NHS
Cambridgeshire
Community Services
NHS Trust

TRUST BOARD PUBLIC MEETING
Wednesday 14 November 2018
10.00 – 14.15
Teal Room, The Poynt, 2-4 Poynters Road, Luton, LU4 0LA

Members:

Nicola Scrivings	Chair
Geoff Lambert	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Oliver Judges	Non-Executive Director
Richard Cooper	Non-Executive Director
Judith Glashen	Associate Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Julia Curtis	Chief Nurse
Gill Thomas	Director of Governance

In Attendance:

Taff Gidi	Assistant Director of Corporate Governance
Liz Webb	Deputy Chief Nurse
Saravan Thiru	Team Lead - Neuro Rehab Team & Early Supported Discharge(Stroke) *(item 1)*
Kim Willett	Occupational Therapist *(item 1)*
Cat Maclean	Highly Specialist Speech and Language Therapist *(item 1)*
Lisa Wright	Patient Experience Manager *(item 2)*
Vicki Brookes	Tissue Viability Nurse Specialist *(item 2)*
Angela Hartley	Assistant Director of Workforce *(item 7)*
Jennie Russell	Deputy Director of Nursing & Quality - Luton CCG *(observing)*

Apologies:

Hannah Bradford	CQC Inspector *(observing)*
Karen Mason	Head of Communications

Minutes:

1.	**Staff Story**
1.1	The Chair welcomed Saravan Thiru, Cat Maclean and Kim Willett from the Neuro Rehab Team in Bedfordshire.
1.2	There were no additional declarations of interests.
1.3	Saravan Thiru shared with the Board the work of the team supporting patients recovering from stroke in the community. This was done through a multidisciplinary team based at 3 localities; including physiotherapists, occupational therapists and speech and language therapists.
1.4	The service had been in existence since March 2017 and had supported over 220 patients in that time.
1.5	Saravan Thiru shared an example of feedback received from a patient who had been supported by the service thanking the team for the excellent care and support provided. The team also highlighted other case studies showcasing the positive impact the service was having on the communities it supported.
1.6	Cat Maclean described the initial support provided through 1-to-1 speech and language therapy sessions. Once this was completed, she noted that it was important to continue to support patients where possible focussing on both, continuing their therapy and quality of life post stroke.

1.7	For this ongoing support, the team had established the 'Neurotones Choir', a charity funded initiative to support patients once their clinical therapy sessions had been completed and give them a social network to connect with. The team worked in collaboration with the Stroke Association and Music24 to deliver this initiative. The 'Neurotones Choir' worked with patients recovering from stroke or with Parkinson's disease.
1.8	Some of the benefits of the 'Neurotones Choir' initiative and similar programmes were that it took patients out of their home, gave them continuing support to continue to work on their speech and provided an opportunity to socialise.
1.9	The Board was briefed on the funding challenges to keep the 'Neurotones Choir' initiative going.
1.10	Cat Maclean also informed the Board about the 'Brushstrokes' art initiative which was funded by the Stroke Association. Similarly, this was another opportunity for patients to continue to practice their communication strategies once their formal therapy sessions had been completed.
1.11	The team was also exploring another initiative which used virtual technology to support patients which was earmarked for early 2019. In addition, they wanted to start a 'walk and talk' group in the future with similar aims.
1.12	The Board discussed with the team their ambitions for the future and the funding arrangements to continue to support this work which was not part of the commissioned service.
1.13	Kim Willett highlighted that all the initiatives were a great way to transition patient back into their daily lives and continue to support them to get better after they have completed their therapy. The team were often giving up their own time to support this work, but additional funding requirements for things like venues and consumables made it challenging to continue.
1.14	Kim Willett also highlighted that her focus was on starting these initiatives in small villages where recovering patients may be cut off from other services to support their continued recovering. For example, she was planning to start a baking group in Lidlington. A church hall had agreed to host the group. However, additional funding was required for setting up.
1.15	Nicola Scrivings acknowledged the fantastic work by the team and extended the gratitude of the Board for the effort by the team to work with local communities and provide additional support to patients after their therapy. Saravan Thiru added that it was a good way to provide ongoing support for patients especially in rural Bedfordshire where community support is not always accessible. Kim Willet added that access was also an issue on the borders.
1.16	Nicola Scrivings inquired about the role of primary care in providing this ongoing support. Cat Maclean explained that the initiatives were advertised in local GP surgeries and sometimes the GPs made referrals to the support groups.
1.17	Dr David Vickers inquired whether some of the initiatives could be funded by social prescribing with a referral from the GP. Anita Pisani noted that social prescribing was funded by public health. It was agreed that the Chief Nurse would explore this option with the team. **Action: Julia Curtis**
1.18	In relation to the 'Neurotones Choir', Dr David Vickers inquired whether there was a set timeline for patients to be in the group in order to open up spaces for new patients. Cat Maclean explained that patients were allowed to stay as long as they wanted. There was sufficient self-determined turnover to allow for new patients.
1.19	Geoff Lambert inquired whether the initiatives discussed also extended into Luton. It was confirmed that the initiatives only covered Bedfordshire. Geoff Lambert agreed to meet with the team and discuss potential funding opportunities through local charities. **Action: Geoff Lambert**
1.20	Judith Glashen questioned whether the initiatives could also be linked to other

	existing programmes. Kim willet explained that feedback from patients showed that some of them rely of these initiatives because they lack the knowledge to independently continue with their own recovery. Therefore, the team were working with the Trust's acquired brain injury unit and neuropsychology to deliver training to patients and their carers.
1.21	Matthew Winn noted that the "cliff edge" was a common theme when patients reached the end of their formal therapy. Providing that ongoing support in the community was an essential service. The challenge was to make it more sustainable in the long-term.
1.22	Matthew Winn highlighted that the Trust had social capital it could draw on to raise awareness of and direct support towards these great initiatives. This could include using the Trust's influence to get access to venues for free for example.
1.23	Nicola Scrivings probed what the team would specifically like from the Board. It was agreed that the team would work with the Service Director to develop a clear proposal in collaboration with ELFT for presentation to the executive team and the Board. **Action: Anita Pisani/Tracey Cooper**
1.24	Mark Robbins highlighted that some of the initiatives could be supported through innovation funds and the Trust's charitable funds. It was agreed that the Director of Finance would meet with the team to discuss. **Action: Mark Robbins**
1.25	Kim Willet added that the staff were volunteering in their free time to ensure delivery of these initiatives. It would be helpful to get volunteers to help run the programmes. Anita Pisani indicated that the Trust was undertaking a piece of work to build a network of volunteers for Bedfordshire Children's services. It was agreed that this would be expanded to include the Neuro Rehab service. **Action: Anita Pisani**
1.26	The Chief Nurse thanked the staff present and the Neuro Rehab team for going the extra mile to support service users and deliver high quality care in the community.
1.27	*Saravan Thiru, Cat Maclean and Kim Willett left*
2.	**Patient Story**
	Lisa Wright, Vicki Brookes and Patient A joined
2.1	The Chair welcomed all. Julia Curtis introduced the patient story.
2.2	The patient had suffered from lymphedema for many years leading to severely swollen legs, mobility issues and other conditions resulting from the mobility issues and extra weight due to her swollen legs. This had also significantly impacted her quality of life.
2.3	The patient shared her experience. She had had a bad experience at a hospital many years previously which had made her hesitant to access healthcare for many years and had made her anxious when she attended Trust services at the Well Leg clinic for the first time.
2.4	The patient had attended the Well Leg clinic 3 times a week. In the process, she had lost approximately 21lbs in weight. The patient shared pictures of her legs before and after the weight loss.
2.5	Patient A acknowledged that this would be an ongoing condition she would need to continue to manage over the longterm, but the improvement in her health and quality of life in a very short period of time had made a significant difference.
2.6	Vicki Brookes explained that the patient had been treated with compression bandages and confirmed that the patient had now been discharged from the Well Leg clinic and was on a self-management plan.
2.7	Jenny Russel noted that use of compression bandages required specialist nurse training and could result in side effects if used in the wrong way.
2.8	Vicki Brookes noted that she had undertaken a master's level qualification supported by the Trust which had given her the expertise to offer this care.
2.9	A practice nurse had also played a key role in ensuring the patient accessed the

	service. Jenny Russel noted that she was responsible for practice nurses in Luton on behalf of Luton Clinical Commissioning Group and would pass on the acknowledgement.
2.10	Matthew Winn inquired about the level of activity that would require the level of support offered by someone with Vicki Brookes' level of expertise. She explained that there were 2.5k patients in Luton who could potentially benefit from support.
2.11	Matthew Winn acknowledged that it was not possible to train all nurses to become lymphedema experts. He inquired whether more staff were being supported to be able to offer basic level support for patients. For example, this could be offered to district nurses who often interact with patients living with the condition. This would enable prioritisation of the expert resource.
2.12	Julia Curtis inquired how many of the estimated 2.5k patients would benefit from basic clinical support and expert support. Vicki Brookes acknowledged that she was not aware. She highlighted that some patients were able to self-manage. However, the challenge was that some patients were only referred into the service once their skin broke which made treatment significantly more challenging.
2.13	Nicola Scrivings inquired how the learning would be shared to raise awareness and confidence in other clinical professionals. Anita Pisani noted that she had recently visited the Tissue Viability Team on a Back to the Floor. One of the issues discussed was about raising awareness with some of the specialist community nursing teams. Sarah Bunn was taking this forward.
2.14	While acknowledging that this had happened many years before, Nicola Scrivings was concerned about the impact one negative experience had on the patient and coloured her interaction with the NHS for decades. She highlighted the importance of sharing this learning with clinicians so that they understood that every contact counts. It was agreed that the Chief Nurse would consider ways to share this learning.
2.15	Matthew Winn added that the learning also needed to be shared with the deanery and the hospitals so they could also share this when training clinicians. **Action: Julia Curtis**
2.16	Liz Webb highlighted that there was some work being undertaken to raise general awareness of lymphedema which could help patients to seek help sooner.
2.17	Anita Pisani inquired whether the Board or the Trust should do anything to raise awareness of lymphedema. Liz Webb noted that simple steps like raising awareness of the condition with practice nurses could help with early diagnosis. Vicki Brookes informed the Board that the service delivered training twice a year for practice nurses.
2.18	In addition, Liz Webb noted that once nurses had been trained, confidence building would be required to ensure that they were self-assured to use compression badges.
2.19	The Board acknowledged that the main challenge was increasing activity with limited capacity in the Well Leg service. It was agreed that a joint action would be taken to discuss with commissioners. **Action: Anita Pisani**
2.20	The Chair thanked the patient and staff. Vicki Brookes, Lisa Wright and the patient left.
3.	**Minutes of previous meeting and matters arising**
3.1	The minutes of the September 2018 meeting were approved subject to the following amendments: o venue being amended; o Minor revisions emailed by Anita Pisani.
3.2	On Action 8.5, Nicola Scrivings inquired whether the BME panel members could be involved at shortlisting stage. Anita Pisani explained that information on the

	protected characteristics of individual applicants was not available at the shortlisting stage. The information was available to the HR team only after the shortlisting.
3.3	The Board also inquired whether the Trust had now reached out to NHS Improvement regarding their recruitment processes for Non-Executive Directors. Taff Gidi responded the Trust's suggestion that they should consider introducing a similar system to NHS Jobs which anonymised the identity of applicants for shortlisting. It was agreed that the Trust would consider redacting this locally the next time new Non-Executive Directors are recruited.
4	**Quality Report**
4.1	Julia Curtis highlighted key points in the dental services review report. The independent review had been commissioned following a number of never events. The independent review was tasked with looking into the never events and also assess whether the service was safe.
4.2	The Board was reminded that dental services had also undergone a core services inspection by the Care Quality Commission in June 2018 and had been rated as Good overall.
4.3	The report concluded that the Never Events were not *"necessarily in excess of what might occur in an organisation with similar activity and assiduous approach to reporting"*. It stated that action plans were *"timely, appropriate and wide ranging"* and that no underlying commonality could be found between the 3 incidents that involved removal of wrong teeth.
4.4	The conclusion also stated that: *"…overall the Trust delivers safe and high quality dental services. There is the culture, and the necessary structural elements in place, to learn from occasional adverse incidents in pursuing continuous quality improvement"*
4.5	Dr Anne McConville highlighted that she had found the report helpful and reassuring. She inquired about next steps to address the key findings in the report relating to consent forms and use of abbreviations in consent forms. David Vickers added that the other issue related to amendments and deletions on consent forms. Julia Curtis confirmed that the service redesign programme was reviewing the consent process.
4.6	Dr Anne McConville also inquired about actions being taken to address the supply issues highlighted in the report. Julia Curtis explained that this issue had been discussed at Executive Programme Board. It was confirmed that the Trust would be reviewing the supply processes to have a more effective 'Just In Time' supply.
4.7	Julia Curtis acknowledged the recommendation that *"the Trust may though wish to commission a specialised external audit to validate the safety and quality of the Intravenous Sedation treatment it carries out."* She explained that the Trust had accepted the recommendation and would consider how this could be implemented.
4.8	Richard Cooper highlighted that it was important to note that general dental services were not required to record wrong tooth extractions as Never Events. Dr David Vickers acknowledged that the requirements were different for general dentists, but emphasised that the Trust would continue to follow its current approach. Julia Curtis noted that the context provided an insight into understanding benchmarking the Trust against other organisations, but concurred with the Medical Director that the Trust's current approach should remain in place.
4.9	Anne McConville challenged that the issues relating to translation services had been flagged a number of times recently. Julia Curtis responded that she had met with the Trust Lead for Diversity and Inclusion, the contracts team and the Trust's patient engagement lead to review the incidents reported by services

	against the monthly reports from DA Languages and other intelligence. A number of actions had been agreed to address the concerns raised.
4.10	Taff Gidi added that there were specific challenges relating to the new Bedfordshire services where DA Languages had only started providing the service since April 2018 when the Trust took over the services. This had led to some issues during the mobilisation period. In addition, the new services had primarily used face-to-face interpreters and there was a need for a cultural shift to use of telephone service except where the appointments are long and it would be inappropriate to do so.
4.11	Anita Pisani acknowledged that the specific issues highlighted in Bedfordshire were a learning point for the Transitions team. In future, it would be ideal to ensure services continue to use the same provider to access translation services immediately after the transfer and then phase in a new way of working over a longer period. **Action: Anita Pisani**
4.12	Jenny Russell highlighted that dental services in Luton was seeing a trend in relation to capacity decisions and inquired whether similar trends existed in the Trust's own services. It was confirmed that no trends had been reported. It was agreed that the Chief Nurse would follow-up with the service to check. **Action: Julia Curtis**
4.13	Jenny Russell also noted that some services in Luton were starting to use skype for translation services which was better than over the phone. Dr David Vickers noted that the added value of the translator being on video would be welcome by clinicians and would aid in better communication. The option was to be considered. **Action: Taff Gidi/Julia Curtis**
4.14	The Board noted the improvement in Safeguarding Children level 3 training compliance which was at target (92%) overall for both August and September. There were still some areas requiring further improvement and action plans were in place in all relevant areas.
4.15	Julia Curtis also reported that the audiology service was now compliant with its 6 week diagnostic measure. Anita Pisani added that the Trust was still exploring options with the local acute Trusts which also had small audiology services to find a long-term solution to address the issues that resulted in the 6 week diagnostic breaches.
4.16	Anita Pisani informed the board that Breaches of the 18 week RTT target continued, although with an improved trajectory position. She updated the Board on the systemwide work to address this.
4.17	The revised Statement of Purpose was approved.
4.18	Geoff Lambert briefed members following his attendance of the official opening of iCaSH in Dunstable.
4.19	The Board were reminded about AHPs' Day which had been celebrated on 15 October. Julia Curtis informed the Board that she had initiated conversations with Allied Health Professionals in the Trust to understand what further support they may require. The Trust in partnership with East London Foundation Trust were planning to host an event to bring together Allied Health Professionals from both Trusts.
4.20	Geoff Lambert highlighted the importance of raising the profile of Allied Health Professionals.
4.21	Anita Pisani reported that 49% of staff had now completed the annual staff survey with 2 weeks remaining. The aim was to surpass last year's achievement of 59%.
	<u>Quality Improvement and Safety Committee</u>
4.22	Dr Anne McConville briefed the Board on key issues from the Quality Improvement and Safety Committee. There were no points of escalation.
4.23	The committee received an update on clinical audit and NICE guidance which

	showed a continued improvement. Tracking the numbers of audits undertaken and the changes in the audit plan in year remained a challenge in some areas.
4.24	The committee had received an update on the Data Protection and Security Toolkit which had replaced the IG Toolkit. Anne McConville noted that the committee had discussed the cyber security plus certification which if held would mean the Trust would tick most of the boxes on the new toolkit.
4.25	Taff Gidi explained that this was still being investigated in collaboration with IT to see if NHS Shared Business Services hold this certification. If not, the Trust would need to consider whether to ask them to procure this depending on the cost or to include this as part of the specification for the new IT contract currently being procured. Mark Robbins added that the Trust was engaging with NHS Digital as required to provide updates on its cybersecurity systems and processes.
4.26	In relation to resilience, the committee had discussed contingency planning for Brexit.
4.27	Jenny Russell inquired about the Trust's arrangements in relation to existing EU staff. Anita Pisani explained that the Trust had written to all 189 EU staff currently employed by the Trust that from the November 2018, all employees in the health and social care sector had the opportunity to apply early for settled status as part of a pilot, before the scheme is opened up to the general population next March.
4.28	Nicola Scrivings inquired why the number of concerns illustrated in the Patient Advice & Liaison Service chart in the data pack was trending upwards. Julia Curtis explained that the Trust had recently introduced a concerns log which tracked data on concerns in the same way as data on complaints is recorded. The goal was to encourage teams to deescalate complaints, but also ensure that the data was being collected in order to monitor themes and trends.
4.29	Anita Pisani reported that she had received feedback from some services about the additional resourcing required to record and monitor concerns as well as complaints. She emphasised that it was important to keep an eye on the impact of the new process on teams. It was agreed that the process would be reviewed to see if it could be simplified further and to continue to monitor impact on teams. **Action: Julia Curtis**
4.30	Dr Anne McConville inquired about the staff Friends and Family Test which was trending downwards. Linked to the decrease in the number of staff who would recommend the Trust as a place to work and the sickness absence level, she probed whether the Board should be concerned. Judith Glashen noted that it would be important to understand what was driving the decline. Nicola Scrivings queried whether there was a target for the staff Friends and Family Test.
4.31	Anita Pisani responded that there was no target. She explained that it was a way of performing a temperature check run in quarters 1, 2 and 4 each year and the data was reviewed by the Trust's Staff Survey Partnership Group. Anita Pisani also highlighted that the current performance by the Trust was still at 78% compared to the 66% national average.
4.32	On mandatory training, Nicola Scrivings requested an explanation on the recent trend relating to performance against Deprivation of Liberty and Mental Capacity Act targets to be provided at a future date. **Action: Julia Curtis**
4.33	Judith Glashen inquired how having BME recruitment panel members would work in practice. She challenged whether this should be done for all recruitment, not just when a BME candidate had been shortlisted. Anita Pisani explained that the workforce team would be able to see if a BME applicant is on the list once shortlisting was completed and then they would ensure a BME member of staff was on the plan, if they were not already there. Anita Pisani added that there was no capacity to do this for all recruitment panels.
5.	**Finance**

5.1	Mark Robbins presented the finance performance report as at half-year. He noted the increase in income which was due to the agenda for change pay increase funding and the income received in relation with the contact variation agreed with Cambridgeshire Clinical Commissioning Group.
5.2	The cash balance was reported at £9.4m which was a sufficient level to support ongoing capital projects.
5.3	The Trust was not meeting its prompt payment targets. However, Mark Robbins explained that the Trust was prioritising payments to non-NHS organisations.
5.4	The cost improvement plans were on track for delivery of the Trustwide target.
5.5	Mark Robbins highlighted that the Trust had received very good feedback from internal audit following a review of its cost improvement planning process. Geoff Lambert added that the auditors had been very impressed by the Trust's approach and would be sharing it as best practice for other organisations to follow.
5.6	The Trust was on track to deliver on its capital plans. Mark Robbins explained that NHS Improvement sign-off of future plans depended, in part, on the Trust's delivery of its current capital plan.
5.7	Mark Robbins reported that there were some underspends in specific services due to staffing issues. These were being closely monitored.
5.8	The Board was also briefed that the Trust was in line to meet its set target on agency spend.
5.9	On bank staff, Anita Pisani noted the improvement in use of bank and highlighted that the Trust was doing more to build a resilient bank.
5.10	Nicola Scrivings inquired whether the net figure between agency and bank would be a reduction in spending. Mark Robbins confirmed that this would result in cost savings.
5.11	Matthew Winn also highlighted the e-rostering project which would help make job planning more efficient and further reduce agency and bank spend. Mark Robbins added that the Trust was looking at different technology solutions to meet the needs of different services.
5.12	Dr Anne McConville inquired about the level of confidence that the Trust would receive additional income from the commissioners to cover the increase in consultancy costs in relation to the Enhanced Models of Care project. Mark Robbins explained that the Trust had agreed with commissioners to cover all its costs until March 2019 and then agree a contract variation after that which will include an agreement on risk sharing.
6.	**Key issues and escalation points from Clinical Operational Boards and Performance information**
	Luton
6.1	Geoff Lambert updated the Board noting that the audiology service was currently meeting its 6 week target and the BCG backlog had now been cleared.
6.2	On mandated checks, the 2 – 2.5 yr check has since achieved 94% in September.
6.3	Bedfordshire mandatory training and appraisal rates had continued to improve since services joined the Trust in April 2018. The service was expected to be in compliance by end of October 2018.
6.4	Anita Pisani explained that some staff had completed their mandatory training before joining the Trust, but had not yet provided evidence so they could be marked as compliant. The Trust had now taken a position that any staff who had not provided evidence of compliance would need to redo their training.
6.5	Geoff Lambert noted that the committee did not have any major concerns in relation to Bedfordshire services mandatory training. The Trust was aware of the data integrity issues before the transfer. He highlighted the importance of ensuring that the service had time to fully integrate into the Trust system.

6.6	Geoff Lambert reported that he was planning to visit all the new Bedfordshire services over the winter period.
	Geoff Lambert Left
	Children and Young People
6.7	Gill Thomas updated the Board on the key issues including the patient story presented on transition to adults' services. She also covered risk 2834 and mandated checks for Healthy Child Programme.
6.8	Julia Curtis noted that the Trust had reviewed the transition to adults' services in Luton and similar work would be undertaken in Cambridgeshire.
6.9	On risk 2834 relating to safeguarding capacity in Cambridgeshire, Nicola Scrivings inquired whether the Board was being asked to take any action. Julia Curtis reported that there was a plan in place to ensure there was interim cover for the services. The risk would be reviewed once the plan was implemented.
6.10	The Board was briefed that a deep dive had been conducted into the mandated checks Healthy Child Programme data at the request of the committee. The retrospective look had shown an improved picture to that presented at the committee meetings. This was due to timing issues resulting in post meeting revisions. This timing issue was in line to be reviewed as part of the data integrity work.
	Ambulatory
6.11	Richard Cooper highlighted key issues including positive iCaSH performance indicators. Richard Cooper was due to visit the service to thank the team for their hard work to deliver the positive performance indicators.
6.12	The independent review of dental services report was to be covered at the next meeting.
7.	**Biannual Workforce Review**
7.1	The Board received the biannual workforce review report. The Board had received regular workforce review reports since 2014.
7.2	Anita Pisani explained that the current report focussed on workforce challenges, workforce supply and how the Board can be assured that the Trust was operating at safe staffing levels in all areas.
7.3	The Board was briefed on the sources of assurance on safe delivery of care including: o Services review quality; workforce; performance and financial indicators on a regular basis o Internal Peer Review process o Care Quality Commission Inspections o External Reviews – Commissioner; Networks; Independent; LSCB's etc. o Clinical prioritisation of caseloads/workloads – internal and externally o Clear escalation framework for acute children's ward
7.4	Where staffing challenges exist, services relied on risk based clinical prioritisation to ensure safe delivery. In addition, the Trust drew on agency and bank staff if required to ensure safe staffing levels are met.
7.5	Angela Hartley updated the Board on workforce supply. She highlighted that most staff who joined the Trust required further specialist training to be able to perform roles within the Trust e.g. health Visitor or School Nursing training.
7.6	The Board was also informed how offering placements for students was an opportunity for the Trust to attract future employees once they completed their nursing training.
7.7	Nicola Scrivings inquired about higher education institution accreditation. Angela Hartley confirmed that the Trust was required to undertake a self-assessment which was then assessed. Anita Pisani noted that this was reported through the Quality Improvement and Safety Committee.
7.8	Matthew Winn added that Health Education England also conduct reviews and

	had excluded organisations in the past from being training providers if they did not meet the required standards.
7.9	Angela Hartley reported that the Trust was currently implementing changes to training placements.
7.10	Angela Hartley described the role of Nursing Associates which sat between Health Care Assistants and fully qualified nurses. The roles were suitable for some services. There was also a chance that the Associate Nurses would elect to complete further study to become fully qualified. Anita Pisani added that some of the Trust's services were clear how to utilise Nursing Associates. Other services required further support in planning.
7.11	Richard Cooper inquired how Associate Nursing training was funded. Anita Pisani explained that this was funded through the apprenticeship levy.
7.12	The Board was updated on apprenticeships in the Trust in the last 3 years. Angela Hartley reported that most of the roles in the Trust were not currently apprenticeships. However, there was a plan to offer these as apprenticeships in the future.
7.13	Dr Anne McConville challenged that the number of apprenticeships offered had gone down over the last 3 years while the levy had gone up. Angela Hartley explained that the Trust needed to put workforce plans in place across all areas before it could start to draw on the full benefit of its contribution to the apprenticeship levy.
7.14	Matthew Winn explained that NHS organisations nationally were drawing only 20% of their contributions to the apprenticeship levy. There were ongoing conversations about extending the period within organisations can draw on their contribution before it was forfeited from the current 2 years.
7.15	Anita Pisani noted that significant progress had been made in apprenticeships for Allied Health Professionals. She noted that there was still work to be done in other professions to change the culture so that apprenticeships were regarded the same way as traditional routes.
7.16	The Board was briefed on the work to support staff in relation to their health and wellbeing.
7.17	The Board also discussed the new roles that had been created as part of service redesign work to enable better skills mix for services e.g. the introduction of Rehabilitation Instructors in Dynamic Health. Angela Hartley noted that this demonstrated how some services were thinking differently about how care could be delivered.
7.18	Anita Pisani added that the examples of effective skills mixing and introduction of new roles would be used as case studies to show other services why they should consider this as an option. The workforce team was working with teams to put people over process on areas like flexible working in order to retain more staff.
7.19	The Trust was having to think differently in order to retain staff. In many cases, money was not the primary driver of decisions by staff to stay in their roles. In cases where money was an issue, the Trust has implemented targeted Recruitment and Retention Premia.
7.20	The Board was also briefed on 'flexible retirement' which was another source of staff supply for the Trust.
7.21	The ongoing work on diversity and inclusion was a key element of recruiting and retaining staff for the Trust.
7.22	The two main actions which the team would be focussing on were: o Development of 3-5 years strategic workforce plan for each service area (additional capacity/expertise being appointed) o Focus on 'people' over process - reduction in sickness absence rates - focus on mental health and wellbeing
7.23	The Trust was using learning from Norfolk and Norwich University Hospital

	survey about sickness absence to inform next steps to reduce sickness absences.
7.24	Jenny Russell noted that the NHS had over 40k vacancies nationally and a 30% dropout rate for student nurses. Evidence was beginning to show a measurable impact of the introduction of tuition fees. She discussed some of the innovative work being piloted in Manchester to provide more support for students during training. She noted that it would be helpful to have the Trust involved in conversations about these innovations. **Action: Anita Pisani**
	Jenny Russell left
7.25	Dr Anne McConville welcomed the more strategic focus of the workforce review which addressed the main questions previously raised by the Board. The Board acknowledged the need for additional resources to support 5 year workforce planning.
7.26	Dr Anne McConville probed whether the Board should be concerned about safe staffing levels in Luton in light of risk 2850 in the Chief Executive Report. Anita Pisani responded that appendix 2 included an update on safe staffing in Luton Adults showing the service had safe staffing levels despite some staffing challenges. In addition, Anita Pisani explained that the risk was specifically about staff to deliver the project.
7.27	Nicola Scrivings inquired whether staff enjoyed working for the Trust and whether there was a metric for measuring staff enjoyment. Angela Hartley explained that the Trust would be following up with new staff and using exit interviews toprovide a better insight into this. The Trust also had a number of enjoyable initiatives to support staff health and wellbeing.
7.28	Liz Webb highlighted that the feedback from the most recent peer reviews also showed positive experiences for staff.
7.29	Oliver Judges noted the importance of making the work environment enjoyable and relaxing for staff e.g. use of plants and building design. Anita Pisani concurred noting that the Trust had factored this into its design of the new Peacock Centre to ensure that staff had a safe space to wind down after a difficult day. This was in response to requests from staff in the service.
7.30	Dr Anne McConville inquired about the role of the volunteers. Angela Hartley explained that volunteers were not used to perform duties employed staff should undertake. For example, the volunteers in Bedfordshire would be used to provide peer breastfeeding support to new mothers.
	Angela Hartley left
8.	**Key Issues from the Subcommittees**
	Audit Committee
8.1	Mark Robbins briefed the Board on key issues from the Audit Committee. The meeting had covered the cost improvement plans audit, proactive work on counter fraud and progress in implementing internal audit actions.
8.2	Nicola Scrivings inquired about benchmarking data and areas of improvement. Taff Gidi highlighted that implementation of internal audit actions was one area where further improvement was required. It was agreed that an update would be brought back to the Board on areas of improvement. **Action: Mark Robbins**
	Strategic Change Board
8.3	Nicola Scrivings summarised key points from the meeting. Anita Pisani noted that the committee had received a good report on benefits realisation on the Dynamic Health programme.
8.4	Dr Anne McConville inquired whether a final date for paediatric transfer had been agreed. Matthew Winn confirmed that the Trust was still working based on the March 2019 date previously reported to the Board. The Board would be updated by end of December 2018 on the latest position.
	CCS/CPFT Joint Children's Partnership Board

8.5	Gill Thomas reported that the terms of reference had been agreed subject to agreement of the key performance indicators to be reported. In a further discussion, the meeting also asked the Service Directors to develop the top 10 KPIs to be reported to the partnership board.
8.6	The Committee had also been briefed on the paper currently under development to be presented to the council's Health Committee for approval. The final draft was to be discussed at the next meeting.
	People Participation Committee
8.7	Nicola Scrivings reported that the committee had refocussed its efforts on monitoring the delivery of the year one plan as agreed by the Board. The goal was to shift the focus to assurance once the underlying infrastructure was in place.
8.8	Matthew Winn noted that the new people Participation Approach was already starting to shift how services approached service redesign work. For example, the 'Just One Norfolk' programme had engage service users directly and online.
9.	**Chief Executive Report**
9.1	Matthew Winn discussed the highlights in the Chief Executive report including Care Quality Commission national report into the state of the health and social care sectors and areas within the recent Budget that impacted on the healthcare sector.
9.2	The Board was briefed that the NHS Long-term Plan was unlikely to be published until mid-December. An update was due to be provided at the December Board.
9.3	The Trust agreed to sign up to the "Living well" concordat for Cambridgeshire and Peterborough.
9.4	The Board was briefed on the risks. On risk 2776, Nicola Scrivings updated the Board following her meeting with the Chairs of community providers and the Chair of NHS Improvement. The discussion had covered implementation of the Carter recommendations in the community provider sector and on variabilities between rural and urban.
9.5	Matthew Winn noted that the Trust assessed variability between different localities internally, but benchmarking across providers was more challenging. He added that the point regarding Carter was understood as it was easier to make the case with national bodies if you are already achieving maximum productivity and efficiency.
9.6	Matthew Winn noted that risk 2776 was now unlikely to materialise, but this would be reviewed after the final plan was published.
10.	**Any Other Business**
10.1	The date for the Board to Board on 24 January was approved.
10.2	The Board was briefed on the final stage of the HSJ Trust of the Year awards to be held on 21 November 2018.
11.	**Questions from members of the public**
11.1	None

Date of next Public Trust Board Meeting: 9 January 2019
Venue: The Main Meeting Room. Rivergate, Viersen Platz. Peterborough PE1 1SE