

Public Board Meeting:
Agenda Item: 1
Enclosure No: TB2018/047

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:

Elisabeth Ryder, Senior Board Administrator

Stoke Mandeville Hospital

Mandeville Road

Aylesbury

Buckinghamshire HP21 8AL

Direct Dial: 01296 418186

email: Elisabeth.ryder@buckshealthcare.nhs.uk

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 30 May 2018

Details of the Paper

Title	Patient experience: Community hubs – stories from patients, staff and volunteers
Responsible Director	Chief Nurse
Purpose of the paper	To hear about our developments within the community hubs from a patients perspective
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

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

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: BHT Communications team

Presenter of Paper:

Other committees / groups where this paper / item has been considered: Buckinghamshire Health and Adult Social Care Committee

Date of Paper: 22 May 2018

**Minutes of a Trust Board Meeting in public held on Wednesday 28 March 2018
in the Hampden Lecture Theatre, Wycombe Hospital, HP11 2TT**

Present:

Voting Members:	Ms H Llewelyn-Davies	Chair
	Mr N Macdonald	Interim 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
	Mrs N Fox	Interim 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
	Prof D Sines	Associate Non-Executive Director
	Mr T Roche	Associate Non-Executive Director
In Attendance:	Miss E Hollman	Director for Governance (minutes)
	Mr and Mrs Wilson	Patient Story

035/2018	<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:</p> <ul style="list-style-type: none"> • Marilyn Wodzynski Community Nurse, Chalfont & Gerrards Cross Hospital • Carole Pettet Healthcare Assistant, Wycombe Hospital • Dr Ahktar Suqlain Registrar, Gastroenterology, Ward 17, Stoke Mandeville Hospital (SMH) • Lesley Whitesmith Emergency Planning Officer • Lorraine White Early Pregnancy Unit Nurse, SMH • Dr Chris Durkin Consultant Geriatrician, SMH • Dr Matthew Sames Clinical Lead Organ and Tissue Donation • Nafiza Kosar Phlebotomist • Rona Rademeyer & Team Rapid Response & Intermediate Care team - whole team in Buckingham locality • Dr Imogen Cotter Clinical Psychologist <p>In addition the Chief Executive Officer acknowledged the Chair's achievement in winning the 2018 Non-Executive Director Awards in the Not-for-Profit/Public Service Organisation category.</p>
036/2018	CHAIR'S WELCOME AND OPENING REMARKS

	<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 as interim Chief Executive Officer and Ms Natalie Fox as interim Chief Operating Officer.</p>
<p>037/2018</p>	<p>APOLOGIES: Apologies were received from Professor Mary Lovegrove and Mrs Rachel Devonshire.</p>
<p>038/2018</p>	<p>DECLARATIONS OF INTEREST The annual update of the Declaration of Interests register for Board members was presented to the Board.</p> <p>The Chair drew the Board's attention to Mr Neil Macdonald's potential conflict of interest in that his wife, Dr Penny Macdonald, was 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 had taken legal advice on managing this conflict and the actions taken to manage the potential conflict were set out in the paper.</p> <p>Mr Johnston had one addition to make to his declaration as follows: Swan Practice Buckingham, Patient Participation Group Chair (voluntary).</p> <p>Dr Dipti Amin had the following changes to make to her declaration: add Consultant to ESMS Global; add Non-Executive Director on the Board of Cambridge Innovation Capital; remove Medical Information and Toxicology Services (non-paid Director); remove Trustee of Faculty of Pharmaceutical Medicine; and remove Member of the Innovation Board of the ABPI.</p> <p>With these amendments the Board approved the Register of Directors' Interests and supported the actions to manage Mr Neil Macdonald's potential conflict of interest.</p>
<p>039/2018</p>	<p>HEARING THE PATIENT'S VOICE The Chief Nurse introduced Mr Fred Wilson and Mrs Chris Wilson to the Board. They had come to present Mrs Wilson's experience of being a patient at the Trust. Mrs Wilson had written to the Chief Executive Officer in October 2017 following an accident resulting in a fracture. Mr Wilson explained that they wanted to share their experience in order to improve things for other patients.</p> <p>Mrs Wilson after her initial fracture treatment did not receive a timely follow up appointment for the fracture clinic. The result was that she was in pain, unable to sleep and unable to function effectively. She felt abandoned by the system and a sense of powerlessness. Mrs Wilson made the decision to use her private health cover in order to access the treatment she needed.</p> <p>Mr Wilson challenged the Board with the following questions: what is the contract with the customer; who owns the process; who owns the customer; and how are the staff empowered. He wanted to highlight these questions to be helpful.</p> <p>Mr and Mrs Wilson thanked the Board for listening to their experience.</p> <p>Mr Johnston expressed the view of the Board in saying that it 'hurts' to hear when things have not gone well but that it was so important. The resulting discussions included the importance of building structures and processes that enable the staff working in the organisation to help patients in the most effective way; information technology systems</p>

	<p>were an important aspect in these processes; and the importance of enabling staff to feel more in control.</p> <p>The Chief Nurse apologised for the issues that Mrs Wilson had experienced. She explained that the transformation of outpatients had already started but there was more to do. The Chief Executive considered that if we could make changes that would get things right in the fracture clinic this might be transferrable to other outpatient departments.</p> <p>Professor Sines extended an invitation for Mr and Mrs Wilson to come to the Quality Committee when the Division of Surgery was there for a review so that they could hear more of the follow up to address the issues they had identified.</p> <p>The Chair added her support to this invitation and thanked Mr and Mrs Wilson for coming to talk to the Board.</p>
<p>040/2018</p>	<p>MINUTES OF THE MEETING HELD ON 31 JANUARY 2018 The minutes were accepted as an accurate record of the meeting.</p>
<p>041/2018</p>	<p>MATTERS ARISING AND ACTION MATRIX There were no specific matters arising. The updates to the action matrix were noted.</p> <p>Mr Jaitly sought an update on the lone working business case as this was not on the agenda of the meeting. The Director of Finance responded that this item was delayed to May 2018.</p>
<p>042/2018</p>	<p>CHIEF EXECUTIVE OFFICER'S REPORT The Chief Executive Officer (CEO) introduced his report in terms of looking back and looking forward. Looking back he talked about the pressures on the urgent care pathway and the exemplary efforts of staff dealing with this pressure. He asked the Board to consider how we might show our support to staff and say thank you, particularly to nursing colleagues.</p> <p>Looking forward he welcomed the clinical strategy on the agenda for this meeting. A great deal of work had gone into developing this over the previous 12 months.</p> <p>The CEO drew the Board's attention to the challenge around the financial plan and the challenges arising from the limited availability of capital resource.</p> <p>The CEO informed the Board that the Director for Governance was reducing her hours to four days a week.</p> <p>The 'go-live' for the outpatient pharmacy wholly owned subsidiary was now set for the 4th April 2018.</p> <p>Dr Amin asked the CEO how he thought the teams had coped with the winter pressures. He responded that from adversity it was possible to see remarkable achievements. There had been some powerful reflections on the winter period. The Accident and Emergency team were scheduled to come to the Quality Committee in Quarter 1 to give their story of the winter.</p> <p>Mr Johnston had attended an NHS Providers meeting and reported on the national context in terms of the high numbers of attendances to Accident and Emergency.</p> <p>The Chief Nurse was asked to look at the ongoing support for staff.</p>

	<p>The Board noted the Chief Executive’s report.</p>
<p>043/2018</p>	<p>QUESTIONS FROM THE PUBLIC Cllr David Pepler, South Bucks District Council reflected on the experience described by Mr and Mrs Wilson. In his view the Trust in general provided a very good service but there were occasions when things went wrong.</p> <p>The Chair informed the Board that she and Mr Johnston read a number of complaints every month in order to hear what patients and relatives are telling us, and to review the quality of the Trust response. She emphasised the importance of learning from things that had gone wrong. Mr Johnston added that he looked for compassion, frankness and forthrightness of response, evidence that we had learned from the feedback and that changes had been put in place.</p>
<p>044/2018</p>	<p>CLINICAL STRATEGY The Chair opened this item by thanking the Director of Strategy for all his work in developing this clinical strategy.</p> <p>The Director of Strategy in turn thanked members of his team for their support in getting the strategy to this point. The development of the strategy had included engagement with 27 clinical services. He noted that the ambition of the clinical teams was inspiring. The process had been one of learning and development. In addition a workshop had been held with each Division to consider the feedback from the clinical specialities.</p> <p>The next stage of the work would be around pace of implementation and areas of focus.</p> <p>Dr Amin thanked the Director of Strategy and team and recognised the huge amount of work. She commended the broader team for the level of aspiration. She was interested to know what things we were not going to do so that we could create focus. She wanted to know how realistic the strategy was and how achievable.</p> <p>In response the Director of Strategy used the ophthalmology service as an example of a service dealing with real demand pressure and challenge. They were focused on managing the pathway in a way that optimises the care delivery rather than thinking about what they were not going to do.</p> <p>The Medical Director reflected on the importance of looking outwards in relation to our clinical services and the need to work with others.</p> <p>This led to a discussion about different ways of working. The Chief Nurse was confident that ongoing meetings and workshops would help the teams to bring the right level of focus. Mr Jaitly reflected that we needed to think about how we were prepared to take risks in relation to innovation. The Director of Finance described the key transformation piece around sustainable growth. It was not possible to keep doing more activity, rather it was essential to do things differently and change models of care.</p> <p>Professor Sines noted the number of infographics we were using in the clinical strategy and in the corporate objectives. He asked for care to be taken to ensure that all the infographics were aligned and linked together.</p> <p>The Director of Organisational Development and Workforce Transformation (OD&WT) recognised the challenge of supporting the ambition and innovation through leadership development, skills development and system development that enabled staff.</p> <p>The CEO found this to be a really rich conversation and sensed the appetite for more of</p>

	<p>this type of work. Engagement with clinical services had been at the heart of the strategy development and the conversation with them should continue and be the driving core of emerging strategies and plans.</p> <p>The Chair summed up the support and backing of the clinical strategy by the Board. She asked the Director of Strategy to consider how progress might be reviewed, what might be different, and the need to focus on the implementation plan. Progress would be reported first to the Quality Committee and there would be an annual report on progress to the Board.</p> <p>In the context of the discussions around the wider system the Chair informed the Board of a recent successful Chair / CEO meeting for partners in the Integrated Care System.</p>
<p>045/2018</p>	<p>COMMUNITY HUBS ENGAGEMENT</p> <p>The interim Chief Operating Officer (COO) outlined the community engagement that had been taking place since September 2017 around community hubs. The engagement had taken place in a number of different ways and with different groups of people. Key findings included support for holistic care closer to home provided that this was designed for the population of any given location. The paper included a number of recommendations from stakeholders.</p> <p>The Chief Nurse saw the relationship with stakeholders as crucial in shaping progress and holding the Trust to account. Next steps would include an evaluation of the work in the pilot community hub sites at Thame and Marlow and then the development of a plan based on this evaluation.</p> <p>Mr Roche acknowledged that this was a great piece of work but asked how engagement could be improved to include younger people. The COO responded that she was working with the Communications team around this.</p> <p>Dr Amin had been struck by the passion and enthusiasm of staff at the open day at Thame and wanted the Trust to find ways to harness this.</p> <p>The importance of including public health in the community hubs work was stressed by Mr Johnston.</p> <p>The Board noted the report and supported the engagement. There were no decisions to approve at this stage. The Chair highlighted the need to be clear about the impact on other services in the monitoring of the pilot.</p>
<p>046/2018</p>	<p>Corporate objectives</p> <p>The Director of Strategy presented the draft Corporate Objectives for 2018/19 for Board approval. The milestones and Key Performance Indicators would be developed in more granular detail following this approval.</p> <p>Dr Amin was looking forward to hearing more of the specific details. She stressed the importance of being on top of any indicators and that we must never see underachievement as the norm.</p> <p>Mr Johnston commended the objectives as being more forward looking.</p> <p>The Director of Finance had used the regulators' 'Use of Resources' assessment criteria as a framework for preparing his objectives and this could also be applied to other objectives.</p>

	<p>The Chair reported back from and NHS Improvement Chair's meeting that one of the biggest challenges nationally was the recruiting and retaining of the workforce.</p> <p>The Chair requested that the external system links such as links with the Strategic Transformation Partnership be mapped with the organisational objectives in the next stage of development.</p> <p>The Board approved the Corporate Objectives and asked for an implementation plan to come back to the Board.</p>
<p>047/2018</p>	<p>PATHOLOGY PARTNERSHIP NETWORKS</p> <p>The Medical Director presented a paper outlining the current progress of Pathology Network South 4 which consisted of Oxford University Hospital NHS Foundation Trust, Milton Keynes University Hospital NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust and Great Western Hospital NHS Foundation Trust. She sought approval to continue with the outlined structure, key principles and plans to consolidate pathology services across the network.</p> <p>The ensuing discussion focused on quality being one of the primary drivers alongside productivity and efficiency; the importance of retention and satisfaction of staff at 'satellite' sites; and the need for proper project management.</p> <p>This item had already been discussed in detail at the Finance and Business Performance Committee on the 23rd March 2018.</p> <p>The board supported this outline proposal and requested a workplan to come back to the Board in 3 months.</p>
<p>048/2018</p>	<p>QUALITY PERFORMANCE REPORT</p> <p>The Medical Director presented the Quality Performance report updating the Board on performance against key quality indicators. The report had continued to develop and the change in format had been presented to the Quality Committee on the 6th March 2018 and had been discussed there.</p> <p>Mr Johnston was impressed with the dashboard and considered it to be one of the best he had seen at the Trust.</p> <p>Some of the indicators were seen to have quite old dates, some dating back to 2015. The Medical Director explained that this was the most recent national data as presented in the Care Quality Committee Insight report. The discussion developed into consideration of the importance of benchmarking, the longitudinal view, and trend information. The value of working with regulators on developing useful indicators was recognised.</p> <p>There was a discussion about the relative numbers of compliments and complaints and assurance was sought that the differential was accurate. The Chief Nurse was clear that the compliments far outnumbered the complaints but it was critically important that we heard both forms of feedback and learned from this.</p> <p>The Chair asked for assurance that the Quality Committee reviewed indicators where we were failing or an outlier.</p> <p>The Chief Nurse commented that although we had seen a reduction in pressure ulcers the performance was still not where it should be and would be a continued focus in 18/19.</p> <p>The Board noted this report.</p>

<p>049/2018</p>	<p>INFECTION PREVENTION AND CONTROL REPORT The Medical Director presented the Infection Prevention and Control performance report providing data for February 2018 for information.</p> <p>She informed the Board that the Trust had received a letter from NHS Improvement commending us for our achievements in reducing cases of E.Coli, an important indicator related to reduction in urinary catheter associated infections.</p> <p>There had been one more case of Clostridium difficile in March 2018 meaning that the Trust would end the year on 41 cases. It was disappointing to end the year at this level, breaching the limit set for the year. The Medical Director explained the avoidable cases were the important ones to focus on.</p> <p>There was also a need to focus on reducing the numbers of line infections as these had the potential to lead to cases of bacteraemia.</p> <p>The Board noted the report.</p>
<p>050/2018</p>	<p>QUALITY COMMITTEE CHAIR'S REPORT The deputy Chair of the Quality Committee, Professor Sines, presented a summary of the Quality Committee meetings held in February and March 2018 and highlighted to the Board the concern of the Committee about the potential impact of the capital budget on quality, particularly in relation to medical equipment. There would be further discussions about capital in Part 2 of the Board and in the Board Seminar.</p> <p>He requested approval for a change of name for the Quality Committee for it to become the Quality and Clinical Governance Committee. This was approved. Mr Johnston commended this change as it was important from an Audit Committee perspective to know that the Quality Committee had oversight of clinical governance.</p> <p>Mr Jaitly queried whether quality aspects of business continuity were discussed at the Quality Committee. Professor Sines confirmed that this was the case. The CEO considered that there should be further thought given to the link between the Finance and Business Performance Committee in relation to Emergency Planning.</p> <p>The Chief Nurse highlighted the importance of the Quality Impact Assessment process being monitored by the Quality Committee.</p>
<p>051/2018</p>	<p>FINANCIAL PERFORMANCE REPORT The Director of Finance briefed the Board on the financial performance against plan and key areas of concern. He sought approval of corrective actions being taken. The year to date performance was a £5.6m deficit, £10.9m adverse to operating plan and £0.8m adverse to forecast. The forecast outturn was a £3.2m deficit. Excluding all Sustainability and Transformation Funding the forecast outturn was £5.7m. Under-delivery of cost improvements and winter pressures were the main drivers behind the variances.</p> <p>The Director of Finance reported that he was expecting the Trust to meet its duties in 17/18 around External Financing Limit and Capital Resource Limit.</p> <p>The Trust had drawn down a loan in March 2018 of £4m repayable in 2021. A further drawdown was likely to be needed in June 2018.</p> <p>The Board discussed the impact of the Marginal Rate Emergency Tariff and the Director of Finance said there was a need to look at contracts that provide an incentive to take activity and cost out of the system.</p>

	<p>Mr Jaitly queried how the anticipated year-end position would compare with the 16/17 year end. The Director of Finance responded that the deficit would be in line with the underlying position in 16/17.</p> <p>The Board noted this position and that the Finance and Business Performance Committee would be discussing the year end in more detail.</p>
<p>052/2018</p>	<p>DRAFT FINANCIAL OPERATING PLAN 18/19</p> <p>The Director of Finance informed the Board of the Draft Operating Plan as submitted to NHS Improvement on the 8th March 2018, and sought approval for the proposed Month 1 budget. The revised Operating Plan would be presented to the Finance and Business Committee once contracts had been finalised, and would be submitted to NHS Improvement on the 30th April 2018.</p> <p>Mr Roche queried whether the plan was realistic. The Director of Finance explained that this had to be considered in the context of the Clinical Commissioning Group financial position. We would have to work as a system to reduce the overall deficit. The key risk was around identifying cost improvements to the value of £20m. The CEO noted that the Integrated System Financial Recovery Plan, internal Cost Improvement Programme (CIP), greener contracts and year-end were all intense pieces of work for April which would need Board oversight. The CIP amounted to 5% of the budget, and it had been shown nationally that anything above 4% would become increasingly difficult. This could not be achieved alone and was therefore dependent on a system approach. The options available to the Board would be to refuse the control total which would mean that the organisation would not benefit from Strategic Transformation Funding; or to accept the control total and at the same time set out any potential risks to delivery at the outset.</p> <p>Dr Amin queried the level of CIP achieved in 17/18. A £13m CIP had been achieved against a target of £17m.</p> <p>The CEO considered that it was important to focus on the items that would make the greatest impact.</p> <p>The Board approved the Month 1 budget and acknowledged the risk. The Operating Plan would continue to have Board oversight.</p>
<p>053/2018</p>	<p>FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT</p> <p>The chair of the Finance and Business Performance Committee, Mr Jaitly, presented a summary of the work of the Committee in January and February as included in the Board papers, and reported verbally on the March Committee.</p> <p>He informed the Board that the Committee had been reviewing the draft plan and discussing with the Director of Finance as to how we develop the financial plan for the coming year. The integrated performance report was undergoing a revision.</p> <p>The Board noted the reports.</p>
<p>054/2018</p>	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Director of OD and WT presented the workforce performance report to the Board providing assurance on key people metrics and activities. She wanted to formally recognise the enormous efforts of staff across the organisation and to thank them.</p> <p>The headline in the report continued to be the Trust vacancy rate for Registered Nurses</p>

	<p>and Midwives with the continuing staffing pressures that this created. The Trust had remained within the NHS Improvement limit for agency spend in 17/18 but had missed its own internal target.</p> <p>The statutory training compliance target had been achieved.</p> <p>The national staff survey had been published and the Board would have the opportunity to review this in detail.</p> <p>Discussions centred on understanding why people were leaving and why not all students were joining when qualified; and the need to think differently about how to achieve the flu vaccination target and to start early with this.</p> <p>The Director of OD and WT informed the Board of national progress with changes to the Agenda for Change contract and pay scales, and the expectation that the Trust would carry out Clinical Excellence Awards in 18/19.</p> <p>The Board noted the workforce performance report.</p>
<p>055/2018</p>	<p>GENDER PAY GAP</p> <p>The Director of OD and WT presented a paper providing assurance that the Trust was meeting its requirements under the Gender Pay Gap Information Regulations to publish Gender Pay Gap data, and sought approval to publish the report on the Trust's web-site. In summary, men and women were paid equally for doing equivalent jobs across the business but the Trust needed to reduce the gender pay gap for the organisation as a whole. This could take 12 to 15 years to achieve due to the length of time taken to train consultants.</p> <p>In response to a query the Director of OD and WT confirmed that the gender mix was monitored in relation to Clinical Excellence Award applications.</p> <p>The Board noted the report and support the recommendation to work to reduce the gender pay gap.</p> <p>The Board approved the publication of the report on the Trust web-site.</p>
<p>056/2018</p>	<p>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Strategic Workforce Committee, Professor David Sines, presented the summary of the work of the Strategic Workforce Committee in February 2018.</p> <p>He emphasised the achievement of statutory training compliance and reported that a recruitment and retention workshop for nursing and midwifery was taking place the following week.</p> <p>Professor Sines reported on a key risk around recruitment of student nurses in this area had been very poor and this would +have a significant future impact.</p> <p>He went on to reiterate that this had been a tough winter and expressed thanks to the full workforce who delivered consistently and persistently.</p>
<p>057/2018</p>	<p>FLOODLIGHT AND OPERATIONAL PERFORMANCE REPORT</p> <p>The interim Chief Operating Officer presented the Integrated Performance report to the Board with the accompanying exception reports. She drew the Board's attention to the improvement in the Cancer 62 day standard, and the decline in Referral to Treatment Time performance for Trauma and Orthopaedics and ophthalmology. The latter was due to the</p>

	<p>cancellation of elective operations, and staff shortages.</p> <p>There had been an improvement in Accident and Emergency performance against the 4 hour standard. GP streaming had been a positive factor in managing the pressures on the urgent care pathway.</p> <p>The Board noted the report and the relevant exception reports.</p>
<p>058/2018</p>	<p>CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Charitable Funds Committee, Mr Rajiv Jaitly, reported the business of the Charitable Funds Committee held in February 2018. He sought approval for the bids supported by the Committee; approval for the revised Reserve Policy and the revised Investment Policy; and approval for the revised Terms of Reference.</p> <p>The Committee had not been quorate.</p> <p>The Chair expressed her appreciation of the inclusion of the helpful dashboard.</p> <p>The Board approved the bids for the Ultrasound Machine and a variable height examination couch for the ultrasound service.</p> <p>The Board approved the Reserve Policy and the Investment Policy.</p> <p>The Board approved the changes to the Terms of Reference.</p>
<p>059/2018</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 remained recruitment and retention, particularly for nursing staff; pressure on the urgent care pathway; and delivery of the financial plan. In addition there was a rising risk related to the limited availability of capital.</p> <p>The risks and mitigations had been discussed in detail during the meeting.</p> <p>The Board noted the report and confirmed their agreement of the top risks.</p>
<p>060/2018</p>	<p>COMPLIANCE WITH LEGISLATION AND REGULATION</p> <p>The Chief Nurse presented an update to the Board on the self-review of compliance with Care Quality Commission regulations and other legislation in order to provide high level assurance that there was a process to monitor compliance with legislation and to highlight any concerns about compliance.</p> <p>Mr Jaitly queried where lone working would sit in terms of the CQC regulations. The Director of Finance responded that this would sit in Regulation 15 around premises and equipment.</p> <p>The Chair requested further discussion on this subject at a Board development seminar.</p> <p>The Board noted the assurance provided in the paper and supported the actions being taken to address concerns.</p>
<p>061/2018</p>	<p>AUDIT COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Audit Committee, Mr Johnston, presented a summary of the Audit Committee meeting held in March 2018.</p>

	The Audit Committee sought formal assurance from the Chair of the Quality Committee with regard to the Quality Committee’s oversight of the clinical audit programme.
062/2018	PRIVATE BOARD SUMMARY REPORT The Board noted the summary of the private board held in January 2018.
063/2018	BOARD ATTENDANCE RECORD The Board noted the attendance record.
064/2018	RISKS IDENTIFIED THROUGH BOARD DISCUSSION The Director for Governance highlighted risks identified through Board discussion relating to outpatient processes, infection control, pressure ulcers, recruitment and retention, delivery of the financial plan, and the availability of capital. All these items were already on the Corporate Risk Register.
065/2018	ANY OTHER BUSINESS There was a brief discussion about whether the 8 actions on the urgent care pathway that had been a key focus for March had achieved the necessary impact. The COO assured the Board that the actions had resulted in a positive impact, but that the high level of demand had also had an impact.
066/2018	DATE OF NEXT MEETING The next meeting will be held on Wednesday 30 May 2018, 9am, Florence Nightingale Hospice, Walton Street, Aylesbury 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 May 2018
021/2017	Fundraising for Charitable Funds to be discussed at a future board meeting	Director of Finance	31 July 2017	Will go on to agenda in July 2018.
106/2017	Update on business case for lone workers.	Director of Finance	30 October 2017	Work in progress. Update to Board in May 2018.
142/2017	Terms of Reference of the ACS executive to be provided to the Board.	Director for Governance	31 January 2018	Awaiting revised version.
42/2018	Look at the ongoing support for staff working through the pressures of the urgent care pathway.	Chief Nurse	31 May 2018	To be considered as part of the staff survey review in the board seminar
46/2018	Corporate Objectives implementation plan to come back to the Board. This will include mapping against links with the external system e.g. STP.	Director of Strategy	31 May 2018	On agenda
47/2018	Pathology Partnership networks project workplan to come to the Board.	Medical Director	31 July 2018	Not due
48/2018	Assurance from Quality Committee that they review indicators in the Quality report where we are either failing or an outlier.	Chair of the Quality Committee	31 May 2018	Verbal as part of the Quality Committee Chair's report
50/2018	Further consideration of the link between the Quality Committee and the Finance and Business Performance Committee with respect to Emergency planning	Chief Operating Officer / Committee Chairs / Director for Governance	31 May 2018	This action is not yet complete. Deferred to July 2018.
51/2018	Finance and Business Performance Committee to discuss year end.	Director of Finance	19 April 2018	Completed.
60/2018	Schedule discussion on compliance with CQC regulations and other legislation on to Board Seminar programme	Director for Governance	30 April 2018	Included in Board Seminar Programme.
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 coming to Quality and Clinical Governance Committee in June and assurance will be given

Minute		Lead	Timescale	Update May 2018 after this.

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