

Meeting: Trust Board Meeting in Public

Date: Wednesday, 30 July 2025

Time: 09.45 – 12.00

Venue: Research and Innovation Centre, Stoke Mandeville Hospital and live streamed to the public

MINUTES

Voting Members:

Mr D Highton (DH)	Trust Chair
Mr R Bhasin (RB)	Chief Operating 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
Dr A McLaren (AM)	Chief Medical Officer
Mrs J Ricketts (JR)	Chief Nurse and Director of Infection Prevention Control
Mr A Sekhri (AS)	Non-Executive Director

Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital and Transformation Officer
Dr P Flanagan (PF)	Board Affiliate
Dr A Hayter (AH)	Associate Non-Executive Director
Ms K Higginson (KHigg)	Associate Non-Executive Director
Ms C Hope (CH)	Chief Estates and Facilities Officer
Ms K Nagi (KN)	Board Affiliate

In attendance:

Miss J James (JJ)	Head of Corporate Governance
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Ms K Archer (KA)	Deputy Chief Finance Officer – Financial Management
Ms K Hart (KH)	Director of Workforce and Wellbeing
Ms L Kelly (LK)	COO Nottingham NHS Trust (aspiring CEO) – observing
Ms A Patrick (AP)	Chair of Embrace Network (for agenda item 3)
Ms T Underhill (TU)	Freedom to Speak Up Guardian (for agenda item 14)

01/07/25 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting, especially Anu Sachin who was attending his first meeting as a Non-Executive Director and Nicola Gilham and Poppy Flanagan who were attending their last as Non-Executive Director and Board Affiliate respectively. Thanks were given to Nicola and Poppy for their contributions to the Board.

Apologies had been received from Claire Martin, Associate Non-Executive Director, Jon Evans, Chief Finance Officer, Katherine Archer deputising and Bridget O'Kelly, Chief People Officer, Karon Hart deputising.

02/07/25 Declarations of Interest

KA declared her interest of as director of Buckinghamshire Healthcare Projects Ltd.

03/07/25 Colleague Story

KH introduced AP, Chair of the Embrace Network. Embrace is the Trust's largest staff network, supporting ethnic minority colleagues. As Chair of the Embrace network and Talent and Inclusion

Manager, AP informed the Board she aimed to clarify the network's vision, increase active engagement, and advance priorities such as anti-racism, staff development, and advocacy. Membership included 150 colleagues however, regular participation was currently low, and work was ongoing to boost involvement through events and targeted initiatives, especially for underrepresented groups.

Feedback from leadership highlighted progress in diversity and inclusion but acknowledged ongoing challenges. The network acted as both a support system and advocate, helping address disparities, including those affecting patient care.

Leadership development, mentoring, and psychological safety were seen as vital for greater inclusivity and improved outcomes. DH suggested the Board looked to undertake reverse / reciprocal mentoring.

The Board highlighted accountability must be shared across organisational leadership, particularly regarding bullying and harassment measures and committed to clarifying responsibilities and supporting the network's objectives.

NM thanked AP for stepping into the leadership role and ensuring there was accountability in the organisation.

The Board **NOTED** the Colleague Story.

04/07/25 Minutes of the last meeting

The minutes of the meeting held on 28 May 2025 were **APPROVED** as a true and accurate record.

05/07/25 Actions and Matters Arising

The Action Matrix was **NOTED**.

06/07/25 Chief Executive's Report

NM noted the publication of the national 10-year plan, the Board's approval of the Trust Strategy, and the recent endorsement of the Health and Wellbeing Strategy for Buckinghamshire. These strategies now aligned at national, regional, and organisational levels with a shared purpose. NM thanked DD and the team for shaping this over the past year; recognising the focus must shift to effective delivery, particularly on integrated neighbourhood teamwork.

The Trust had received the proposed structure for the new Thames Valley Integrated Care Board (ICB) and would be preparing a response, and NM welcomed input from colleagues.

NM acknowledged the Trust had just completed five days of industrial action, noting around 45% turnout and thanked the operational and clinical teams for managing during this period.

The Provider Oversight Framework and segmentation approach had been released, and there would be national rankings published later in August.

NM thanked NG on behalf of the executive team, for her values-driven contributions and being an advocate for patients and colleagues.

The Board discussed the report and noted the following:

- The potential impact following the ICB restructure given Buckinghamshire's smaller size within the partnership.
- Influence and funding were crucial for success alongside collaboration and clarity on roles, particularly at neighbourhood level.
- Maintaining close cooperation with local authorities and leveraging data for population health were essential for innovation and effective care.
- Patients should experience minimal disruption, and improved provider collaboration should benefit service delivery.

The Board **NOTED** the CEO report.

07/07/25 Finance and Business Performance Committee Chair Report

- Critical Infrastructure Risk Business Case

NG informed the Board, the Committee had met the previous day and had begun with Go See Visits around the Trust, which had added value to subsequent discussions. The importance of these visits

was emphasised for making Committee matters more tangible. The following points were highlighted:

- The Committee had received assurance from the Integrated Performance and Finance reports.
- The annual litigation report had been reviewed, with particular focus on thematic quality events and improvements in managing claims, highlighting the need for continued collaboration with the Quality and Clinical Governance Committee.
- A business case for a new emergency department CT scanner was approved in principle; funding may be shared between the Trust and the Charity, pending further approval.
- Updates had been provided on the digital health programme, noting the successful implementation of phase one of the EPMA (Electronic Prescribing Medicines Administration) system, while ongoing training and system enhancements were required to fully embed the new technology.
- The Committee recommended the Winter Plan to the Board for approval.

Critical Infrastructure Business Case

The Committee approved an allocation for this financial year, intended to address high-priority risks. New capital control processes had been introduced, with internal audits and monthly reporting to ensure delivery was on time and within budget. The Trust had received a substantial share of available funding due to its significant risk profile but recognised operational limits to spending at once. Alternative approaches to eliminating the backlog were being considered, such as building renovation instead of temporary fixes.

Delivering these programmes was expected to positively impact the risk register, reducing key risks related to productivity and efficiency over the coming year.

The Board **APPROVED** the critical infrastructure business case and **NOTED** the Finance & Business Performance Chair Report.

08/07/25	Buckinghamshire Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB) Contract
<p>KA informed the Board the Trust's largest contract for NHS services was with Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care Board (ICB). The value of the contract for BOB ICB for 2025/26 was £481.6m and aligned to the Trust's expectations.</p> <p>The final draft had recently been received and contract terms now included advice and guidance as a fixed element, while high-cost drugs and devices would be paid per case with potential shared savings. There were no penalties for procedures of limited clinical value until Q3, and thereafter only upon agreement.</p> <p>There were ongoing discussions to finalise certain items before 30th September, including associate commissioner contracts, most notably a pending £21.6 million value relating to Herts and West Essex ICB. Frimley's contract had already been agreed at £3.88 million.</p> <p>Risks remained regarding NHS England's delegated elements and some associate commissioner contracts.</p> <p>AM highlighted most low-value procedures, such as skin excisions, were legitimate cancer pathway interventions, with others being infrequent and justified. The outdated prior approval process was under challenge for lack of demonstrated value. It was noted Input from chief medical officers and audits ensured proper clinical engagement.</p> <p>NM thanked KA and the team recognising the contracting process coincided with year-end audit activities and involved considerable effort from the team.</p> <p>The Board APPROVED the contract.</p>	
09/07/25	
Integrated Performance Report (IPR)	
<p>RB provided an overview of the current position of the IPR and noted the following:</p> <ul style="list-style-type: none">• The Trust was currently slightly behind its trajectory on 18-week Referral to Treatment (RTT) standard. This delay stemmed primarily from a backlog in triage, particularly within dermatology, resulting in additional patients being placed on the waiting list. As a result, recovery would take longer than planned, however measures had been identified to avoid similar issues in future planning cycles. The team remained confident the RTT position would be recovered by year-end.	

- The Hospital Standardised Mortality Ratio (HSMR) metric had fallen below the expected line for the first time since the reset, indicating improvements in care quality and safety.
- Progress against the healthy community breakthrough objectives were delayed, although performance had improved compared to the previous year. Ambitious targets had been set, and EMC had initiated a recovery plan for referral programmes and health checks. Ongoing efforts reflected the need for continued cultural change to advance these objectives.
- Staffing numbers remained slightly below plan, particularly regarding substantive colleagues.

The Board discussed the report and noted the following:

- Validation of the 52-week waiting list occurred quarterly and all patients were assessed within 12 weeks. In the last cycle, 1,500 patients indicated they no longer required appointments, and another validation round had now commenced.
- Gynaecology, Trauma and Orthopaedics, and Neurology specialities were contributing to extended waiting times, mainly due to consultant sickness, activity focus shifts, and national capacity gaps, respectively. Collaborative work was underway to address workforce issues, especially in Neurology.
- Specialty performance in other areas was improving as additional activity and validation measures were implemented. Regular validation ensured the accuracy of the waiting lists.
- The 62-day cancer standard was affected primarily by capacity constraints, including limited resources for complex diagnostics and chemotherapy, as well as fewer oncologists compared to benchmarks. The organisation was collaborating with regional partners and exploring workforce changes to address these challenges.
- Recent progress has focused on delivering the 28-day fast diagnosis standard. Investments had been made in surgical services, oncology, and pathology, though pathology workload had increased substantially without the corresponding growth in workforce. Digitisation initiatives had supported efficiency gains, but resilience building remained a priority for next year's business planning.
- The method for measuring the 62-day cancer standard could result in fluctuating monthly percentages as backlogs were cleared. Recent efforts had reduced numbers beyond the 62-day threshold, aligning with performance targets.
- The Trust was currently subject to additional regional oversight and support for both RTT and Cancer due to being behind plan. However, there was confidence the Trust would exit this process promptly. Segment one indicated good trust performance, while segment four was the least favourable.

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

10/07/25 Finance Report

KA presented the Finance Report for M03. The year-to-date deficit was £4.66 million, in line with the plan. Pay expenditure was £1.6 million over plan, while non-pay was £1.4 million under plan. Bank, locum, and agency costs have met reduction targets, however substantive pay hadn't decreased as planned, keeping total pay flat. The goal remained to align the pay run rate with the plan for the rest of the year.

There was some income risk regarding contracts and education funding, and full delivery of the efficiency plan was needed to reach the targeted £0.8 million deficit by year-end.

Capital spending was £1.7 million below plan, with all critical infrastructure projects included.

The Cash position was slightly better due to lower PFI utility payments and an NHS Resolution rebate.

The Board were **ASSURED** by the report noting it had been discussed in detail in the Finance and Business Performance Committee.

11/07/25 Winter Plan 2025/26

RB informed the Board the Winter Plan was being implemented earlier this year due to preparation over recent years and requirements from national urgent care plans.

The plan incorporated work on the emergency floor at Stoke Mandeville, increased integration with primary care and ambulance teams, and lessons learned from last year. Twelve new side rooms would be added in November for infection control, a 30% increase. Rapid triage systems were being piloted so non-critical 999 callers could be assessed by clinicians and directed to appropriate services like urgent community response or alternative pathways.

JR noted the emphasis on flu vaccination, especially for staff and patients going to care homes. Coordination between urgent community response and hospital-at-home teams were being improved, with front-door teams now responsible for service integration and communication. Staffing increases were planned, including new specialists and consultants, all within the financial constraints.

The Board discussed the plan, and recognised communication remained a challenge, both for orienting new staff and informing patients and carers about available services and escalation processes. Efforts were ongoing to consolidate messaging, engage communities, and clarify expectations around virtual wards and hospital-at-home services, utilising existing patient-facing materials where possible. The Trust would continue to adapt and strengthen these plans to meet fluctuating winter demands.

The Board **APPROVED** the Winter Plan.

12/07/25	<p>Quality and Clinical Governance Committee Chair Report</p> <ul style="list-style-type: none">Nursing Establishment Review <p>LL updated the Board on the last meeting of the Quality and Clinical Governance Committee noting the following:</p> <ul style="list-style-type: none">• There had been a review of the complaints investigation process which was now more robust.• A report had been received on maternity services which had been positive.• Concerns had been expressed around about hitting the new C.diff performance threshold which was lower than last year's, but already halfway met and further detail would be provided to the Committee on how this would be improved.• The team was examining successful processes elsewhere to manage infection risks and monitoring areas of good practice, such as pharmacy.
13/07/25	<p>Nursing Establishment Review</p> <p>JR updated the Board on the biannual nursing establishment review, comparing summer and winter data. Two wards required revised staffing models, but overall nursing numbers were sufficient. Efficiency savings had been made with ward managers' approval, contributing to the overall efficiency programme. NHS guidance had been incorporated into staffing reviews, and safe staffing reports were now published online. Collaboration with Royal Berkshire included a peer review of emergency surgical ward staffing. Budget alignment for nurse establishments was generally maintained, though specific wards may occasionally diverge due to vacancies or sickness.</p> <p>The Board discussed the review and highlighted the following:</p> <ul style="list-style-type: none">• The need for improved models integrating hospital and community nursing tools, especially with the shift toward community care.• The rollout of mobile technology for community staff may increase productivity, enabling more patient visits or efficient staffing.• Structured approaches used in nursing should be applied to other staffing areas, such as AHPs and medical staff, to ensure quality standards were consistently met. <p>The Board were ASSURED by the nursing establishment report and NOTED the Committee Chair Report.</p>
	<p>Strategic People Committee Chair Report</p> <p>NF updated the Board on the last meeting noting the following:</p> <ul style="list-style-type: none">• The Committee would be focussing on the Mutually Agreed Resignation Scheme (MARS) later in the year for delivery and impact.• Audit Committee had assessed the Committee workplan against the terms of reference, and a follow-up meeting was set for further discussion.• Emphasis was shifting from routine reporting to strategic issues like organisational structure and impactful outcomes.• Assurance papers received included Freedom to Speak Up, Guardian of Safe Working Hours, and objectives related to reducing bullying and harassment which had provided insufficient evidence for full assurance and more data and evaluation were being sought.• A recent visit had highlighted the valuable work of the library and knowledge services team, suggesting a potential resource for improving anti-bullying initiatives and knowledge sharing.• Appraisal processes had changed to quarterly "conversations that count," with initial objectives largely met and a need for better communication and record-keeping.

- Good practice was noted in the Trust's inclusion in the 10-year plan, strong training compliance for Freedom to Speak Up, and the possible use of the comment model as a case study.

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

14/07/25 **Freedom to Speak Up Guardian (FTSUG) Annual Report**

TU updated the Board and noted the following:

- The National Guardian's Office would close, and the guardian role would end, however local freedom to speak up initiatives and roles would remain.
- The Annual report showed improved staff confidence and alignment with the People Promise, with staff survey scores rising.
- Activity included 146 cases involving 165 individuals noting outreach had increased by 350 to reach 365 overall.
- Delays in national guidance impacted bullying and harassment work, and new learning was being piloted.
- Over 100 champions had been recruited to support freedom to speak up throughout the Trust.
- Persistent challenges remained around staff perceptions of futility and communication, especially for long-serving staff.
- A recent National Quarterly Pulse Survey indicated 23% of staff still felt barriers to speaking up, though there was a slight improvement.
- There would be a continued focus on improving communication loops and addressing feelings of futility.

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

15/07/25 **Medical Appraisal & Revalidation Report**

AM noted the annual Medical Appraisal and Revalidation Support report highlighted 98.9% compliance among 570 doctors, with 14 deferrals due to complex reasons, particularly affecting overseas trained and locally employed doctors.

Additional support measures had been implemented, including a deputy director of medical education, which had improved compliance rates. The integration of the Quail AI tool now ensured all relevant complaints were included in appraisals.

The Board discussed the report and the following were noted:

- The possibility of integrating the broader appraisal process (including the 'four conversations') for clinicians, and whether additional data could enhance the system.
- The importance of aligning objectives and delivering productivity through appraisals was stressed.
- Locum doctors' appraisals depended on their employment status, agency locums were generally appraised through their agency, while long-term or directly appointed locums were appraised by the Trust.

Action: Integration of the Quail AI tool to ensure all relevant complaints were included in the appraisal system for all staff members not just Doctors – CPO

The Board **APPROVED** the report for Chief Executive sign off.

16/07/25 **Audit Committee Chair Report**

JL updated the Board on the latest Audit Committee and noted the following:

- The Committee review of Strategic People Committee showed the need to prioritise strategic outcomes over activities.
- Thanks were expressed to the Executive team for maintaining progress on internal audit recommendations throughout the year, with special mention to the digital team for their significant efforts.
- The digital team was highlighted for improvements in information governance, cyber security, and data protection; where there had been substantial progress and the Trust had achieved a green scorecard for the first time, significantly reducing cyber risk.
- A clean external audit had been received for the previous year and thanks were expressed to the finance team for their work and for fostering a positive relationship with the external auditor.

- The Corporate Risk Register had been reviewed recognising the emerging issues around infrastructure and the importance of systematically addressing inequalities and demography in Committee work.

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

17/07/25	Modern Slavery Act Annual Statement
	JJ informed the Board the statement was the yearly review of the statement on the website which was a requirement to maintain. There have been some minor updates and multiple teams had been involved in the review of the statement including Freedom to Speak Up, Safeguarding, People, and Procurement.
	The Board APPROVED the statement for uploading to the website.
18/07/25	Charitable Funds – Terms of Reference
	NG informed the Board, the Charitable Funds Committee reviewed its terms of reference annually and this year minor amendments included a change whereby the Committee must approve training expenses over £750, lower than other delegated authority levels.
	The review process for training bids had been enhanced to ensure fairness and clear governance across the organisation, from Care Groups through HR to Charitable Funds.
	The Board APPROVED the Terms of Reference.
19/07/25	The 10-Year Health Plan
	DD updated the Board on the 10 Year Health Plan, with emphasis on its positive direction and alignment with the Trust's current Strategy. The plan was evolving, with details on quality aspects still emerging. Communication of the plan to colleagues and the public was important, as was aligning internal strategies.
	Genomics and innovation were highlighted as areas needing more focus and the Board would discuss this further at a future meeting. Genomics were increasingly relevant in personalised medicine and pathology and presented new challenges and opportunities for capability development. There was urgency in integrating genomics into clinical work, particularly around rare diseases and drug testing, to support effective decision-making. Teams were navigating new arenas, and organisational support was necessary to help them adapt confidently.
	The Board NOTED the plan.
20/07/25	Breakthrough Objectives 2024/25 – Lessons learned
	The Board NOTED the report.
21/07/25	Summary of Trust Board in Private
	The Board NOTED the report.
22/07/25	Risks identified through Board discussion
	None
23/07/25	Any other business
	None
24/07/25	Questions from the public
	None

Date of the next Trust Board Meeting in Public: 24 September 2025 at 09.45