

Meeting: Trust Board Meeting in Public

Date: Wednesday, 30 October 2024

Time: 09.45 – 11.45

Venue: Hampden Lecture Theatre and live streamed to the public

Start Time	Item	Subject	Purpose	Presenter	Encl.
09:45	1.	<ul style="list-style-type: none"> Chair's Welcome to the Meeting Meeting Guidance Who's Who of the Board Apologies for absence 	Information	Chair	Verbal
	2.	Colleague Voice – See Me First Campaign	Information	Chief Executive Officer	Paper
	3.	Declaration of Interests	Assurance	Chair	Verbal
General Business					
10:05	4.	Minutes of the last meeting <ul style="list-style-type: none"> 25 September 2024 	Approval	Chair	Paper
	5.	Actions and Matters Arising	Assurance	Chair	Paper
	6.	Chief Executive's Report	Information	Chief Executive Officer	Paper
	7.	Place & System Partnership Working Report	Information	Chief Executive Officer	Paper
Committee Reports					
10:25	8.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Verbal
	9.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
	10.	Strategic People Committee Chair Report	Assurance	Committee Chair	Paper
Performance					
10:40	11.	Integrated Performance Report	Assurance	Chief Operating Officer	Paper
	12.	Winter Resilience Plan	Approval	Chief Operating Officer	Paper
COMFORT BREAK – 10 minutes					
QUESTIONS FROM THE PUBLIC					
11:10	13.	Digital Health Programme Update	Assurance	Chief Medical Officer	Paper
Finance					
11:20	14.	Finance Report	Assurance	Chief Finance Officer	Paper
	15.	Buckinghamshire Oxfordshire Berkshire West (BOB) Integrated Care Board (ICB) Contract	Approval	Chief Finance Officer	Paper

	16. Ophthalmology managed service contract	Approval	Chief Operating Officer	Paper
Quality				
11:35	17. Special Educational Needs & Disability (SEND) Strategy	Assurance	Chief Nurse	Paper
Information				
11.40	18. Strategic Transformation Programme Update	Information	Chief Digital and Transformation Officer	Paper
	19. Organ & Tissue Donation Annual Report	Information	Chief Medical Officer	Paper
	20. Private Board Summary Report	Information	Chief Executive Officer	Paper
AOB				
	21. Risks identified through Board discussion	Discussion	All	Verbal

ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:
27 November 2024, 09.45

The Board will consider a motion: "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website www.buckshealthcare.nhs.uk

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

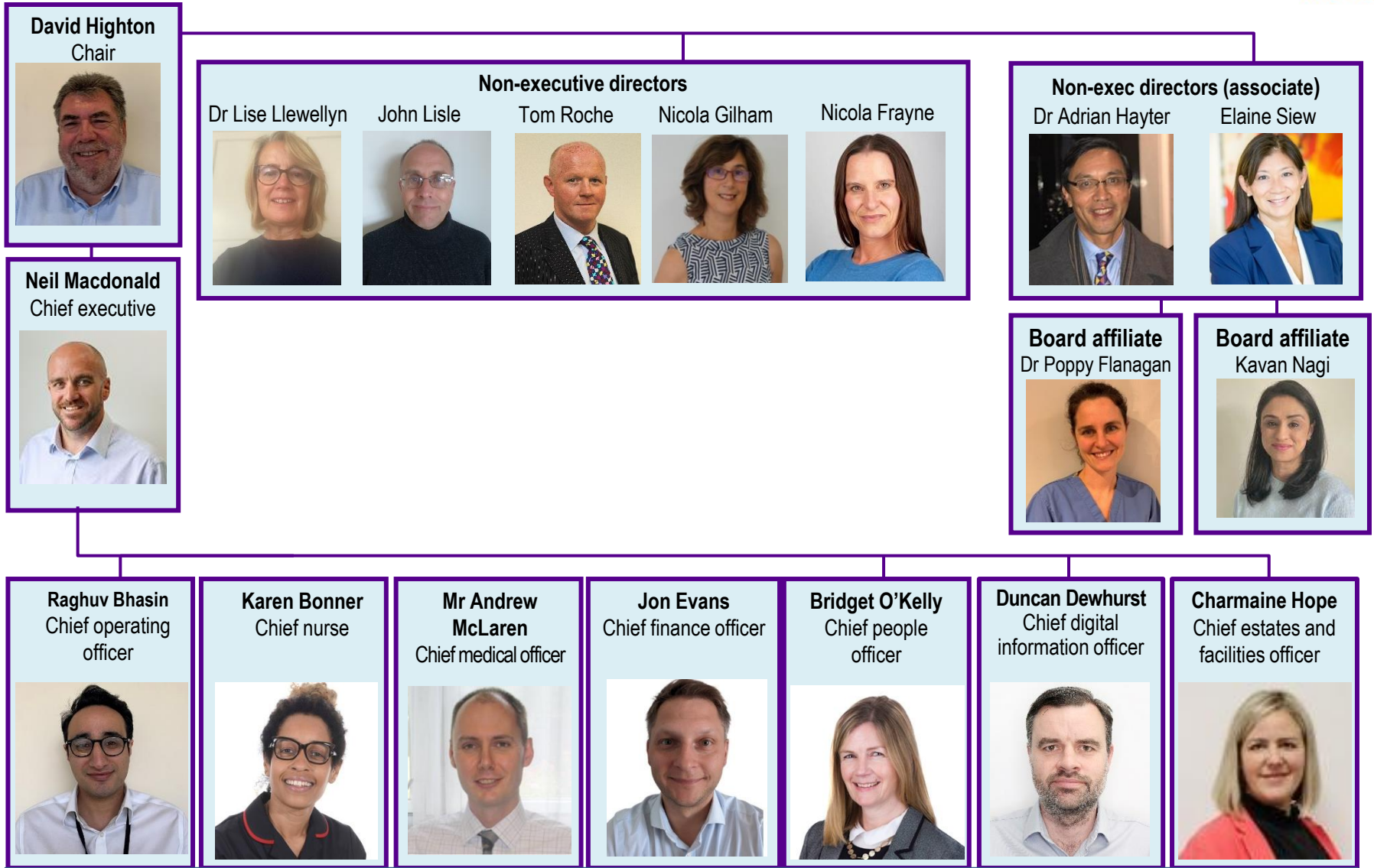
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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: 30 October 2024

Agenda item	See ME First Campaign
Board Lead	Neil Macdonald, Chief Executive Officer
Author	Dony Philip (EMBRACE Network Chair)
Appendices	None
Purpose	Discussion
Previously considered	Strategic People Committee

Executive summary

Based on the data in our 2022/23 equality diversity and inclusion annual report and supported by the more recent national staff survey data, BHT's great place to work objective for 2024/25 is to reduce instances of bullying and harassment to a level that is best in class when benchmarked against comparable trusts in the National Staff Survey. This programme has four work streams (data, insight, interventions and communication).

Interventions will include activities at both organisational and team levels. The EMBRACE colleague network has proposed BHT commit to the See ME First campaign, an initiative first developed and launched at the Whittington Health NHS Trust. This award-winning campaign is designed to increase the visibility of race equality. See ME First is a colleague-led initiative to promote Equality, Diversity and Inclusivity.

See ME First is staff-led initiative and it is about equality diversity and inclusion, it is for all staff to have a sense of belonging.

As an organisation with 38% of colleagues belonging to the BME community, with a zero-tolerance approach to bullying, it is our priority to address racial discrimination and place equality, diversity and inclusion at the heart of the values of our organisation.

See Me First is an initiative to support the long-term development of the organisational culture of race inclusion and anti-racism.

Decision	The Board is requested to discuss the report.
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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 type="checkbox"/> Improve elective waiting times <input type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Give children living in most deprived communities the best start in life <input type="checkbox"/> Outpatient blood pressure checks	<input checked="" type="checkbox"/> Zero tolerance to bullying
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Implications / Impact

Patient Safety	Help improve patient safety as it leads to a better workplace where all colleagues feel supported and racism is consistently challenged.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 6: Failure to deliver our People priorities Disengaged colleagues, retention, and poor quality of care

Financial	Risk of disengaged colleagues which impacts retention & sickness absence leading to increase in expenditure
Compliance NHS Regulation Dignity and Respect	NHS England People promise NHS England Equality, Diversity & Inclusion (ED&I) Improvement plan NHS Workforce Race Equality Standard (WRES) NHS Workforce Disability Equality Standard (WDES)
Partnership: consultation / communication	Report has gone to Colleague Networks, ED&I Operational Group, Senior Leaders Forum and ED&I Strategic Committee
Equality	This report covers areas of our equality, diversity and inclusion work. Included in our key performance indicators in ensuring we meet ED&I standards across the Trust.
Quality Impact Assessment [QIA] completion required?	N/A

1 Introduction/Position

- 1.1 See ME First was launched in 2020 by Whittington NHS Trust, it is an initiative focused on promoting racial equity across NHS Trusts.
- 1.2 Inspired by Martin Luther King Jr.'s "I Have a Dream" speech, this initiative emphasises visible solidarity with BME colleagues.

2 Problem

- 2.1 BHT's great place to work objective for 2024/25 is to reduce instances of bullying and harassment to a level that is best in class when benchmarked against comparable trusts in the National Staff Survey. This programme has four work streams; they are data, insight, interventions and communication.
- 2.2 Interventions will involve actions at both the organisational and team levels. The EMBRACE colleague network has requested that BHT commit to the See ME First campaign, which has been developed and launched at Whittington Health NHS Trust. This award-winning campaign aims to improve awareness about race equality. See ME First is a colleague-led campaign promoting equality, diversity, and inclusivity.

3 Possibilities

- 3.1 The long-term goal of See ME First is to embed racial equity at BHT. This means going beyond the badge to ensure that anti-racism is reflected in policies, training, and leadership development programmes.
- 3.2 See ME First aims to create sustained cultural change by normalising conversations around race, equity, and inclusion. Over time, the initiative will lead to a workplace where all colleagues feel supported and where racism is consistently challenged.

Trusts that have implemented See ME First have seen a reduction in incidents of bullying and harassment among BME colleagues, leading to a more cohesive and respectful work environment.

4 Proposal, conclusions, recommendations and next steps

- 4.1 BHT plans to launch See ME First as part of a broader commitment to anti-racism and eliminating bullying and harassment.
- 4.2 Participating colleagues take a personal pledge to show their commitment to standing against racism and promoting equality. The pledge signifies their dedication to creating a safe, inclusive, and supportive environment for all colleagues, especially those from BME backgrounds.
- 4.3 Colleagues who take the pledge are provided with a See ME First badge, which they wear to visibly demonstrate their commitment.
- 4.4 The initiative also encourages leadership accountability, ensuring that managers demonstrate visible support for anti-racism measures and work to create a safe environment for all colleagues.

Meeting: Trust Board Meeting in Public

Date: Wednesday, 25 September 2024

Time: 09.45 – 12.00

Venue: Hampden Lecture Theatre, Wycombe Hospital 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
Ms 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 and Transformation Officer
Dr P Flanagan (PF)	Board Affiliate
Ms C Hope (CH)	Chief Estates and Facilities Officer.
Ms K Nagi (KN)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer

In attendance:

Miss J James (JJ)	Head of Corporate Governance (minutes)
Ms S Lino (SL)	Team Lead, Southern & Thame Adult Community Healthcare Teams (item 3)
Mrs M East (ME)	Director of Midwifery
Rhea Kankate (RK)	Equality, Diversity & Inclusion Manager (observing)

01/09/24 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Elisabeth Jones, Senior Board Administrator, Elaine Siew, Associate Non-Executive Director and Dr Adrian Hayter, Associate Non-Executive Director.

02/09/24 Declarations of Interest

NM declared his interest related to Item 14; Urgent Treatment Centre (UTC) Contract and was excluded from the meeting for this item.

03/09/24 Colleague Voice

BOK introduced SL in the context of her improvement work with teams following the most recent staff survey.

SL introduced herself and highlighted the following:

- Initial challenges in the team were related to poor morale resulting in higher rates of sickness absence and poor patient outcomes/experience.
- The importance of going out with team members to observe them in practice and understand what was happening day-to-day as well as the ability to provide timely advice and teaching.

- The importance of evidence based, guideline compliant care and a safe environment for patients and colleagues.
- The complexities of district nursing.
- The benefits that this approach had brought to the team.

NM thanked SL for joining, outlined the process by which himself and BOK met with teams following the publication of staff survey results and thanked SL for her hard work and commitment. Challenges within the teams were acknowledged and SL leadership commended.

Noting the energy within the team, DD queried the next steps for improvement. SL confirmed team leads were empowered to make changes with an emphasis on building stronger people, developing theoretical knowledge and promoting a culture of understanding, prevention and engagement of patients' families.

LL highlighted the oversight of the Quality & Clinical Governance Committee on metrics related to community services and queried how the Board could support further developments. SL reinforced the importance of understanding colleagues, managing individuals according to their strengths and ensuring effective clinical skills. The Board recognised these as principles of a learning organisation.

KB commended SL outstanding leadership and the difference she had made to both colleagues and teams. Connections between SL and her team members were evidenced during a recent incident of violence and aggression which SL had discussed with the team, displaying sensitivity and compassion and escalated appropriately.

NG reflected on the Appreciative Inquiry conference attended by the Senior Leadership Team on 24 September 2024, highlighting the importance of treating individuals as such, focussing on strengths and empowering people to run their own work and noted SL had modelled all of these traits effectively.

KN queried how SL built her own resilience and SL expressed her passion for maintaining high standards and being available for team members which supported safe practices and a team culture noting that teamwork was paramount.

The Board **NOTED** the Colleague Voice, thanked SL and commended her on being recognised as a Queen's Nurse for her commitment to patient care and nursing practice within the community.

04/09/24 Minutes of the last meeting

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

05/09/24 Actions and Matters Arising

The Action Matrix was **NOTED**.

1813 – closed. Nil other actions due.

06/09/24 Chief Executive's Report

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

- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) was now subject to an Investigation & Intervention (I&I) regime based on financial performance to date as a preventative precursor to re-segmentation into segment 4 of the NHS Oversight Framework (NOF). PwC had been appointed as the independent external company to support the process and an initial report was due in October.
- 23-29 September was Organ Donation Week and the Board were wearing pink in support of this. Thanks were given to TR for his efforts in supporting the campaign.
- A significant amount of rain had led to unprecedented water issues across the Trust estate on Monday 23 September 2024. The Board offered thanks to both the estates teams for managing this and community colleagues who had continued to see patients within their own homes during the bad weather.

Following a request from DH, NM provided an update on the development of the Place strategy, noting this was due to be presented to the Board in October 2024. Work was ongoing to support integration with the overall Health & Wellbeing Board (HWB) Strategy, local primary care engagement was underway through integrated neighbourhood team pilots and the future of an integrated community service offering was being explored. Further patient engagement was planned.

An extraordinary meeting of the Integrated Care Board (ICB) was due to finalise the ICB Operating Model following the recent consultation, and this would provide clarity on the role the Trust were to play within the system.

DH noted the presence of PwC as external consultants provided an opportunity to influence funding models, recognising these were due for review across the NHS. It would be important to put a case forward regarding devolution to Place and what was required for the effective performance of the Acute Provider Collaborative (APC).

LL commended the progress within community paediatrics following the receipt of the Written Statement of Action. The Board recognised the need to focus on community waiting times as much as those for acute services, as with some lifelong conditions, early intervention and family support made a significant difference. Congratulations were offered to teams in these areas.

NF commended learning from others and queried the key takeaways from the executive visit to Berkshire Health, considering their culture of improvement. Key messages were articulated by DD, noting a fuller discussion was planned for the meeting in private later in the day.

- Improvement management system in place since 2015, now fully embedded.
- There was a clear philosophy as well as processes and systems for delivery and clear methods for improvement when things were not on track.
- There would be a need to consider leadership behaviours further and how to embed these.
- As part of the breakthrough objectives, Quality Improvement (QI) should be embedded into the work of teams.
- Progress takes time, would be important to think about what could be achieved quickly.

The Board **NOTED** the CEO report.

07/09/24

Acute Provider Collaborative Update

NM provided a verbal update noting a Scheme of Delegation was being worked on with the final version due for Board approval in October. A workshop had been undertaken recently considering the future of shared corporate services across providers with a full proposal planned for presentation to the APC Board in October. Clinical and elective care workstreams were working well and examples of good practice were shared.

DH noted the progress with 65-week waiters and recognised the impact of mutual aid alongside the need to move patients early in their pathway, a lesson learned through recent efforts.

The Board **NOTED** the update.

08/09/24

Audit Committee Chair Report

- Appointment of External Auditors

Audit Committee Chair Report

JL presented the report and highlighted the following points:

- Compliance with Legislation report, focussed on process rather than solely outcomes.
- Partial assurance opinion following Internal Audit into Infection Prevention & Control highlighting gaps in training alongside positive outcomes overall.
- There was a need for internal audit management actions to be completed in a more timely manner.
- Single Tender Waiver (STW) management and reporting would require adjusting with the implementation of new procurement legislation and guidance.

Appointment of External Auditors

The Audit Committee had approved the appointment of EY for 3 years, direct award through national framework.

The Board were **ASSURED** by the Audit Committee Chair Report and the work of the Committee and **APPROVED** the appointment of the auditors as outlined above.

09/09/24

Finance and Business Performance Committee (F&BPC) Chair Report

NG presented the August and September meeting reports highlighting the following:

- Broadly positive metrics for performance including the shape of the waiting list, significant reduction in long waiters and NHS England (NHSE) productivity data. Progress sustained in education health and care plans, successful theatre process pilot had been conducted in

ENT with roll out in other areas and work ongoing via the Outpatient Transformation Programme to reduce DNA (Did Not Attend) metrics.

- Update on the financial position at M04 and M05 (see item 15 for full details).
- ICS Financial Recovery Plan in place with I&I initiated.
- Cost collection submission approved.
- Oversight of progress with Digital Health Programme; good progress to date with identifiable patient efficiencies.
- Consideration of relevant business cases and approval where appropriate.
- Update on procurement legislation and considerations for the Trust.
- Confirmed new 21-bedded ward due to open 7 November 2024.

The Board were **ASSURED** by the Committee Chair report and the work of the Committee and welcomed the addition of the new ward ahead of expected winter pressures.

10/09/24 Quality and Clinical Governance Committee (Q&CGC) Chair Report

LL presented the August and September meeting reports highlighting the following:

- Risks escalated related to:
 - Infection Prevention & Control staffing (including medical), recognising good clinical performance but a need to deprioritise policies. Good leadership was recognised within the team.
 - Increasing demand for safeguarding services with hard-to-fill posts.
- Focus on the experience of patients and carers, recognising the Trust as in the top 8 improved in the country following recent inpatient survey results. Working to ensure sample more representative of local population.
- The need to link with F&BPC regarding waiting times related to cancer services, following results of the Cancer Patient Experience Survey (CPES).
- In depth review of the Emergency Department (ED) and introduction to new Director of Nursing. Board requested to support timely and effective support from corporate services, particularly digital, to ED colleagues/services ahead of winter.
- Two Never Events reported which would be considered via the Patient Safety Incident Response Framework (PSIRF). A detailed report on these and underpinning themes and actions to be considered at the next meeting.

JL challenged the representation of local residents and queried how to make progress in this area recognising challenges ahead for the wider NHS in terms of population health, funding and infrastructure. RB relayed outputs of meeting with Healthwatch and the need for development of services with partners with greater local understanding and intelligence on what people want. The Board agreed good representation would depend on a number of factors including locality and service under consideration. Population health data needed to be used more widely and there needed to be more intentional targeting of those areas of lowest deprivation within the county. DD confirmed this would be built into work considering health inequalities.

The Board were **ASSURED** by the Committee Chair report.

11/09/24 Quality and Clinical Governance Terms of Reference

Following an internal audit into the Trust Governance & Performance Framework, the Board were asked to approve an amendment to the terms of reference, already approved by the Committee.

The Board **APPROVED** the revised terms of reference.

12/09/24 Charitable Funds Committee (CFC) Chair Report

NG presented the report and highlighted the following points from the Committee meeting in August:

- Summary of bids approved and the expectation further Trust items would be funded, business cases awaited for these.
- Financial statements considered up to 30 June 2024 (Q1).
- Assurance taken by the Committee on development of the Charity strategy, compliance with the relevant code of governance and ongoing risk management.

The Board were **ASSURED** by the report and the work of the Committee.

13/09/24 Integrated Performance Report

RB presented and highlighted the following:

- Significant reduction in waiting times across acute and community services with minimal patients expected to be waiting over 65-weeks by end September. Those waiting were due to patient choice/complexity. Thanks offered to teams for such significant progress.
- On track for clinical accreditation and productivity objectives.
- Currently behind on 12-hour waits, partly due to delay in new ward and ED floor reform.
- Further detail to be provided in future reports regarding blood pressure objective.
- Trust moved into the top quartile nationally for productivity. Increasing engagement with clinical teams in driving reduction in waste and improved patient outcomes.
- September capacity challenges related to skin cancer and increased ED attendances, most likely seasonal rather than related to GP collective action.

JL queried the congruence of information related to pay and whole-time equivalents (WTE) within the IPR, finance report and safe staffing paper. DD highlighted the complexity in this area with reconciliation having taken place at the start of the year. Now reporting was possible by service which demonstrated progress, but it was acknowledged there was further work to do. JE provided further clarity related to information within each of the reports and reminded the Board a workforce plan had been agreed which outlined a reduction in temporary staffing payments alongside substantive recruitment. TR emphasised the need to simplify and standardise reporting across the board. NM agreed improvements were required in methods of reporting.

NF queried delays to the new ward, whether there was learning for future projects and whether there was risk to the capital plan. CH confirmed delays were related to water quality and pressure issues which had not been identified during initial scoping. Processes were in place for new projects including sign off by Authorised Engineers (AE). Learning from this project would be documented.

TR queried the lack of movement within the 'discharge by 2pm' metric and highlighted the facilities at Unit 33 (Health on the High Street) in supporting the blood pressure checking objective.

RB briefed the Board on the Multi-Agency Discharge Event (MADE) held on a quarterly basis and the learning from the most recent event. The lack of movement in discharges by 2pm related to the complexity of patients which rendered them inappropriate for the discharge lounge, the need for greater focus on the 'golden patient' and organisational culture around prioritising discharges. In response to a query by NG regarding a potential end of year target, RB confirmed, whilst improvement was required, it was not possible to assign a target to this yet. Focus needed to be on culture and relationships to bring activity forward earlier in the day and impact on ED performance. The Board were encouraged to take assurance on processes being implemented to resolve/improve rather than focus on targets.

DH queried when patients were discharged from the system if moved to a discharge lounge. RB confirmed this was on discharge from the ward but time spent here would be tracked for oversight of the patient experience.

KN suggested a number of simple fixes which may support more timely action from ward colleagues e.g. replacement/networked printers. RB confirmed these issues had not been escalated but would pick up with the site team regarding appropriate routes/structures for escalation, recognising this may be a symptom of organisational culture. Electronic prescribing was likely to help significantly.

The Board were **ASSURED** by the IPR recognising improvements in a number of metrics and overall positive performance.

14/09/24

Urgent Treatment Centre Contract

- Letter from Unison

In view of declared interest, NM left the meeting for item 14.

RB presented the paper, setting out the rationale for the re-procurement of out of hours services and the current position; preferred provider identified and in a standstill process.

A number of colleagues had written to the Board, raising their concerns related to a potential transfer of employment to a private provider (via TUPE). There had also been coverage of the situation in the media both nationally and locally with information provided and language used that was not supported.

DH and BOK outlined concerns raised by those staff affected, principally Emergency Nurse Practitioners (ENPs), during recent meetings with colleagues, the Chair of Staffside and the regional Royal College of Nursing (RCN) representative:

1. Timing of the next contract which would expire March 2026 leading to concerns of further changes in 18 months.
2. The degree to which colleagues had been engaged related to pathways within the department.
3. The TUPE process itself.

The Board understood the nature of the concerns. RB confirmed negotiations had attempted to extend the length of the contract but, at this point, this was not possible due to a deadline imposed by the ICB. BOK confirmed standard legislative processes would be followed as part of the TUPE process.

DH highlighted the Trust ambition to organise Urgent & Emergency Care (UEC) at Place rather than system level and for such decisions to be devolved accordingly. Anxieties of colleagues were understood and further efforts would be made to extend the March 2026 deadline. Full support for the devolution of such decisions from system to place was offered by the Board recognising the nuances of local geography and populations.

LL confirmed the proposed model of care was accepted nationally some time ago and it worked well to support development of established and skilled nurse practitioners whilst also meeting patients needs.

DH reminded the Board the positioning of the Urgent Treatment Centre (UTC) to handle injury and illness together was a key enabler of the wider plan for the emergency floor.

The Board **APPROVED** the three recommendations within the paper:

1. Reconfirm support for the changes to the emergency floor at Stoke Mandeville Hospital including a primary care led UTC, in line with national guidance.
2. Escalate to the ICB the challenges of agreement of a contract for only 18-months and seek rapid assurance around a longer-term commitment of funding.
3. Discuss the concerns raised by staff and support them through the consultation and transition period.

15/09/24

Finance Report

JE presented the report and highlighted the following:

- Remain £1.3m off plan with steady performance.
- Continued focus on pay and consistency of pay information recognising the number of pay awards, staggered as a result of industrial action. Currently £3m off plan related to pay with an uptick in use of temporary staffing to cover summer leave. The worsening position had been mitigated in part, related to additional income.
- Clinical income was on plan with further work to ensure outpatient procedure data was captured accurately.
- Variance in the capital plan was related to delays in larger programmes e.g. new ward.
- Notified on process to provide deficit support funding and agreed as a system how this would be allocated. Trust expecting to receive 97% of £22.9m deficit. Management of cash essential until payment in October for first 7 months.

BOK confirmed resident doctor pay award expected in November and Agenda for Change (AfC) arrears and uplift in October. Medical HR and payroll teams were ensuring all records were correct related to doctors joining and leaving the Trust to ensure accurate payments.

LL expressed concern regarding medical staffing spend and queried the drivers for this, outside of industrial action. DD confirmed a weekly cost control meeting was in place which considered drivers within individual departments as well as cross cutting themes.

TR sought further assurance on the capital plan. JE confirmed, upon completion of larger projects, capital would be fully accounted for. There was a small amount of non-committed capital and priorities would be worked through for this, concluding in October. There was no risk the allocation would not be spent.

DH and JE discussed the technical aspects of the deficit funding.

The Board were **ASSURED** by the report and the financial position at M05.

16/09/24

Organisational Risk Report

JJ presented the report highlighting the following:

- No significant change in the risk profile of the organisation.
- Risks escalated and de-escalated from the corporate risk register.
- The request by Audit Committee for greater scrutiny of risk related to children's services.
- The annual Board risk seminar planned for October 2024.

BOK provided a verbal update on the industrial action risk, confirming the result of the RCN ballot on the pay award. The Board was asked to note the strength of feeling amongst nursing colleagues, recognising two thirds of those who voted rejected the award. BOK confirmed this would not impact the paying of the 5.5% uplift and arrears in October as planned.

JL raised climate as a potential threat not covered adequately within the Board Assurance Framework. The Board accepted this is an appropriate challenge, recognising the impact of recent weather on the estate (heat and rain), and would discuss further at the seminar.

The Board were **ASSURED** by the report.

17/09/24

Maternity Quality Reports

ME presented the report highlighting:

- Overview of clinical performance for Q1, recognising this was on track with perinatal mortality within normal limits and neonatal unit admissions below the threshold.
- All party parliamentary report had been published with recommendations. Pathways were in place but underutilised.
- Culture survey undertaken by external organisation which highlighted high levels of burnout. Immediate interventions had been put in place. The recent CQC maternity review had reduced staff morale yet further.
- Good feedback from the Health and Adult Social Care Select Committee (HASC) which would allow further scoping for the women's health hub.
- Maternity transformation plan ongoing with outputs of the Lucy Letby case and the Nottingham review feeding in.
- EPR on track to launch February 2024 which would be a significant change and require time to be embedded with a small element of risk.

NM sought further detail on the SCORE (external cultural) survey and queried how colleagues across services were being involved. ME confirmed a full report would be presented to the Executive Management Committee on 1 October 2024. An established working group was in place with support from the Organisational Development and Wellbeing teams. Change Champions were being identified to make changes across all teams. Openness and honesty would be key as well as changes being owned by those experiencing the problems.

BOK highlighted the number of student midwives who had opted to apply for permanent jobs at BHT following graduation which was a testament to the team.

JL queried whether the Board could be assured if viewing the reports through a diversity lens. ME confirmed there were some limitations on the availability of data. However, the hub model was an example of intentionally increasing maternity presence in communities where families needed this the most. More could be done on personalisation of care.

Reflecting on the birth trauma inquiry, NG queried whether there were any recommendations related to wellbeing and support services for colleagues alongside the training and education suggested. ME confirmed the team did acknowledge this as vicarious trauma and support was being made available internally but this was not the case nationally. Colleagues did not yet feel comfortable going to home births, more support was required to ensure they were prepared and felt confident for all eventualities.

DH raised the recent report by Lord Darzi which documented birthing productivity metrics alongside the CQC report which was noted to have had a negative impact on colleagues. ME reflected productivity metrics did not consider the increasing complexities being seen and the need for input throughout the pathway of care. The increasing scrutiny in midwifery services had also led to colleagues spending more time on documentation. LL noted the dissonance between productivity and quality and expressed it would be the wrong thing to do to drive further efficiencies in this area.

DD commended the work of the team on their digital engagement and queried learning that could be shared with other teams. Culture was acknowledged to be critical with how it felt to be at work having a significant impact on the ability of colleagues to engage and provide high quality care.

From a clinical perspective, PF agreed there had been a significant improvement in culture locally.

The Board were **ASSURED** by the report, noting ongoing improvements and performance data within expected thresholds.

18/09/24 Safe Staffing

KB presented the report highlighting the following:

- A focussed report on nursing midwifery staffing for Q1.
- Vacancy rate remained low with patients feeling there were enough staff on duty, when compared to previous years. Midwifery vacancy rates were higher than nursing but reducing.
- Statutory and mandatory training compliance was broadly above 90% with some pockets of lower compliance across all staff groups.
- Improved numbers of resolution red flags, with work to support this ongoing by the temporary staffing team.

TR queried how the Trust turnover rate compared to others. BOK agreed to confirm figures but highlighted a national tick down recently.

NM noted the continence metrics, reflecting that even if performance was within target, 18 weeks was a long time for patients to wait for this service. KB confirmed there was ongoing work to reduce this.

NM also noted 84% recording of ethnicity data and the need to improve this. DD confirmed this was being looked at as part of the health inequalities work.

The Board were **ASSURED** by the report.

19/09/24 Summary of Trust Board in Private

The Board **NOTED** the report.

20/09/24 Infection Prevention & Control Annual Report

The Board **NOTED** the report and approved for publication.

21/09/24 Equality, Diversity & Inclusion Annual Report

BOK presented the report, highlighting the Board seminar planned on the topic of Equality, Diversity & Inclusion (ED&I) later in the day.

JL queried how information in the report was being triangulated with other sources of information regarding how colleagues felt at work e.g. Freedom To Speak Up (FTSU). BOK confirmed information was triangulated with a consistent message that colleagues from Black and Minority Ethnic Groups (BAME) and those with disabilities were having worse experiences at work compared to white and non-disabled colleagues.

NF raised the recent FTSU Champion event; 'The Power of Listening' and the important work in this area.

Related to RAG rating within the report, NF suggested taking care on messaging. Whilst the Board were pleased to note improvements, there was further work to do.

NG commended the report but suggested greater celebration of the smaller staff networks. BOK agreed there should be recognition across the board.

It was confirmed all executive directors had an ED&I objective but queried if this was the case for all non-executive directors which DH would pick up.

The Board **NOTED** the report including the key elements; WRES, WDES and the Gender Pay Gap (GPG) and thanked RK as the paper author.

22/09/24 NHS response to 2024 riots and social media guidance

BOK presented the paper, highlighting this set out what was already in place within a systematic framework.

NG commended the listening exercises that were hosted and representative of the positive organisational culture. Positivity, openness and timeliness of these were commended by colleagues both internal and external to the organisation.

The Board **NOTED** the report.

23/09/24 School Age Immunisation Contract

The Board were informed of the approval of the School Age Immunisation Contract which had been approved via Chair's action, outside of a formal Board meeting.

The Board **NOTED** the decision and rationale for approval.

24/09/24 Risks identified through Board discussion

None

25/09/24 Any other business

None

26/09/24 QUESTIONS FROM THE PUBLIC

No questions from the public had been received.

Date of the next Trust Board Meeting in Public: 30 October 2024 at 09.45

Generated Date	23 Oct 2024 17:11
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	27 Nov 2024	Review of Health on the High Street underway and due for completion by end October 2024. For presentation to Board in November 2024.
2864	22/07/2024	Modern Slavery Act; Annual Statement	Review of details of nursing frameworks used and report back to Board.	Chief People Officer	30 Oct 2024	30 Oct 2024	Propose close: The Trust has used three agencies to support its international recruitment – NHSP, Envertiz and My Healthcare Recruit. Each of these has provided us with their modern slavery statement.