction in temporary pay.
- The Finance and Business Performance Committee had reviewed an assessment of reaching year end and delivering a plan of £12m deficit with an adjustment for industrial action which had not been assessed for in the reforecast.
- The income of improved elective activity had been included in the forecast outturn.
- The temporary staffing pay spend had flatlined following initiatives to manage pay. The importance of managing clinical safety risks against managing the temporary staffing pay bill was being managed with Executive weekly oversight.
- Going forward the plan was to empower the Care Groups to manage their own temporary staffing pay bill.
- Work was underway to determine non-recurrent or recurrent items for next year's planning submission.

The Board **NOTED** the report.

## 13/02/24 Safe Staffing

KB updated the Board with an overview of the nursing and midwifery workforce during December 2023 aligned to the National Quality Board (NQB) Standards and Expectations for safe staffing. The Board discussed the report, and the following points were highlighted:

- The Board recognised the recruitment of 400 internationally educated nurses over the last 3 years however some areas such as health visitors and midwifery still had low levels of staffing
- There was ongoing work to triangulate safe staffing with acuity and to develop reporting to encompass all colleagues involved in the patient's care, including Allied Health Professionals.
- Safe staffing levels have been maintained and statutory and mandatory training levels were above 93%.
- The current levels of staffing needed to be assessed as to whether they were sustainable and affordable.
- Historically nursing staff have been encouraged to work for the Trust through Bank rather than agency and the Trust needed to understand the impact this might have on some colleagues who relied on bank rates going into their household income.
- The EPR would allow greater understanding of the level of acuity and work was ongoing to triangulate acuity with the safe staffing nursing tool.

The Board **NOTED** the report.

#### 14/02/24 Maternity Safety Reports

KB provided an overview of current maternity quality and safety issues focussing on perinatal mortality and morbidity, themes from incidents, complaints and litigation, performance related to external assurance and culture and patient feedback metrics.

The proactive culture improvement programme and the quality of clinical handovers were discussed noting the benefits of standardisation and live whiteboards.

The Board **NOTED** the report.

#### 15/02/24 Maternity Survey Results

KB updated the Board on the results of the annual maternity survey conducted in 2023. The Board discussed the importance of early identification of mental health concerns and the importance of maximising the value and opportunities for learning from such surveys.

The Board **NOTED** the report.

#### 16/02/24 Private Board Summary Report

The Board **NOTED** the summary of matters discussed at the Trust Board meeting in private on 31 January 2024.

#### 17/02/24 Risks identified through Board discussion

The following risks were identified during board discussion:

- Changes to population health including the overall age, prevalence of long-term conditions and the rising incidence of mental health challenges in young people

#### 18/02/24 Any other business

There was no other business.

#### 19/02/24 QUESTIONS FROM THE PUBLIC

The following question had been received from a member of the public:

*When a patient is admitted urgently into the A&E department at Stoke, they may often arrive without a mobile phone or similar device of their own. If your patient is deaf, this means that on top of the natural stress of being admitted to A&E, they will have the added fear of not being able to understand the staff or be able to communicate to the staff themselves quickly and confidently.*

*I believe this situation can be avoided by the hospital being equipped with portable tablets or iPads with the SignLive app downloaded. As you may be aware, this app allows a live BSL translator to be a live communicator between staff and patient via a 'Zoom' style virtual meeting. This app may be*

*on the patient's own phone but, this is not something they may have available when being admitted urgently to A&E. Is this situation being allowed to adversely affect deaf patients simply for the cost of computer hardware or smart phones? Exactly how many devices would you require? We are all aware of the financial problems facing NHS hospitals and the NHS in general but, surely it cannot be acceptable that deaf people face this extra anguish when needing your help. We need the Board's help to ease this problem for the Deaf community in Bucks.*

DD responded with the following:

*Our current interpreting service provider is The Big Word. The Trust has recently introduced on demand video for British Sign Language as part of this service. A range of different devices are available to colleagues across the Trust (e.g., smartphones) that can access this service. With the introduction of on demand video the Trust will review whether there is a need for any additional devices such as iPads. Alongside this the Trust is making further changes to support deaf patients such as providing screens in the new ED reception area to show patient names.*

**Date of the next Trust Board Meeting in Public: 27 March 2024 at 09.30**

## Public Board Action Matrix

Action ID	Date Action Opened	Agenda Item	Summary of Action	Target Date	Exec Lead	Status	Update	Closed
1879	25/10/2023	<b>Patient Story</b>	Revisit Parkinson's patient story after six months to review whether changes had been made and what the impact of those were - with a focus on clinic segmentation and moving care out of hospital	24/04/2024	Chief Nurse	Propose close	<p>Significant work undertake to improve outpatient support to patients with Parkinson's Disease. This has included the following:</p> <ul style="list-style-type: none"> <li>- Specialist clinics following diagnosis with bookings to allow support in the clinic, time critical medication provided with the support of the pharmacy team and 'time matters' video for training embedded into the mandatory medicines management training for all registered staff across the Trust.</li> <li>- Work in progress within the ED colleagues to improve medication compliance, focussed study day took place in February and additional training provided to the older people's team through academic half days. Work ongoing regarding self-medicating in ED.</li> <li>- With the support of PSUK, during the next 6 months, pilot planned for a small watch device worn on the wrist for collecting data over 6-10 days which provides a report for the Doctor on motor symptoms and complications related to Parkinson's Disease.</li> <li>- Successful in a bid to PSUK for in reach Parkinson's Nurse for the next 24 months (now in recruitment).</li> </ul>	
1942	31/01/2024	<b>Charitable Fund Investment Policy</b>	Review & confirm if any investments were linked to sanctioned regimes	27/03/2024	Chief Finance Officer	Propose close	Update provided to February Board: No investment made in companies in sanctioned regimes, in line with FCA law	
1752	26/07/2023	<b>External Reviews</b>	Combine reporting with annual Compliance with Legislation Report	<del>31/01/2024</del> 27/03/2024 26/06/2024	Chief Nurse	In Progress (deferred)	<p>Compliance with Legislation Report within Board papers for March 2024 meeting</p> <p>External Reviews Policy due for renewal June 2024; policy to be rewritten in line with findings and recommendations from recent independent governance reviews/audits.</p> <p>Review of reporting to be considered as part of policy review.</p>	