

TRUST BOARD PUBLIC MEETING
Wednesday 8 November 2017
11.30am – 15.30pm
The Poynt, 2-4 Poynters Road, Luton LU4 0LA

Members:

Nicola Scrivings	Chair
Trish Davies	Non-Executive Director
Geoff Lambert	Non-Executive Director
Oliver Judges	Non-Executive Director
Richard Cooper	Non-Executive Director
Dr Anne McConville	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
Dr David	Vickers Medical Director
Julia Sirett	Chief Nurse

In Attendance:

Taff Gidi	Assistant Director of Corporate Governance
Linda Sharkey	Service Director, Luton Children & Adults
Louise Palmer	Head of Clinical Quality (item 1)

Apologies:

Gill Thomas	Non-Executive Director
Karen Mason	Head of Communications

1	Patient Story
1.1	Julia Sirett presented the patient story which was a short film in which the wife of a patient who received care from our Luton District Nursing service describes the impact of attitudes and actions of staff on both herself and her husband. The Board watched the film.
1.2	The Trust had commissioned an independent external resource to investigate the complaint. Julia Sirett explained that this had identified a number of improvement actions for the Trust and the other agencies involved.
1.3	Julia Sirett also explained that the video had been shared with some staff who were involved and highlighted ten key recommendations that had been identified with a number of related actions and themes.
1.4	Oliver Judges highlighted that the issue about continuity of care and ensuring the same clinicians are involved in providing care to a patient was a recurring theme, similar to the comments from the patient story presented to the Board in December.
1.5	Trish Davies challenged whether there had been any sign posting to relevant services after the initial diagnosis to provide support to the family. She also highlighted the importance of communicating with service users and their families with respect and empathy. Julia Sirett concurred that it was important for clinicians to be mindful that when patients have mental capacity, they have the right to make decisions about their own care even when it goes against the advice from the clinicians.
1.6	Dr David Vickers was concerned that the assumption that the patient's wife was a carer seemed to be based on her ethnicity.
1.7	Nicola Scrivings probed what actions would be taken forward and how would the Board be kept informed on progress against those actions. Julia Sirett explained that the patient's wife had agreed for the short film to be used as a training video. Matthew Winn followed up and inquired how the Board would be assured that the learning had been embedded. It was agreed that progress updates would be provided through the Luton clinical operational board.
1.8	Nicola Scrivings inquired whether the issues identified were also present in other services

	and/or localities within the Trust. Anita Pisani explained that there was a nurses who had only worked in an Acute setting to be trained in the difference of working within a community environment. She noted that some approaches which would work well in an Acute setting are unsuitable when providing care in people's homes and therefore targeted training for nurses transitioning from Acute was required.
1.9	Richard Cooper probed whether the patient's care plan had recorded the details of his wife so staff visiting were aware or whether this information was provided to staff in any other form before visiting the home. Julia Sirett acknowledged that one of the areas of improvement identified was the inconsistency of care plans.
1.10	Matthew Winn added that this case should not have been referred to safeguarding because it was not an issue of neglect, but of offering the necessary support to ensure that the wife had the right knowledge and skills to provide care to her husband. He noted that this would require a cultural shift that would take some time to embed.
1.11	Trish Davies inquired whether a support infrastructure had been provided for the wife since her husband passed away. Julia Sirett explained that the independent investigator was currently providing support. The Trust has a plan to signpost her to additional support resources when she is ready. Linda Sharkey added that the Macmillan Lead Nurse for Cancer & Palliative Care would assist in identifying the necessary pastoral care.
1.12	Taff Gidi inquired whether the Trust should consider recreating the short film with actors to use in broader training. Anita Pisani explained the Trust already used some case studies including for 'values based recruitment' training and that we had agreement from the patients wife to use this film for training purposes.
1.13	The Board was informed that Anita Pisani and Linda Sharkey would lead on ensuring the actions identified in this review are implemented fully and will provide progress updates to the clinical operational board.
1.14	It was agreed that the Chair would write a letter on behalf of the Trust to be sent to the wife alongside a DVD of the short film. Action: Nicola Scrivings/Anita Pisani
2	Chair's welcome, apologies and additional declarations
2.1	Apologies were received from Gill Thomas and Karen Mason. There were no additional declarations of interest. The Chair welcomed Angela Hartley to the meeting.
3	Minutes of previous meeting and matters arising
3.1	Minutes of the previous meeting were approved. The action log was reviewed and completed actions discharged.
3.2	Anne McConville asked for clarification on how learning from child deaths reviews which are conducted under a different process is fed into the learning from deaths within the Trust. It was confirmed that any learning identified under child deaths reviews is included in learning from death processes.
4	Trustwide Quality Report
4.1	David Vickers briefed the Board on a serious incident reported in September relating to failure of staff to follow safeguarding children referral and escalation guidelines. This was currently subject to both Police and Local Safeguarding Board processes.
4.2	Anita Pisani updated the Board on non-compliance with several of the different elements of mandatory training for a number of teams including Information Governance. Anita Pisani added that the Trust should be achieving 95% compliance in this area.
4.3	A number of actions were in train to improve mandatory training compliance. This had been discussed as the Quality Improvement and Safety Committee and it had been agreed that an awareness campaign would be actioned reminding staff why it is important to complete mandatory training.
4.4	Richard Cooper inquired whether financial or other penalties could be levied against staff members who were out of date with their mandatory training. Anita Pisani explained that this depended on a number of factors including national terms. For example, for doctors, mandatory training compliance is mandated to be able to apply for clinical excellence awards.
4.5	It was agreed that the Trust would review whether incremental pay progression under Agenda for Change could be stopped for staff that were not compliant with their mandatory training. Action: Anita Pisani
4.6	Mark Robbins suggested that it would be beneficial to highlight potential financial penalties when sending message via Comms Cascade.
4.7	Julia Sirett briefed the Board the completion of a number of actions relating to the

	recommendations from the Lampard/Saville Inquiry.
4.8	Anita Pisani briefed the Board on the Workforce Race Equality Standards highlighting that the Trust was performing better than other community organisations, but that there was still room for improvement.
4.9	Anita Pisani stated that the Trust was not meeting the ethnic diversity for Board members. The Trust has signed up to participate in the NeXT Director scheme which was being coordinated by Taff Gidi with the aim of trying to improve in this area.
4.10	Another action being taken was the appointment of Cultural Ambassadors who will be involved in recruitment and disciplinary processes where a BME member of staff was involved.
4.11	Anne McConville inquired about data on relative likelihood of staff accessing non-mandatory training and CPD which had some percentages greater than 100%. Anita Pisani explained that this was because of how this is calculated at national level and that they were looking into this.
4.12	Julia Sirett highlighted that the information Governance annual report had been presented to the Quality and Improvement and Safety Committee. She highlighted that the IG Toolkit was on track to deliver the stretch target agreed by the Board last year.
4.13	David Vickers briefed the Board on research and highlighted the new research fellowship in Luton. Linda Sharkey added that the research fellowship had made it possible for the Trust to retain a member of staff who might have moved to other organisations in search of different opportunities.
4.14	David Vickers confirmed that a session had been scheduled for the research team to present an initial proposal to the Executive team following the Board strategy session and the agreed actions that came out of that.
4.15	Geoff Lambert inquired about staffing pressures and challenged whether the move to 7 day working would add to the pressure. Julia Sirett commented that the team had welcomed the change and it seemed to have had a positive impact.
4.16	Richard Copper inquired whether part of the challenge with complaints resolution was to do with the support provided through Serco. Julia Sirett responded that it was mostly on the Trust side. Improvement was starting to be seen following the appointment of the new Head of Clinical Quality.
4.17	In relation to the Lampard/Saville review, Geoff Lambert challenged whether the Trust should be conducting Disclosure and Barring Service (DBS) every 3 years for all staff. Angela Hartley explained that the Wider Executive team had reviewed this in 2015 and based on an assessment of risk, had decided to conduct DBS checks only when staff were appointed. She explained that there are other processes in place which should flag any areas of concern including annual revalidation for nurses and doctors.
4.18	Angela Hartley explained that part of the assessment conducted had been a review of DBS checks data.
4.19	It was agreed that the Board would be briefed on whether DBS checks should be conducted every 3 years and the potential cost of implementing this. Action: Anita Pisani
4.20	Nicola Scrivings and Geoff Lambert acknowledged the continued improvement of the quality report which was clearer and more effective at giving the Board assurance.
5	Bi-annual Workforce Review
5.1	Angela Hartley summarised the key issues in the report. She highlighted the feedback from staff who commended the support provided by the Trust.
5.2	The Board was also briefed the ongoing recruitment hotspots and the finding that pay was not the only factor considered by staff when making decisions about jobs.
5.3	Nicola Scrivings inquired about the 11% absence due to anxiety and stress. Angela Hartley explained that some of that was due non-work related factors.
5.4	Angela Hartley reported that, for the first time, the review had asked teams to start forward planning for the workforce. A number of services struggled with this forward planning. Therefore, one of actions coming out of the review was to upskill teams and managers to be able to plan for their future workforce.
5.5	It was also reported that Linda Sharkey was leading the project work to implement e-rostering and digital scheduling system. Angela Hartley added that there were a number of systems currently used in the NHS, but most were acute based. Matthew Winn added also explained that any system identified would need to be interoperable with the Trust's clinical system.
5.6	Geoff Lambert shared some learning on systems used in other organisations to enhance

	retention of staff including: <ul style="list-style-type: none"> ○ contractual agreements for staff that get funding for certain training courses to stay for an agreement minimum period after their completion. ○ Apprentices required to pay back the Trust if they do not stay for a specified period after completion of their course.
5.7	Angela Hartley acknowledged that there were lessons to be learnt from how other organisations were approaching this. Anita Pisani added that the Trust was already working collaboratively with other NHS providers in the region on apprenticeships. It was agreed that the Trust would review feasibility of options for requiring staff to enter into a study or training fees agreements as described. Action: Anita Pisani
5.8	Geoff Lambert also advised that the Trust should engage with Buckinghamshire University in relation to their flexible nursing programme. Linda Sharkey responded that the Trust was engaging with Higher Education providers including Bedfordshire University whose 20 month nursing programme had just been approved by the Nursing and Midwifery Council.
5.9	Nicola Scrivings inquired why there had been no update on wellbeing of our workforce in the report. Angela Hartley explained that there was already work underway on this. The paper included new proposals. Nicola Scrivings challenged whether it was time to review and refresh the employee wellbeing action plan. Matthew Winn cautioned that it was important to take stock of what had already been done and its impact before identifying new actions.
5.10	Anne McConville inquired about the absences related to gastrointestinal problems. Anita Pisani responded that this was a broad category. The Trust had conducted a review of whether there was any link between levels of absence due to gastrointestinal problems and infection prevention and control assessments and no link had been found.
5.11	It was agreed to conduct an analysis of data on 'Anxiety/stress/depression/other psychiatric illnesses' category going back 2 years. Action: Anita Pisani
5.12	On Acute paediatrics, David Vickers highlighted that it was important to be clear that the service was under pressure, but staffing levels were sufficient to provide safe care.
6	Staff Story – Kirsty Hughes' experience of flexible nursing programme
6.1	Kirsty Hughes joined the meeting. Anita Pisani introduced Kirsty for being the first graduate in the Trust on the flexible nursing programme and congratulated her on graduating with a first class degree.
6.2	Kirsty Hughes briefed the Board on her experience of the flexible nursing programme. She highlighted that the biggest challenge was managing time and learning how to balance work, life and study priorities. She was now working as a Community Staff Nurse in the District Nursing team.
6.3	Trish Davies inquired what she found most valuable about the course. Kirsty Hughes responded that the leadership and management module had been challenging because it relied on self-directed learning. However, it was one of the modules that she had found most useful in her current role. Also, the experience gained on placements was very beneficial.
6.4	Geoff Lambert inquired how well the university had been in organising her placements. Kirsty Hughes responded that it was variable. Some of the shorter placements were not confirmed until the last minute and the university did not always communicate well with the organisations hosting the placements leading to some confusion.
6.5	Richard Cooper inquired about completion rate on the course. Kirsty Hughes responded that all 18 students on her course had graduated.
6.6	Julia Sirett inquired whether the Trust could have provided better support. Kirsty Hughes responded that the Trust needed to ensure that teams were aware of time commitments required from the students and to ensure they are ready to accommodate study days especially towards the end of the course when the demands on the students increase significantly.
6.7	Nicola Scrivings inquired whether Kirsty Hughes had been asked to mentor new students. It was explained that no formal invitation to mentor had been extended yet, but Kirsty was supporting some of the new students who were now on the course and sharing learning from her experiences.
6.8	Matthew Winn inquired about preceptorship arrangements. Kirsty Hughes confirmed that it had now been agreed who would be supporting her. Matthew Winn added that it would be important to ensure that she was getting the same level of support as she would get if she were new to the Trust since she is a new nurse. Action: Julia Sirett
6.9	Matthew Winn commented that he had joined a cluster meeting and managed to observe

	Kirsty Hughes working alongside her colleagues and demonstrating the leadership skills she had acquired on the course.
7	Trustwide Finance Report
7.1	Mark Robbins presented the half-year financial position. He explained that cost improvement plan delivery would be challenging, but it was expected that the target would be delivered at year end.
7.2	Mark Robbins also updated the Board on Lord Carter review of productivity.
8	Key issues and escalation points from Clinical Operational Boards and Performance information
	<u>Luton Children and Adults</u>
8.1	Geoff Lambert provided key highlights including audiology and the challenges with the BCG immunisations. Linda Sharkey updated the Board that the BCG issue had been raised at the Infection Prevention and Control systemwide locality meeting and the Director of Public Health had taken an action to follow up. The Trust's Medical Director had also raised the issue with NHS Improvement.
8.2	The Board expressed continue frustration with the BCG issue and was concerned that this was not being resolved expeditiously. The Chief Executive and Deputy Chief Executive were to take actions to speak with the Chief Executive of Luton and Dunstable Hospital and the lead at Luton Clinical Commissioning Group. Action: Matthew Winn/Anita Pisani
8.3	Matthew Winn commended the finance team for working collaboratively with the services to implement the proposed cuts to public funding health funding. Mark Robbins responded that he would accept the thanks on behalf of the finance team, but it was important to acknowledge that the services deserved the credit as well.
	<u>Ambulatory Care</u>
8.4	Richard Cooper updated the Board on key issues from the division. He noted that iCaSH Peterborough was facing some challenges relating to recruitment and the process for integrating iCaSH Bedfordshire was still ongoing and therefore presented a number of challenges.
8.5	Oliver Zangwill Centre finances were still overspent. A plan was to be presented at the next clinical operational Board for how the service brings the finances back to balance by year end.
8.6	Trish Davies inquired about MRI scans issue. Matthew Winn explained that the challenge was a lack of radiology expertise nationally. This was causing a delay in reporting.
	<u>Children and Young People</u>
8.7	Trish Davies summarised the key issues. She highlighted that new medical staff had not been paid on time. Anita Pisani updated the Board that this had now been resolved and the staff had now been paid. She explained that this was because the right forms had not been completed when the junior doctors started their rotation with the Trust. The new process now in place will now require medical staffing team to attend in person at the beginning of the rotation and complete all forms and ensure they are submitted.
8.8	Trish Davies also highlighted the Acute Services overspend.
8.9	Trish Davies inquired how the communication with staff about the intention to transfer the Acute Services to NWAFT had gone. Matthew Winn explained that staff had now been informed and some staff had indicated that they would want to have been involved in the decision earlier in the process. The transition team had now begun the process of supporting NWAFT with due diligence.
	<u>Geoff Lambert Left</u>
8.10	Matthew Winn reported that discussions with Commissioners had been positive and the transfer to NWAFT had been discussed and approved at their Board meeting. The Trust had proposed a transition date of 1 April 2018. The sticking point was likely to be how the commissioners addressed the funding issues.
8.11	Nicola Scrivings was concerned about the Healthy Child Programme indicators for Cambridgeshire which was at 42%. In addition, recruiting school nurse was an ongoing challenge. The Issue was to be discussed in detail at the next clinical operational board. Trish Davies added that part of the solution for this was the single point of access.
9	People Participation Approach
9.1	Julia Sirett welcomed Louise Palmer and introduced the People Participation discussion.
9.2	Louise Palmer highlighted that the Trust was already doing a lot of good work in different areas, but there was a need for more consistency, sharing learning across services and

	localities, ensuring people participation was embedded across all areas and that assurance processes were clearly defined. Anita Pisani added that some of the engagement work was delivered on behalf of the Trust by subcontractors like the Terrence Higgins Trust in iCaSH.
9.3	Julia Sirett also highlighted that people participation needed to be linked back to key lines of inquiry to demonstrate how people participate in our processes.
9.4	Richard Cooper inquired about the resourcing implications. Louise Palmer responded that the Strategy envisaged three additional roles. Anita Pisani added that this would mean c.£100,000.
9.5	Anne McConville queried why some of the roles were geographical and others badged to specific services. Louise Palmer explained that this had been designed to suit the needs of each service based on how they are organised and added that the Working Together Group which sits above it would be the forum for sharing learning across services and localities.
9.6	Anita Pisani highlighted that this area presented an opportunity for the Trust to utilise community volunteers. Julia Sirett highlighted that other NHS organisations were already using community volunteers and the Trust was engaging with them to learn from their experiences.
9.7	Trish Davies cautioned that the Trust would need to be clear how to handle any conflicts between the views of the people participating versus any contractual obligations or directives coming from the commissioners. She noted that it was important to manage expectations. Louise Palmer explained that the monthly Working Together Group meetings would be tasked with identifying priorities to focus on. David Vickers noted that if engagement was done effectively, the public were very good at understanding what was deliverable.
9.8	Matthew Winn clarified that the Trust would not be taking over the role of the commissioners in engaging the public on major service changes. The focus would be on engagement relating to the services we provide. This would need to be linked into the Trust's 'Improvement Way' processes.
9.9	Louise Palmer explained that the important thing was to focus on delivering year 1 priorities which were about building the underlying infrastructure to enable the Trust to move on to the more advanced engagement actions which are earmarked for year 3 of the strategy. Responding to Nicola Scrivings, Louise Palmer explained that year 1 related to current financial year.
9.10	Richard Cooper inquired about measures of success. Nicola Scrivings suggested that a further update should be presented to the Board in March including proposed measures. Matthew Winn concurred and added that this would need to be tied into the reporting cycle for clinical operational boards.
9.11	Anne McConville was concerned that it may become a vehicle for a very small number of service users rather than encourage broader engagement. In addition, there were concerns around confidentiality. Nicola Scrivings concurred that confidentiality was a key issue which needed to be looked at separately. Louise Palmer responded that the focus of the Trust was in engaging with the broader public not just service users or specific lobby groups.
9.12	The Board approved the following recommendations: <ul style="list-style-type: none"> i. the proposed change in direction from Patient Engagement to the wider context of People Participation. ii. the implementation of a stronger governance structure with the new proposed Working Together Groups and Committees subject to arrangements being put in place to report into clinical operational boards. iii. the allocation of resources required to help embed the new structure. iv. the People Participation Strategy plan principles in this report subject to confirmation of measures. The final strategy and implementation plan was to be presented to the Board in March 2018 for sign-off.
9.13	It was agreed that the new people participation Board subcommittee would be implemented from April 2018 chaired by Nicola Scrivings. Action: Taff Gidi
10	Key Issues Reports from Board Sub Committees
	<u>Audit</u>
10.1	Geoff Lambert briefed the Board on the key issues from the audit committee highlighting that internal auditors had benchmarked the Trust against other peer organisations. One of the key points they highlighted was that the Trust had a robust process for planning and managing cost improvement plans compared to peer organisations.
10.2	Geoff Lambert highlighted some of the themes identified in the analysis report by the internal

	auditors and confirmed that the audit committee used intelligence like this to direct which areas internal audit should focus on when developing an annual audit plan.
10.3	One of the key areas where there is potential for fraud was in finance and procurement, especially when these are conducted by third parties on behalf of the Trust. Geoff Lambert highlighted that it would be important for the Trust to be mindful of this risk when agreeing contracts with third party providers.
10.4	Geoff Lambert reported that an initial report had been issued for the estates project management audit, but there was still ongoing work. The committee had agreed to wait until the final report was issued to review this.
	<u>Strategic Change Board</u>
10.5	An update of key issues from the Strategic Change Board was presented. Anne McConville inquired why the report did not include an overall rating for the Children's programmes. Anita Pisani explained that only one of the three was a formal programme.
	<u>Remuneration Committee</u>
10.6	Nicola Scrivings briefed the Board on the decisions taken by the committee.
11	Chair and Chief Executive
11.1	Matthew Winn summarised the key points in the report including national issues, Children's Acute Service transfer, update on raising concerns and the conflicts of interest policy which the Board was asked to approve.
11.2	The Board approved the conflicts of interest policy.
11.3	Richard Cooper inquired whether there was independent oversight of the raising concerns process. Taff Gidi explained that the National Guardian's Office provided independent oversight and a channel for staff to escalate concerns if they felt these had not been dealt with appropriately at Trust level. In addition, internal audit also periodically reviewed the process to ensure the policy was being applied effectively.
11.4	It was agreed that the Non-Executive responsible for raising concerns would be confirmed outside the meeting. Action: Taff Gidi
11.5	Nicola Scrivings highlighted the recent headlines relating to sexual harassment and inquired whether the Trust was aware of any concerns that the Board should be aware of. It was agreed that an update would be provided to the Board at the next meeting. Action: Anita Pisani
11.6	Matthew Winn briefed the Board on the ongoing work to redevelop the board assurance framework and map out the Trust's Floor to Board systems of assurance. He explained that the next stage would be to start reporting on significant risks to delivery of strategic objectives. He explained that the overall goal was to ensure that Service Directors and Service Managers use these infographics to describe their responsibilities with their team and how that feeds into the assurance provided to the Board.
11.7	Anne McConville highlighted that quality improvement and safety committee was missing under the subcommittees of the Board.
11.8	The Board reviewed the assurance map for the Board and subcommittees and agreed that the next step was to review this with the Chair and lead executive for each committee. Action: Taff Gidi
11.9	Nicola Scrivings commended the work done so far noting that it begun to paint a comprehensive picture of the Trust's assurance processes.
11.10	Anita Pisani highlighted to the Board that a new risk 2633 had been added which had not yet been reviewed at the clinical operational board. Linda Sharkey informed the Board that the risk had now been reviewed and the score reduced to 9.
11.11	On the communications update, Trish Davies inquired whether the Trust could use an animated video on breast feeding in children's centres and other relevant locations. It was agreed that Head of Communications would pick this up outside the meeting. Action: Karen Mason
11.12	Matthew Winn highlighted the short film produced by Norfolk locality team for their annual report. Oliver Judges added that a Trust in Doncaster had done an animated annual report as well. He was to share a link with the communications team. Action: Karen Mason
12	Any Other Business
12.1	The Chair thanked Linda Sharkey for attending the Board.
13	Questions from members of the public
13.1	None
<i>- Meeting closed -</i>	

Date of next meeting: 10 January 2018,

Venue: Tony Burgess Room, Corn Exchange, The Pavement, St Ives, PE27 5AG