

TRUST BOARD PUBLIC MEETING

Wednesday 11 July 2018

11.45 – 15.30

Teal Room, The Poynt 2-4 Poynters Road, Luton, LU4 0LA

Members:

Nicola Scrivings	Chair
Geoff Lambert	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design
Mark Robbins	Director of Finance and Resources
Julia Sirett	Chief Nurse
Richard Cooper	Non-Executive Director
Oliver Judges	Non-Executive Director (until the end of item 13)

In Attendance:

Taff Gidi	Assistant Director of Corporate Governance
Marie Balfour	Team Leader, City Locality (Norfolk) <i>item 2</i>

Apologies:

Dr Anne McConville	Non-Executive Director
Gill Thomas	Non-Executive Director
Dr David Vickers	Medical Director
Karen Mason	Head of Communications

Minutes:

1	Chair's welcome, apologies and additional declarations
1.1	Patient MH, her sister V and Marie Balfour joined the meeting. The Chair welcomed all to the meeting. There were no additional declarations
2	Patient Story
2.1	Julia Sirett introduced Patient MH. She highlighted that the Board would want to consider the recommendations made by the service users in the paper presented.
2.2	<p>Patient L shared her story of accessing the support provided to her and her children by Alison Utting, a Health Visitor with the Trust, over several years. She discussed the following:</p> <ul style="list-style-type: none"> ○ Accessing the health visiting service while in a Women's Refuge and then subsequently after leaving the refuge. ○ The challenges of providing support to women who have been in a refuge especially with young children who may not understand the need to be careful what they share. ○ The importance of continuity of care. This was a recurring theme that the Trust continued to hear about in patient stories. ○ The importance of Health Visitors being supportive and caring, but firm when required, to ensure the safety of the mother and children; using their professional expertise to guide families through the challenges. ○ The value of training offered to Health Visitors including ensuring that they were equipped to handle some challenging conversations with families.
2.3	Marie Balfour explained that the service had a link with the refuges and provided support to mothers from before birth. Each locality had a staff member assigned to be a link with the refuges.
2.4	It was agreed that it is for the Trust to highlight to national NHS organisations the importance of having this link and providing health visiting support to the

	refuges across all areas of the country.
2.5	Marie Balfour discussed the considerations given when assigning a case to a particular Health Visitor to ensure mothers were getting the best support. In addition, when the regular Health Visitor was not available, the service also considered carefully who to assign to cover.
2.6	Nicola Scrivings highlighted that the Board had heard in past patient stories about how challenging it is for patients when they get a new clinician to support them. She noted that the Trust was part of the 'hello My Name Is' campaign in order to build a culture where staff are making every effort to build a good professional relationship with service users. MH acknowledged that it was difficult for Health Visitors to attend a service user's home and then have to tell them what to do.
2.7	Nicola Scrivings inquired how the health visiting service worked with other professionals delivering care to the same service users e.g. community nursing. MH highlighted that the main challenge was continuity of care because of a constant change in the community nurses caring for her. Marie Balfour explained that the health visiting service always looked to have a collaborative working relationship, including arranging joint visits.
2.8	Matthew Winn noted the recommendation from MH. She had found applying for school placements for her child was really difficult and would have benefited from support either from the Health Visitors knowing about it or sign posting on who can help with this.
2.9	Matthew Winn inquired whether MH had received any support from the council. MH responded that she did not receive any support. There was email support available, MH would have benefited from more intensive face-to-face support.
2.10	Matthew Winn challenged whether the Trust should be working with the council to ensure for service users like MH with unique needs, a targeted system of support was available. Marie Balfour responded that support would have been available through the County Council Education Team. Nicola Scrivings noted that housing associations sometimes provided similar support. MH noted that no support had been received from the housing association in this case.
2.11	Julia Sirett thanked MH for sharing her story and noted that it was helpful to use feedback like this when thinking about redesigning the way services are delivered. Anita Pisani concurred noting that the Trust had over 1200 staff working with children and their families across all of the Trust's services. This feedback would help inform how the Trust supports all the children and families supported by the Trust.
2.12	Marie Balfour inquired whether MH was ok with students observing when care was being delivered in her home. MH responded that she was and highlighted the importance of ensuring that staff were trained on dealing with people who may be aggressive. She highlighted that it was helpful for students to experience this in real life.
2.13	Matthew Winn highlighted that the Trust sometimes works with service users who have had similar experiences so that they can act as buddies and inquired if this would have helped. MH responded that she may not have accepted the assistance straight away, but certainly would have been helpful. It was agreed that the service would consider if a buddy system could be introduced. Action: John Peberdy
2.14	MH thanked Alison Utting and commended her for the excellent support she had provided her.
2.15	The Chair thanked Patient MH, her sister V and Marie Balfour. They left the meeting.
3	Minutes of previous meeting and matters arising
3.1	The minutes of the previous meeting held on 09 May 2018 were approved and all

	completed actions discharged.
4.	Assurance on Current Quality, Finance, Performance and Workforce Issues
	<u>Guardian of Safe Working Hours.</u>
4.1	Anita Pisani presented the Guardian of Safe Working Hours report. She confirmed that Dr Jorge Zimbron was still the Trust's Guardian of Safe Working Hours.
4.2	She highlighted that the Trust was still seeing very few exception reports. However, a few had been submitted.
4.3	Anita Pisani noted that it was important to ensure that the Board was not receiving false assurance. Therefore, the Trust also relied on feedback received through the national Junior Doctors survey, medical staffing checks and feedback from the Junior Doctors' Committee. Medical staffing leads continue to communicate with our Junior Doctors to make sure they are being supported appropriately.
	<u>Quality</u>
4.4	Julia Sirett summarised the key issues in the report including the recent serious incident in iCaSH and Never Events in Dental services. She highlighted that learning from an independent review of the previous never events in dental services would be considered alongside the information gathered on the two subsequent events and ensure any themes and learning are shared across the service.
4.5	Nicola scrivings highlighted that the fourth Never Event had been discussed at the last Quality Improvement and Safety Committee. Anne McConville had contacted the Chair outside the meeting and asked her to inquire when an update would be provided to the Board on the fifth Never Event.
4.6	Richard Cooper also reported that the Ambulatory Clinical Operational Board had asked for a review of the fourth Never Event to consider if there were any recommendations from the review of the first 3 Never Events which has not been implemented and if this could have prevented the subsequent Never Event.
4.7	Richard Cooper inquired how the Trust could benchmark against other peer organisations to understand if the Trust's number and nature of Never events was an outlier. Matthew Winn concurred that it was important to conduct benchmarking against peer organisations because it would help the Board understand the context and inform the level of concern the Board should have about the recent trend. Action: Tracey Cooper
4.8	Matthew Winn. It was agreed that the Medical Director would review the Never Events with the service director and Head of Service and present to the Executive team next steps. Action: David Vickers/Tracey Cooper/Julia Hallam-Seagrave
4.11	On safer staffing, Julia Sirett reported that challenges were continuing in Luton paediatrics, audiology and 0-19 in Luton and Cambridgeshire. This was being monitored closely using QWETT and other tools and update were reported via the Clinical Operational Boards.
4.12	On the recently published Gosport Memorial Hospital report, the Chief Nurse reported that this had been discussed at the Leadership Forum and the Chief Executive had asked teams to review their processes. Anita Pisani added that the Trust had commissioned drama based training from the Garnett Foundation on inclusive leadership which would be run across all areas of the Trust in September/October 2018.
4.13	Nicola Scrivings inquired whether the Garnet Foundation training would be recorded so that it could be available for staff who cannot attend and for future reference. Matthew Winn added that it would be useful to also record staff making commitments about how they would implement the learning in practice

	after the training. Action: Anita Pisani
4.14	<p>Julia Sirett reminded the Board that the CQC had completed its inspection and the Trust had achieved an overall rating of Good. The Wider Executive team had now reviewed the report and identified some learning to take forward. Some of the themes identified included:</p> <ul style="list-style-type: none"> ○ reviewing the Trust's own self-assessments; ○ raising the profile of the organisation by highlighting its accomplishments more; and ○ using reviewers external to a service to conduct a final check in the lead up to an inspection.
4.15	<p>Julia Sirett noted that the Trust had not rated itself outstanding in its own self-assessments. The Wider Executive team discussed whether this was an area which the Trust should have a look at again. Anita Pisani added that the Well Led self-assessment was another area where the Trust had not rated itself as outstanding. Richard Cooper concurred that the Trust needed to approach this differently next time.</p>
4.16	<p>The Cambridgeshire and Peterborough Health and Well Being Board had asked Providers to consider the Suicide Prevention strategy in relation to their services. <i>'The Trust supports the ambition for zero suicide as outlined in the annexed policy. Our work in children's services, to identify children and young people with mental health issues and where there are safeguarding concerns, supports this policy in striving to identify children and young people who may be at risk of self-harm'.</i></p>
4.17	<p>The Board approved the adoption of the Cambridgeshire and Peterborough Suicide Prevention Strategy. It was agreed that the Chief nurse would also check with the other areas the Trust operates in on their suicide prevention approaches. Action: Julia Sirett</p>
	Key Issues from the Quality Improvement and Safety Committee
4.18	<p>Oliver Judges briefed the Board on key issues from the committee. The committee had received a 6 monthly safeguarding report. Julia Sirett explained that the report was not able to offer full assurance regarding our participation in all safeguarding adult and children reviews nor that all learning from these reviews is transferred to practice as the report offered targeted information. An assurance map of underpinning sources of assurance will be developed and reported back to the committee.</p>
4.19	<p>The committee discussed Risk 2747 relating to Display Screen Equipment requirements and agreed to reduce it to 9.</p>
4.20	<p>The Professional Education Annual Report was also received.</p>
4.21	<p>Julia Sirett highlighted the revised expectations published by NHS Improvement for NHS Trusts who manage patients with pressure ulcers.</p>
4.22	<p>Anita Pisani flagged the letter from NHS Improvement attached to the Chair and Chief Executive's Report. They had highlighted some high priority areas for the Trust to focus on including increased demand and staffing challenges in the Audiology service in Luton.</p>
4.23	<p>In the last meeting with NHS Improvement, they had inquired why finding a sustainable long-term solution had taken this long. The Trust had explained that the delayed had been partly due to the ongoing merger between Luton and Dunstable Hospital and Bedfordshire hospital. Anita Pisani explained that NHS Improvement had offered the Trust PMO support to help address this issue.</p>
4.24	<p>The Board was alerted that there was the likelihood of breaching the 18 week target in the Community Paediatrics service during the summer. Anita Pisani explained that the team would be developing a plan and would be sharing this with NHS Improvement.</p>
4.25	<p>Matthew Winn pointed out that 5.1.2 in the report was incomplete. Anita Pisani</p>

	clarified that this had also been reported to the Luton Clinical Operational Board. The report was to be updated. Action: Julia Sirett
4.26	Matthew Winn challenged that the research section of the quality dashboard on page 21 should be revised to show trajectory against the targets for research funded by National Institutes of Health Research (NIHR). He proposed that the dashboard should show if the Trust is on track to meet its goals. Action: Julia Sirett
4.27	On the National Institute for Health & Clinical Excellence (NICE) guidance listed on page 9 of the dashboard, Matthew Winn probed how the Board would be assured that these had been implemented. Julia Sirett explained that clinical audits and NICE guidance were reviewed and monitored by the Clinical and Professional Committee which reported into the Quality Improvement and Safety Committee.
4.28	Matthew Winn challenged how that was then reported into the Board. It was agreed that the Clinical Audit annual report would include a clear statement of assurance that all new and existing NICE guidance had been adopted. Action: Julia Sirett
4.29	Anita Pisani inquired about safeguarding supervision which had dipped. Julia Sirett explained that this had been anticipated and was due to a number of factors including long-term staff sickness and staff leaving the Norfolk Safeguarding Team. The Team was now back to full capacity and June's report was expected to show an improvement.
4.30	Julia Sirett highlighted the quality performance dashboard on page 22 of the data pack noting that it had now been redesigned to show trends over a 12 month period as discussed at the Board previously.
4.31	Matthew Winn inquired whether the revised expectations on pressure ulcers would impact on the safety thermometer. Julia Sirett explained that the Trust would still need to report on the safety thermometer. However, the safety thermometer was currently undergoing a national review by NHS Improvement. The Trust was to review once this work was completed to assess if further changes needed to be implemented.
5.	Finance
5.1	Mark Robbins briefed the Board on financial performance as at the end of month 2 and capital spend to date. He reported that capital spend would be monitored through the Estates committee.
5.2	The Board was informed that the forecasted drop in income from November 2018 was due to the transfer of Children's Acute services. Following the decision of the Board earlier, this would now need to be adjusted.
5.3	Mark Robbins outlined that the Trust had 72 Cost Improvement Plan (CIP) schemes at different stages. The Trust was expected to meet its year end cumulative target despite the pressures in some of the services, specifically in Luton.
5.4	The Trust's agency ceiling had been reduced by £300k a year. The Trust was currently on track. The Trust was to consider whether to set an internal stretch target later in the year.
5.5	Nicola Scrivings pointed out that the underspend in Bedfordshire was £140k in 2 months. She challenged whether this should cause the Board some concern. Anita Pisani acknowledged that there were some pressures in parts of that service, but it was too early to have any concerns. The plan was to agree with both CCG and public health commissioners to give the Trust flexibility to determine how to allocate the resources across the whole service rather than hold the pots separately.
5.6	Matthew Winn added that one of the challenges in Bedfordshire was that the Trust had inherited a therapy service at the beginning of April 2018 which had

	high levels of vacancies. The Trust was aware of this and is now working through to ensure this was addressed.
5.7	On CIP, Nicola noted the challenges in Luton as the main area with red rated schemes. Mark Robbins clarified that the main challenges were in Luton and Children's Acute unit. This was been discussed at Clinical Operational Boards. A review would be conducted after quarter 2 to see if some of the CIPs need to be realigned to other areas of the Trust. Nicola Scrivings probed whether quarter 2 would be too late. Mark Robbins was confident that there would still be sufficient time. Matthew Winn added that the issue with Children's Acute unit would be addressed as part of the discussion about the agreement to extend the contract until April 2019.
5.8	Nicola Scrivings inquired whether Bedfordshire was included in the agency spend target. Mark Robbins explained that agency spending in Bedfordshire was included in the run rate, but not in the target. The Trust always had an option to ask NHS Improvement to revise its agency target to take into account the new services if required.
5.9	Matthew Winn noted that the income was below target for the first 2 months and inquired whether this was related to the debt. Mark Robbin confirmed that this was due to local council debts yet to be paid because they made payments quarterly in areas. Geoff Lambert noted that the Trust could insist on different payment terms with the councils. However, this needed to be balanced alongside the relationships the Trust needed to maintain with the councils. He reported that this had been discussed with the Finance Director.
5.10	Matthew Winn also highlighted that the Trust needed to ensure that appropriate payment arrangements with ELFT for the Bedfordshire subcontract were in place. Mark Robbins confirmed that a process for payment had now been agreed which should ensure timely payments were received.
5.11	Richard Cooper inquired why the capital programme was currently off target. Mark Robbins explained that North Cambs Hospital project was behind schedule. This was expected and it would catch-up once the main schemes kick in. Oliver Judges highlighted that it was important for the board to get timely reports on capital programmes to ensure effective oversight that the projects were on track. Action: Mark Robbins
6.	Clinical Operational Boards and Performance Information
	<u>Ambulatory</u>
6.1	Richard Cooper briefed the Board. The COB had been presented with an updated from Sarah Saul (Business Manager MSK Physiotherapy) on the MSK Service Development Programme Benefits. It was important to ensure the approach was shared across the Trust.
6.2	The following escalation points were reported: <ul style="list-style-type: none"> i. The "Never Event" within the Dental service. ii. Patient Safety Risk of 15 in the Peterborough Dental Access Centre due to increased patient demand being greater the service capacity currently commissioned.
6.3	The Board was also informed that an action plan for improvement of Peterborough iCaSH KPIs was expected at the next clinical operational board.
6.4	Gill Thomas had highlighted through the Chair that the new risk scoring 15 in regards to the Peterborough Dental Access Centre not meeting the urgent dental needs of the population because of contractual restraints was not included in the risks scoring 15 or above in the Chief Executive report. Mark Robbins explained that the risk was likely to have been reduced due to the funding having been approved. Action: Taff Gidi
	<u>Luton</u>
6.5	Geoff Lambert summarised the key points highlighting that the main issues had

	already been covered in the quality report including on continuing challenges in audiology.
6.6	The BCG backlog continued to come down. However, a long-term solution had still not been agreed.
6.7	Geoff Lambert highlighted that there was further work on cost improvement plans. He noted that the Luton service was unlikely to meet the initial target set.
6.8	The first report from the Bedfordshire services had been presented which was largely positive. Reporting from Bedfordshire will continue to improve over the coming months.
6.9	Anita Pisani explained that the main pressure areas for Bedfordshire were continuing Children's Continuing Care, Community Paediatrics and speech and language therapy.
	<u>Children and Young People Service</u>
6.10	Mark Robbins briefed the Board. Gill Thomas had wanted to highlight that the staff story was very good. It highlighted the concerns of admin staff in the service on how the 'admin review' had been conducted and the impact on staff. Julia Sirett noted that it was a powerful story demonstrating the importance of listening to our staff. Mark Robbins highlighted that it was positive to see that the Service Director and Service Manager had been receptive of the feedback.
6.11	The Board was briefed on the excellent news that the "Just One Number" service in Norfolk was chosen as the regional winner in the NHS 70 Parliamentary Awards and had come second nationally. Geoff Lambert inquired whether the Trust was going to recognise the team for the great achievement. Julia Sirett explained that the team had won an award at the recent Trust annual staff awards.
6.12	There were no new areas of concern on performance.
6.13	Nicola Scrivings highlighted that the Gill Thomas had discussed the staff story with her. She wanted to know how the learning would be applied. It was agreed that the lessons learnt would be shared with the Board. Action: Anita Pisani
7.	Staff Story – BME Development Programmes
7.1	Taff Gidi presented to the Board on BME Programmes run by the NHS Leadership Academy including the following: <ul style="list-style-type: none"> ○ structure of the Ready Now Programmes; ○ benefits of having been on the programme; ○ broadening the definition of who is BAME; ○ feedback from other participants; ○ recommendations for the Trust; and also ○ brief overview of the Stepping Up Programme
7.2	Nicola Scrivings inquired why separate programmes were run for BAME leaders and why this was not covered as part of all the national leadership academy programmes. Anita Pisani highlighted that the need for the programme was driven by evidence showing the experiences of BAME staff in the NHS. Taff Gidi added that the academy now had diversity and inclusion as a core part of the other national programmes. It was agreed that Taff Gidi would share a link to the programme to highlight programme objectives and content. Action: Taff Gidi
7.3	Matthew Winn Highlighted that the Trust had a number of internal initiatives targeted at improving recruitment, retention and the experience of BAME staff.
7.4	Taff Gidi highlighted that one of the key objectives of the programme was to create system leaders who could drive the needed change. Nicola Scrivings highlighted the importance of thinking broadly about diversity and inclusion and influence those with the power to change the system to implement the required change.
7.5	Julia Sirett highlighted that it was important to see how the drama training delivered by the Garnett Foundation at Leadership Forum started to broaden the

	conversation about diversity and inclusion. Mark Robbins noted that, for example, on disability there was further improvement required.
7.6	Nicola Scrivings challenged whether the Trust had enough strategic discussions about diversity and inclusion. Julia Sirett responded that this would be a key part of the new People Participation approach.
7.7	Anita Pisani inquired what could be done to change the system. Taff Gidi responded that this initiative needed to be driven at a national level. Providers were limited in what they could do in some areas e.g. in relation to developing BAME future directors because they only had vacancies once every 3-6years. Anita Pisani added that it was important to challenge the system at every forum the Trust participated in.
7.8	Matthew Winn also highlighted that the Trust should take steps internally by reviewing its recruitment processes and ensuring that recruitment awareness was raised in diverse communities across its geography depending on demographics of the local population.
7.9	Anita Pisani highlighted the importance of ensuring that minority white populations like eastern Europeans were also catered for. She informed the Board that, at the request of Taff Gidi, she had met with one of the participants on the Ready Now programme who was from Poland. That discussion highlighted that some of the challenges faced by white minority populations were similar to BAME staff experiences.
7.10	Nicola Scrivings inquired whether the Trust needed to revise its insistence on local non-executive directors so that the Trust could draw some diverse candidates from outer London and surrounding areas. at the last non-executive, only one candidate had applied from a BAME background and they were based in London. She highlighted that the pipeline for diverse candidates ready to take on Board roles in the NHS needed to be strengthened. Mark Robbins highlighted that similar challenges were also found in local authorities.
7.11	Geoff Lambert highlighted that the Trust needed to have a conversation with NHS Improvement about writing the criteria for non-executive directors that would attract diverse candidates. He highlighted that he had shared the roles advertised by the Trust with a number of diverse candidates and they had never applied because the criteria always seemed to not account for their own experiences. It was agreed that the Trust would discuss with the non-executive directors recruitment team at NHS Improvement about changing how the criteria is written. Action: Taff Gidi/Nicola Scrivings
7.12	The Chair thanked Taff Gidi for the presentation and congratulated him on successfully completing the Ready Now programme.
8.	Diversity and Inclusion Annual Report
8.1	Anita Pisani highlighted the key issues in the report including performance against the 2017/18 objectives and action plans and proposed rag ratings.
8.2	The Board was informed that the Trust would be embedding diversity and inclusion into its new People Participation Approach. The governance structure would need to be revised to match. This was on the agenda for discussion at the first meeting of the People Participation Committee.
8.3	The objectives had been refreshed for 2018/19 based on changes in the Trust and an analysis of evidence.
8.4	Nicola Scrivings challenged why the Trust ambition was not to have BME staff on all panels. Richard Cooper also wanted to know how the Trust would know which panels had BAME candidates. Anita Pisani explained the Trust had decided to target the initiative where the workforce team had identified that at least one of the candidates on the shortlist was from a BAME background based on the equality monitoring form.
8.5	Nicola Scrivings inquired whether the Trust had considered guaranteed

	interviews for BAME candidates. Anita Pisani agreed to review this. She noted that it was important to ensure this would be classed as positive action rather than positive discrimination. Taff Gidi added that one of the key considerations would also be to ensure that any action taken did not create a divisive environment that would end up creating negativity against the diversity and inclusion agenda. Action: Anita Pisani
8.6	Anita Pisani reminded the Board that the Trust had commissioned drama training from the Garnett Foundation which had already been delivered to the Leadership Forum. Staff sessions were to be held across all areas in September and October.
8.7	The Following Objectives had been proposed for 2018/19: <u>Patient & Service Users</u> <ul style="list-style-type: none"> i. Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require. <i>(same as last year)</i> ii. Enhance our approach to people participations including involving and capturing the experience of hard to reach / seldom heard / varied community groups. <i>(new objective)</i> <u>Workforce</u> <ul style="list-style-type: none"> iii. To introduce wider diversity on recruitment selection panels in particular to have a BME panel member for selection interviews where a BME applicant is one of the shortlisted applicants. <i>(new objective)</i> iv. To roll out interactive ‘theatre style’ Diversity and Inclusion training , and to compete the roll out of unconscious bias training for all staff, and widen the role of our cultural ambassadors to Diversity Champions. <i>(new objective)</i>
8.8	Nicola Scrivings linked the conversation to the earlier staff story and challenged whether the objectives proposed address the issues identified. She wondered whether the Trust should consider implementing some of the national programmes locally. Taff Gidi explained that the national programmes were successful, in large part, because of how they were designed and facilitated by experts on diversity and inclusion. Localising these would need to consider if this could be duplicated locally. It was agreed that the Trust would consider if targeted leadership programmes could be developed and delivered locally. Action: Anita Pisani/Taff Gidi/Angela Hartley
8.9	Matthew Winn proposed that objective (ii) above should be clarified in order to be measurable instead of using vague terminology like “enhance”. Action: Angela Hartley/Taff Gidi
8.10	Matthew Winn highlighted that proposed objective (iii) above combined the objective and an outcome. It was agreed that this would be updated to “ <i>To introduce wider diversity on recruitment selection panels</i> ”. Objective (iv) was to be revised to be clear what the objective was. Action: Angela Hartley/Taff Gidi
8.11	Richard Cooper highlighted that some of the challenges outlined were similar to the challenges faced in the private sector where he used to work. He highlighted the importance of finding a different way of approaching these challenges. Anita Pisani responded that the main solution was ensuring that staff had the right tools and techniques.
9.	Freedom to Speak Up Annual Report
9.1	Anita Pisani briefed the Board highlighting the new national guidance and the attached self-review tool which the Board was asked to approve. The Policy had

	been updated to reflect the new guidance. It was agreed that the updated policy would be presented to the Joint Consultation and Negotiating Partnership. (JCNP), Junior Doctors' Committee and Medical and Dental Committee. Action: Taff Gidi
9.2	The paper also included an improvement action plan for the next 12 months.
9.3	Anita Pisani highlighted the new vision and strategy which had been developed to provide an overview on speaking up culture and vision. Nicola Scrivings challenged whether it covered all areas highlighted by the CQC. Anita Pisani responded that it did. The main issue they had highlighted was about having more Speak Up champions.
9.4	Anita Pisani highlighted that success was measured based on whether staff are confident about speaking up. This was measured, in part, using the annual staff survey as attached to the paper.
9.5	The latest case review from the National Guardian's Office was attached which was also another source of learning.
9.6	On the vision and strategy, Matthew Winn challenged that it did not tie back to the Trust's overall vision and objectives. It was important to ensure that it explicitly reference the Trust's objectives to provide outstanding care and to be an excellent employer. In addition, the policy needed to be renamed to something like - 'supporting a culture of openness' so it is clear for staff. Action: Taff Gidi
9.7	On the outcomes, Matthew Winn highlighted that it needed to be clear which staff survey results we use to measure speaking up culture. Action: Taff Gidi
9.8	It was agreed that the vision and strategy also needed to reference the role of: <ul style="list-style-type: none"> o Cultural Ambassadors o Guardian of safe Working Hours o Staff Side
9.9	The Board approved the recommendations subject to the proposed changes.
	<i>Oliver Judges left after item 9. The Chair had shuffled the agenda. Oliver was present for the following public Board items:</i> <ul style="list-style-type: none"> o item 1 – Patient Story o item 3 - Minutes of previous meeting and matters arising o item 4 - Trust wide Quality Report o item 5 - Trust wide Finance Report o item 6 - Key issues and escalation points from Clinical Operational Boards and Performance information o item 9 - Freedom to Speak Up Annual Report o items 10 to 13 - Key Issues Reports from Board Sub Committees
	Key Issues Reports from Board Sub Committees
10.	Audit Committee
10.1	Richard Cooper highlighted that the auditors had feedback commending the working relationship with the staff who were always responsive to auditors' requests. Geoff Lambert concurred that the auditors had said the Trust was open and transparent in its interactions with the auditors.
10.2	The Extraordinary Audit Committee had approved accounts and they had been signed off and submitted on time.
11.	Strategic Change Board
11.1	Nicola Scrivings highlighted the key issues discussed including the Bedfordshire service redesign update. Anita Pisani highlighted that the Trust had experience from Norfolk and the learning from there would inform the Bedfordshire service redesign work. Nicola Scrivings added that the Trust's methodology was now more robust than when the Norfolk transfer happened and therefore that should make the outcomes achievable.
12.	Estates Committee

12.1	Oliver Judges highlighted the key points including updates on the Princess of Wales and North Cambs Hospital redevelopment projects. It was important to ensure both projects were managed effectively following the Trust's programme management approach.
12.2	On the Peacock Centre, Oliver Judges clarified that when the report says "the first phase of the carpark works was completed on time and on budget", it should be clear that this refers to the revised budget. Mark Robbins responded that the initial budget was based on limited information. Also, the original specification on which the initial budget had been based was changed to increase the number of parking spaces.
12.3	The committee wanted to highlight the potential risk if capital plan is not approved by NHS Improvement and the Trust needs to stop or delay some of the capital works. The Trust expected to receive formal feedback on its plans later in the month.
12.4	The committee had discussed getting the balance right on compliance reporting using a risk based approach. Timetable for implementation of the PAM tool was expected at the next meeting.
12.5	The committee had asked the Executive team to consider if the estates team had the right resources to deliver their work effectively. Action: Mark Robbins
13.	Remuneration Committee
13.1	Anita Pisani highlighted the key issues from the Remuneration committee.
13.2	It had been agreed that the Clinical Excellence Awards would be held in September or October 2018.
13.3	The Trust had been asked by the Bedfordshire, Luton and Milton Keynes STP to host 3 systemwide director roles. The Trust would be indemnified if there were any exit costs. The appointment process was ongoing.
13.4	The committee had agreed to create a new Director of Governance role with responsibility to create a new PMO function as well as a number of existing internal functions. The role was now being advertised. The link to the role was to be shared for members to share with their links. Action: Anita Pisani
14.	Chair and Chief Executive Report
14.1	Matthew Winn reported that the Board would receive an update on Carter Report on productivity in September 2018. Lord Carter had published his report into the productivity and efficiency of mental health and community health services. The review made 16 recommendations.
14.2	Matthew Winn also highlighted the NHS Providers report on promises to bring more patient care closer to home by prioritising NHS community services.
14.3	The Board approved the Annual Slavery and Human Trafficking Statement.
14.4	The Chief executive also commended the Communications Team and all staff involved in organising the successful annual staff awards.
14.5	The Board was briefed on the changes to the risks as shown in the report. Nicola Scrivings asked for more clarity on risk 2776. Matthew Winn explained that new money announced for the NHS by the Prime Minister was likely to be attached to structural changes in the provider sector driven by national initiatives. The conversations with national NHS leaders indicated that this was very likely. Therefore, it was anticipated that this may result in significant changes for all Trusts.
14.6	Matthew Winn explained that the main concern was on the impact of any changes on staff. The Board was to have a broader conversation about Trust strategy in September/October. Nicola Scrivings highlighted that the discussion would need to cover what the Trust would need to do and potential impact Action: Matthew Winn
14.7	Anita Pisani inquired whether there was any indicative timescales for the structural changes. Matthew Winn explained that there was no clear timescale

	yet.
15.	Any other Business
15.1	None
16.	Questions from members of the public
16.1	None

Date of next Public Trust Board Meeting 12 September 2018

Venue: Seminar Room, Peacock Centre, Cambridge, CB1 3DF