TRUST BOARD PUBLIC MEETING
Wednesday 12 September 2018
11.45 – 15.30
Teal Room, The Poynt 2-4 Poynters Road, Luton, LU4 0LA

Members:

Nicola Scrivings	Chair
Gill Thomas	Senior Independent Director
Geoff Lambert	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Richard Cooper	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director

In Attendance:

Karen Mason	Head of Communications
Taff Gidi	Assistant Director of Corporate Governance
Lisa Wright	Patient Experience Manager ***item 1***
Louise Palmer	Head of Clinical Quality ***item 1***
Jo Thompson	Infant Feeding Advisor 0-19 Cambridgeshire health Child programme ***item 1***

Apologies:

Julia Sirett	Chief Nurse
Oliver Judges	Non-Executive Director

Minutes:

1	**Patient Story**
1.1	Patient K, Jo Thompson, Lisa Wright and Louise Palmer joined the meeting. There were no additional declarations
1.2	Patient K shared her experience of using the health visiting service in the Trust. She highlighted that she was offered a standard health visiting package. However, in hindsight, it would have been helpful to receive a tailored service because of gestational diabetes which would have allowed the patient to harvest colostrum before birth. Harvesting would have allowed for the baby to have breast milk after mother had a C section and could not breast feed.
1.3	The health visitor did not discuss colostrum harvesting until Patient K brought it up based on information she had gathered based on her professional background and research. Patient K explained that information about colostrum harvesting should be given to all mothers as it would encourage breastfeeding.
1.4	Responding to Anita Pisani, Louise Palmer and Lisa Wright explained that the Trust was working with staff to ensure they were equipped to provide both the standard pathway and support any service users with special service needs.
1.5	The patient explained that she had not been aware that she could access free antenatal classes. As a result, she had paid to attend classes. Dr David Vickers noted that it was important to ensure that all professionals involved including Health Visitors and Midwives are highlighting to expectant mothers information on harvesting colostrum and free antenatal classes.
1.6	Patient K explained that there had been a delay in diagnosing the baby's tongue tie because it was assumed that the breastfeeding challenges were due to nipple thrush. The patient had been told by the hospital that the baby did not have tongue tie and therefore had relied on this information to respond to all

	subsequent inquiries from other health professionals about tongue tie. Lisa Wright explained that it was important for health professionals to ask the right questions in order to arrive at the right diagnosis.
1.7	In addition, Patient K highlighted the importance of primary care have the right information in order to signpost to the right service. Most patients go to the GP as their first point of contact with any ailment. Dr David Vickers highlighted that GPs needed to signpost all breastfeeding concerns to the health visiting service. Anita Pisani added that it was important to also provide information in other forms e.g. leaflets in GP surgeries. Lisa Wright explained that there was a great resource available for GPs on infant feeding.
1.8	Nicola Scrivings inquired how long it took before an accurate diagnosis. Patient K responded that it about 6 weeks. The Health Visitor and the Infant Feeding Advisor were the ones who eventually diagnosed the tongue tie.
1.9	Dr David Vickers noted that a key lesson was to ensure an assessment of feeding was undertaken. The Infant Feeding Advisor explained that the baby not feeding well should have been a red flag and the mother and baby should have been immediately referred to an infant feeding expert.
1.10	Nicola Scrivings probed who should have made the referral to the expert. Lisa Wright responded that the important thing was to ensure every contact counts, maximising the opportunity for an early diagnosis and ensuring that the patient was aware of the available infant feeding advice services including breastfeeding clinics.
1.11	Patient K explained that the breastfeeding clinic was not ideal for her needs. She had managed to attend once when her husband was still on paternity leave, but was unable to attend after that because of the logistics required to get there.
1.12	Jo Thompson described the role of the Infant Feeding Advice service. She explained that patients could self-refer into the service. An initial assessment is undertaken and then a tailored care plan is designed.
1.13	Dr Anne McConville inquired what information was available on the Trust's website. Lisa Wright explained that the information was available through the service's Facebook page. She added that the baby friendly audit had found that 96% of mothers knew about the service so this example was an exception.
1.14	The Community Midwife had not been trained on tongue tie. Jo Thompson explained that it was not feasible to train every health professional involved in providing care to mothers to be experts on breastfeeding. However, professional curiosity should have triggered a referral to a specialist.
1.15	Nicola Scrivings highlighted the importance of the 'mom knows best' principle. If a mother is concerned, this should trigger further investigations to understand the cause for concern.
1.16	The Trust continued to work on improving its service including applying for Baby Friendly Gold Standard accreditation.
1.17	Matthew Winn inquired from Jo Thompson whether there was a standardised process for ensuing red flags are picked up. Jo Thompson responded that there was a standard tool available to Health Visitors to use for an assessment.
1.18	Matthew Winn probed why this was missed if there is a tool available to assist with the assessment. Lisa Wright explained that a standard assessment had been undertaken instead of a tailored assessment based on the patient's unique medical profile. Once this is completed, a care plan is then drawn up. Jo Thompson emphasised the importance of ensuring that the care plan was written in clear language that the patient understands.
1.19	Matthew Winn challenged whether clinical audits could be undertaken in Q1 or Q2 of next year to see if the process was embedded. Lisa Wright responded that a mini audit had already been undertaken which had revealed gaps in embeddedness. It was agreed that audits would be undertaken in Q1/Q2

	2019/20 to assess if assessment tool was embedded and a second one to assess the care plans developed as a result. **Action: Julia Sirett**
1.20	Dr David Vickers inquired whether the templates were embedded in SystmOne. Lisa Wright confirmed that the template was available to staff in other areas of the Trust, but not the new services in Bedfordshire. Anita Pisani concurred that having it as a SystmOne template would make it easier for clinicians not to miss it. It was agreed that Dr David Vickers would review and ensure that the template was embedded in SystmOne across all areas. **Action: David Vickers**
1.21	Anita Pisani highlighted the importance of ensuring all clinicians were empowered to question and challenge if they think something has been missed.
1.22	Dr Anne McConville raised concern that it seemed that there was no clear information on supporting mothers with gestational diabetes. Considering the prevalence of the condition, it was important to ensure that staff had clear guidance to support mothers with gestational diabetes. It was agreed that that this would be reviewed. **Action: Julia Sirett**
1.23	Patient K highlighted that there was a lot of support available once you get the right diagnosis. She commended the Trust for the exceptional services provided by staff after the diagnosis.
1.24	The Chair summarised key points from the discussion: o One of the lessons was on the missed opportunities leading to a delay in diagnosis. It was important for staff to exercise their professional curiosity. o It was important to ensure all relevant information was available to expectant mothers. The patient story had highlighted that Patient K had not had the right information on infant feeding. Anita Pisani added that a volunteer service was being developed in Bedfordshire. Lessons from this would be shared across the Trust. o Ensuring that patients are signposted to the right service. Patient K was unable to attend the breastfeeding clinic and should therefore have been signposted to an alternative service in line with her needs. o It was important to provide support and training to GPs. Gill Thomas added that it was also important to support maternity units. Lisa Wright explained that the Trust was already offering training to GPs. Dr David Vickers added that Health Visitors should be building relationships with GPs rather than relying on leaflets and websites. o Improving the clinical system to ensure templates are embedded.
1.25	The Chair thanked Patient K, Jo Thompson, Lisa Wright and Louise Palmer for their presentation to the Board.
2	**Chair's welcome, apologies and additional declarations**
2.1	The Chair welcomed all to the meeting. Apologies received from Oliver Judges and Julia Sirett.
2.2	Gill Thomas declared that she would be starting a new role as Director of Governance with the Trust effective from November 2018.
3	**Minutes of previous meeting and matters arising**
3.1	The minutes of the previous meeting held on 11 July 2018 were approved subject to minor corrections emailed by Dr Anne McConville. All completed actions were discharged. **Action: Taff Gidi**
3.2	Gill Thomas inquired why risk 2758 had been reduced. Dr Anne McConville explained that the risk had been reduced by the Health and Safety subgroup. **Action: Taff Gidi**
3.3	Action 2.13 from July meeting did not include an update on what had been done to complete the action. It was agreed to check with John Peberdy the outcome of the consideration whether a buddy system could be introduced for supporting families working with the health visiting team who have been to a refuge. **Action:**

	Taff Gidi
3.4	On action 5.3, it was agreed that the Chair would confirm if Mark Robbins needed to attend the next non-executives meeting.
3.5	On action 4.12 relating to learning from deaths, it was confirmed that the meeting with ELFT had now taken place. Action was discharged.
4.	**Assurance on Current Quality, Finance, Performance and Workforce Issues**
	Quality
4.1	Anita Pisani highlighted the key issues in the report including the staff Influenza vaccination programme plans. The Trust was aiming to achieve 80% vaccination rate. It was agreed to offer all Board members a vaccination at the next meeting in October. Dr Anne McConville commended the initiative to donate vaccines to underdeveloped countries through UNICEF for every vaccine given to staff. **Action: Julia Sirett**
4.2	The Board was asked to approve the Winter Plan and EPRR Core Standards self-assessment both recommended for approval by the Board from the Quality Improvement and Safety Committee.
4.3	Nicola Scrivings inquired about how the overall rating of substantial highlighted in the report had been achieved. The non-executives challenged how 3 sections rated as reasonable assurance and 2 rated as substantial assurance resulted in an overall rating of substantial assurance. It was discussed that the overall rating should be reasonable assurance. All future reports were to include a clear explanation of the overall rating. **Action: Julia Sirett**
4.4	Anita Pisani emphasised that the assurance rating was about having systems in place to give the Board assurance. It was not about saying there are no hot spots in some areas of the Trust, but that the Board is aware of where the hot spots are, if any, and what actions are being taken to address these. Mark Robbins concurred, noting that it needed to be clear what each of the ratings mean in the same way the internal audit reports have a clearly defined rating system.
4.5	Gill Thomas highlighted that she had residual concerns about staffing pressures in some areas of the Trust and understanding the long-term trends. She noted that staffing pressures could potentially impact patient safety and patient outcomes and challenged whether the Board should receive a thematic analysis on staffing pressures.
4.6	Dr Anne McConville noted that she had similar concerns about whether the Board had a full understanding of the overall staffing pressures across the Trust to inform strategic decision making. Linked to this, Dr Anne McConville raised concern about the underspend due to vacancies reported in the finance paper. Together with the increasing sickness absence rate, the Board this could be a worrying picture.
4.7	Anita Pisani responded that the bi-annual workforce review was due to be presented to the Board in November 2018 and all areas highlighted would be covered in the report. The intention was to complete a Trustwide temperature check looking back over the last 6 months. **Action: Anita Pisani**
4.8	Dr Anne McConville inquired whether the report would include data on the vacancy rate. Anita Pisani confirmed that this was included as part of the workforce data in the report.
4.11	Richard Cooper inquired about the seeming disparity between the Trust's high staff engagement score and the Trust's sickness absence level. Anita Pisani explained that sickness absence was reviewed at a service by service level and including an assessment of whether the service had sufficient plans in place to address this.
4.12	In addition, Anita Pisani reported that the Assistant Director of Workforce was reviewing a new NHS Improvement approach for reducing sickness absences.

	The Trust had made significant progress to reduce sickness absence from 6% to 4%, but had found it challenging to reduce this further.
4.13	Dr David Vickers highlighted that the report included an update on the actions being taken to address staffing pressures in Community Paediatrics.
4.14	Dr David Vickers briefed the Board on the latest Never Event in dental services. This was the 5th Never Event in 18 months. He reported that the Trust had commissioned an independent expert to conduct a review of the Trust's dental services to assess if the service was safe. In addition, the review would also look at external sources of information on dental Never events for comparison. A final report was expected in October 2018. NHS England and NHS Improvement were aware of the ongoing independent review.
4.15	Richard Cooper inquired whether all actions from the previous review of Never Events had been fully implemented. David Vickers confirmed that these had been fully actioned.
4.16	Geoff lambert inquired whether a Never Event would lead to disciplinary of staff members involved. David Vickers responded that disciplining staff would impact negatively on the Trust's learning culture. He explained that staff would only be disciplined if there was evidence of negligence or the actions were deliberate.
4.17	Matthew Winn explained that the incidents in questions related to difficult extractions. None of the incidents warranted disciplinary action being taken. In addition, each of the incidents was different in nature and in a different locality.
4.18	Nicola Scrivings noted the importance of fostering a no blame culture that engendered learning across the trust. However, she added that the trust should also ensure staff are held to account where necessary. Anita Pisani confirmed that the Trust would take disciplinary action where necessary. All incidents are investigated and if a staff conduct or capability issue was identified in the investigation, this would be addressed through normal HR processes.
4.19	Anita Pisani updated the Board on second serious incident reported from the Norfolk 0-19 service and related to missed opportunities to escalate safeguarding concerns. This incident was currently being investigated.
4.20	Dr Anne McConville inquired about the issues where some staff had ended up with lower take home pay after the recent pay increment than before. Anita Pisani explained that this had been caused by some unions sharing proposed pay scales before they had been finalised. This had led to some staff getting different pay after the increment than they had expected based on the incorrect information they had been provided. Mark Robbins added that, the increase in pay had moved some staff into a higher pension bracket. Combined, in some instances, with increased student loan payments, this had resulted in lesser take home pay. Anita Pisani noted that this had resulted in a negative impact on staff morale.
4.21	The Trust had communicated with staff that this issue was as a result of national terms and conditions.
4.22	Anita Pisani added that there had not been any evidence so far that this issue was impacting on retention rates.
4.23	The Board was updated on the 'Safe Space' proposals; providing clarity on levels of disclosure and the need for independent investigations conducted under the 'Safe Space' process.
4.24	Anita Pisani reported that the overall mandatory training compliance rate had dipped due to Bedfordshire services which the Trust took over in April 2018. This was due to the quality of data inherited on mandatory training. There was ongoing work to address this which was being monitored via the clinical operational board. Geoff Lambert commented that the clinical operational board was aware of the data quality issues and had received evidence that the picture was improving. No significant issues of concern had been identified so far.

4.25	Anita Pisani added that the Trust was in the process of embedding its governance approach into the new Bedfordshire services.
4.26	Anita Pisani reported that the Trust had achieved 100% compliance on complaints for the last 3 months. She commended Louise Palmer who had led the work to improve the complaints management process. It was agreed that the Chair would write to Louise Palmer to express the gratitude of the Board.
4.27	The Board was briefed on the breaches of the 18 week RTT in Luton & Bedfordshire Community Paediatrics and Bedfordshire therapy service and 6 week waiting time breaches in Luton Paediatric Audiology service. The mitigating actions and plans were overseen through the Clinical Operational Boards.
4.28	Dr David Vickers updated the Board on the results from the National General Medical Council survey. The Trust results ranked second in the East of England. It was agreed that the Chair would write to the lead in Children's Acute services to commend them on the good General Medical Council survey results. **Action: Nicola Scrivings**
4.29	Anita Pisani reported that two of the new cohort of junior doctors had agreed to Chair the Junior Doctors Committee. Dr David Vickers added that the Guardian of Safe Working Hours was also now receiving exception reports from Junior Doctors.
4.30	The Board was briefed on learning from deaths from quarter 1. Dr David Vickers noted that no significant learning had been identified in the first quarter.
4.31	Dr David Vickers reported that in the next quarter, the Trust was planning to move to reviewing unexpected deaths instead of reviewing all deaths. Nicola Scrivings challenged whether this should be a decision made by the Board. Dr David Vickers and Dr Anne McConville explained that the policy had been approved by the Board and the proposed change was within scope of the existing policy. Nicola Scrivings noted that it would still be ideal for the Board to be briefed on the change in approach. **Action: David Vickers**
4.32	Dr Anne McConville highlighted the percentage of patients who had died in the place they had chosen was a good indicator. She noted that the Trust should continue to audit this regularly.
4.33	Gill Thomas inquired about the approach by other Trusts nationally on learning from deaths. Dr David Vickers responded that there not been much progress nationally.
4.34	Dr David Vickers reported that the overall harm free result had improved in June (92.5%) and July (93.8%) from May's result of 88%.
	<u>Key Issues from the Quality Improvement and Safety Committee</u>
4.35	Dr Anne McConville updated the Board on key issues from the Quality Improvement and Safety Committee. The committee had recommended that the Board approve the EPRR core standards and winter plan.
4.36	The Board was briefed on the new approach used for EPRR core standards report this year which was an improvement on the previous approach. The Trust was compliant on 49 out of 55 standards with plans in place on the remaining standards.
4.37	The committee had also received the Information Governance Annual report which had included an updated on data quality for the first time.
4.38	The Board approved the Winter Plan and EPRR Core Standards self-assessment.
4.39	Matthew Winn highlighted that page 14 of the data pack showed a disproportionate number of complaints were in relation to Bedfordshire services. A majority of these were ongoing when the Trust inherited the services. However, it was important to monitor this trend as this was an outlier compared to other services in the Trust and ensure the clinical operational board was staying on top of this.

4.40	Anita Pisani alerted the Board that there may be an increase in complaints in Luton Community Paediatrics due to current staffing pressures leading to longer waiting times.
4.41	Geoff Lambert inquired under what conditions a service would be declared to be unsafe. He was inquiring in relation to ongoing staffing pressures in Luton Community Paediatrics. He noted that staff would always do their best to continue to deliver a good service, but it was important to be clear when a call can be made that the service is no longer safe.
4.42	Nicola Scrivings noted that the Board should take assurance from the knowledge that the Trust had previously declared when services were no longer safe in GP Out of Hours Service and also in Cambridgeshire District Nursing. Anita Pisani added that this had similarly been declared for the Breckland Healthy Child Programme Service.
4.43	Anita Pisani explained that each team had a minimum staffing level and the service would be declared unsafe if this was breached. It was agreed that the bi-annual review would include an update on whether all services had a clear minimum staffing level recorded. In addition, the update would include if services have a defined approach for prioritisation. **Action: Anita Pisani**
4.44	Dr David Vickers noted that safe staffing was easier to define for Acute services than community. In the community, safe staffing can be managed through waiting times. In the community, the main challenge was that staffing challenges lead to longer waiting times for patients.
4.45	Matthew Winn noted that, on research, the Trust was paid based on research activity. Therefore, it was important to ensure that all the milestones were being met. The graph was not clear if the Trust was on track to meet its target. **Action: Dr David Vickers**
4.46	Gill Thomas inquired whether the Trust had factored in Brexit in its emergency planning arrangements. Mathew Winn explained that the Trust had not taken any specific action in relation to Brexit, in line with national guidance. Dr David Vickers was leading some work to ensure our medicines supply, particularly focused on HIV drugs, were secure.
5.	**Finance**
5.1	Mark Robbins briefed the Board on financial performance as at the end of month 4. The cumulative position to Month 2 was a £709k surplus. The cash balance at 31 July 2018 was £9.1m. The high cash balance was partly due to due to a payment from NHS England for the 2017/18 STF payment of £1.555m. The Board was also briefed on delivery of Cost Improvement Plan schemes.
5.2	There had been a slight dip in the Better Payment Practice Code performance. Gill Thomas inquired how the Trust ended with invoices which were over six months old. Mark Robbins explained that some of the reasons were outside the Trust's control.
5.3	Mark Robbins noted that the proportion of non-recurrent Cost Improvement Plan schemes was an area which needed improvement. This would be part of the Cost Improvement Planning discussions. Richard Cooper highlighted the importance of rebalancing recurrent vs non-recurrent Cost Improvement Plan schemes. Mark Robbins explained that the areas facing challenges were known and would get targeted focus.
5.4	Mark Robbins reported that the capital programme was slightly behind schedule due to contract start dates. It was anticipated that the programme would catch-up in year.
6.	**Clinical Operational Boards and Performance Information**
	Children and Young People Service
6.1	Gill Thomas updated the Board on the key issues in the directorate. A staff story on the introduction of safety 'huddles and druggles' into the Acute Children's

	services had been presented.
6.2	A deep dive into appraisals had also been presented. A significant improvement in appraisal rates was noted in 4 of the 6 service areas with Cambridgeshire Specialist and Universal services remaining below the 92% target. Anita Pisani explained that support was being made available to support teams to ensure appraisals are completed on time.
6.3	Anita Pisani highlighted that it was important to ensure that staff understood the importance of remaining compliant on all workforce metrics and those who were not compliant were performance managed.
	Ambulatory
6.4	Anne McConville update the Board on key issues from the Ambulatory clinical operational board.
6.5	The Board received a presentation on research, outlining the benefits of research involvement to both the individual and the service.
6.6	The committee had also briefed on the latest Never Event in Dental services and had been updated on the independent review which had been commissioned.
	Luton
6.7	Geoff Lambert discussed the key highlights from Bedfordshire and Luton including the challenges being faced in audiology. Anita Pisani reported that NHS Improvement were expecting an improvement plan by end of quarter 2 on how the audiology service was going to reduce diagnostic waits. The Trust had now agreed a joint appointment with Luton and Dunstable Hospital. If recruitment to this joint post failed, the Board would have to revisit this discussion to consider options.
6.8	The BCG backlog was now down to 171 and was on track in line with the plan.
6.9	Anita Pisani briefed the Board on Looked After Children performance. A detailed report was expected at the next meeting. The Head of Service was conducting the review; including discussing with Cambridgeshire services and Luton Borough Council to develop an improvement plan.
6.10	Gill Thomas inquired whether the clinical operational board was comfortable with the mitigations against the risks rated as extreme in Bedfordshire. In particular, it was important to ensure sufficient mitigations were in place for risks 2575 and 2757. Geoff lambert confirmed that the risks had been discussed including a review of the mitigations. Anita Pisani confirmed that the clinical operational board had agreed to reduce the score for risk 2757.
7.	**Carter Report Update**
7.1	Mark Robbins noted that the Board had received an update in the Chair and Chief Executive Report in July 2018 and also in bi-annual updates presented in November 2017 and May 2018.
7.2	The Board was briefed on the recommendations from the Carter review that were relevant to the Trust and the ongoing work to implement. The Trust had already progressed with a number of work streams, including developments in the ways of working, that were focussed on improving efficiency and productivity and supporting our valued staff.
7.3	Anita Pisani noted that Amy Edwards had extensive experience managing 18 week pathways and had now been assigned to support Luton Community Paediatrics.
7.4	Richard Cooper inquired about Community Services benchmarking and whether this measured against performance or cost. Mark Robbins confirmed that this was on cost.
7.5	Anne McConville inquired about likely challenges in implementing the next phase. She noted that the report was looking backwards to the work already undertaken and did not cover the work to be done next. Mark Robbins responded that the report covered all areas which are applicable to the Trust. The next stage

	was to understand how to make further improvements and how these improvements are then reported in terms of metrics and outcomes.
7.6	Nicola Scrivings and David Vickers noted that consultant job planning also applied to the Trust. Mark Robbins acknowledged that it was applicable, but the Trust had a small proportion of doctors therefore a major overhaul was not necessary. It was about balancing effort and the potential impact on productivity. It was agreed that consultant job planning would be included, but not electronic job planning. **Action: Mark Robbins**
7.7	Matthew Winn inquired whether a review had been undertaken whether the new Bedfordshire services had an optimum process for consultant job planning. Anita Pisani responded that the consultant job planning across all areas of the Trust could be improved. The Trust was taking part in an NHS Improvement benchmarking exercise which would inform the improvement plan.
7.8	Matthew Winn explained that the Trust could not develop an improvement plan on estates and facilities management until a comprehensive and tailored set of benchmarks for the sector were in place.
8.	**Tri-annual review of delivering the Business plan**
8.1	Anita Pisani reported that there were no areas of concern to be highlighted to the Board.
8.2	The Board was briefed that the Chief Nurse and the Head of Clinical Quality were leading work on safety culture, specifically focussing on dentistry and iCaSH.
8.3	Anita Pisani reminded the Board that the staff survey would be launching in October 2018.
8.4	The Board was briefed that the trust was looking at different ways to reduce staffing pressures including use of Recruitment and Retention Premia where appropriate. However, in most areas where the Trust was facing recruitment challenges, salary was not the main issue.
8.5	Gill Thomas inquired how many apprenticeships the Trust offered a year. Anita Pisani explained that there was no set target. In addition, there were other challenges limiting the number of apprenticeships offered including a lack of providers to deliver apprenticeships.
8.6	Mark Robbins reported that the IM&T programme was on track. He briefed the Board on the ongoing work to rollout Skype for business.
8.7	Mark Robbins also briefed the Board on delivery against Estates strategy including an update on the next stage of the North Cambs Hospital development.
8.8	The Board was informed that statutory building compliance reporting continued to improve with 100% reporting on Serco managed properties. A proposed approach for reporting on non-Serco properties was under consideration.
8.9	The trust was still waiting for some information on Bedfordshire properties from NHS Property Services and East London Foundation Trust. Once this was available, the Trust could start to look at opportunities for rationalisation of the Bedfordshire estate. An update was to be provided at the December Estates Committee meeting.
8.10	Karen Mason highlighted the work undertaken by the Communications Team to support Service Redesign work including 'Just One Norfolk'.
8.11	Anita Pisani noted that the overall performance against objectives was below target. This would need to improve.
8.12	Gill Thomas inquired whether measure 4b – 'To secure that share of contract revenue that is directly linked to the performance of KPIs' – should be revised to reflect the shift to contracts that are outcomes based in Norfolk and Bedfordshire. It was agreed that the Executive would consider whether to revise for the remainder of the year and implement new measures at the beginning of 2019/20. **Action: Mark Robbins**
9.	**Medical Revalidation Annual Report**

9.1	Dr David Vickers reported that this was the 6th year reporting on medical revalidation and all of the Trust's doctors had revalidated successfully with no referrals to the General Medical Council.
9.2	An appraisal rate of 87.9% had been achieved.
9.3	Nicola Scrivings inquired about quality of appraisals. Dr David Vickers noted that doctors were asked to provide feedback on their appraisals.
9.4	Richard Cooper inquired about revalidation data. David Vickers explained that revalidation was not an annual process. The report covered the revalidations that were due for completion this year.
10.	**Claims and Litigation Annual Report 2017/18**
10.1	Taff Gidi summarised the key issues in the report including an analysis of claims by category, a breakdown of the new claims and claims relating to services still operated by the Trust.
10.2	The total claims liability for the Trust in this period was c.£139k, with the Trust paying £7.8k of that and the rest covered by insurance.
10.3	The Board was also updated on the support provided to staff involved in legal proceedings in relation to their role with the Trust. The Chief Nurse, Assistant Director of Corporate Governance, Head of Safeguarding and Claims & Litigation Manager were reviewing this to understand any gaps in provision.
10.4	There had been no employment tribunal cases in the last 24 months.
10.5	The main lesson from the report was the importance of good record keeping to enable to the Trust to respond fully to any legal proceedings. The Assistant Director of Corporate Governance had delivered a session at the last Leadership Forum and further work would be undertaken to raise awareness on good record keeping in teams. Dr David Vickers explained that staff regulated by professional bodies were aware of the importance of good record keeping. The challenge was ensuring that they had allocated time to complete this.
10.6	Nicola Scrivings inquired about benchmarking. Taff Gidi explained that the Trust had very few cases which made benchmarking difficult in terms of validity of data.
10.7	Anne McConville inquired whether the risk of potential future claims was known. Matthew Winn explained that the Trust could not anticipate if there would be any future claims. There was a term limit for when claims could be brought. Taff Gidi added that, as a major children's services provider across the East of England, it was important to note that children are allowed to bring claims up to three years after the child turns 18. For medical negligence claims involving adults, the time limit was three years from the date of injury, or three years from the date the individual becomes aware of the negligence or injury.
10.8	Geoff Lambert inquired about support available to staff involved in legal proceedings. He noted that this was a concern often expressed by staff in conversations. He emphasised the importance of ensuring that staff were aware that support was available.
	Key Issues Reports from Board Sub Committees
11.	**Audit Committee**
11.1	Gill Thomas inquired about the register of dispensations. Mark Robbins explained that was a report advising the Audit Committee of any waivers granted against the Trust's procurement rules or standing financial instructions. Geoff Lambert added that the Audit Committee had oversight of this and was confident of the Trust's reporting on this.
12.	**People Participation Committee**
12.1	Nicola Scrivings briefed the Board on the inaugural committee meeting which had covered a review of the proposed terms of reference and an update on ongoing work.
12.2	Nicola Scrivings reported that the committee was still in its early stages. Good steps had been taken to bring the committee up to speed with progress and next

	steps identified. Anita Pisani added that some of the localities in the Trust were still recruiting Co-Production Leads. Luton and Norfolk already had people in place.
12.3	Nicola Scrivings noted that it was important to move towards meaningful participation, not just engagement so that the work is informing the Trust's service improvement and service redesign work.
12.4	Richard Cooper noted that the first meeting was a good start. It was important to direct the enthusiasm shown by the staff towards delivering meaningful engagement. He noted that the Trust had invested money into this new approach including new roles and hence it was right to assess the return on investment. Anita Pisani responded that the picture was varied across the Trust with some services doing engagement very well and others which require significant development.
12.5	Taff Gidi highlighted that it was important to recognise that the effectiveness of the committee was partly depended on the underlying infrastructure being in place to support the working together groups. The expectation was that this would continue to improve as the foundational elements were put in place.
12.6	Matthew Winn inquired whether the approach for the meetings should be adjusted to reflect that the development process was still ongoing. One approach would be to have a developmental working group below the committee and temporarily revising the attendance at the committee meetings. The ultimate objective was to ensure that the Trust was actively engaging with local populations and using that feedback to inform delivery of services.
12.7	At the meeting, it was thought best if the committee stayed as currently constituted, but the Chair and Chief Nurse would meet to discuss further. **Action: Julia Sirett**
12.8	Gill Thomas inquired whether the discussion at the integrated business plan needed to be revised to reflect the new people participation approach. It was agreed that the Trust would revise the measures against the objective to provide outstanding care to include metrics for measuring the Trust's people participation. **Action: Mark Robbins/Julia Sirett**
13.	**Charitable Funds**
13.1	Geoff Lambert briefed the Board noting that the committee had approved a request for funding to support a staff member's development.
13.2	Mark Robbins confirmed that the Charitable Funds Committee had agreed to change the frequency of meetings to at least twice a year. The decision was driven by activity levels in the Trust's charitable funds.
14.	**Chair and Chief Executive Report**
14.1	Matthew Winn highlighted the main points in the report including update on preparation for no deal Brexit. The Medical Director had been tasked with reviewing potential impact on drugs supply. In particular, the main issue would be in relation to HIV medication. The Trust supported over 3000 individuals on HIV medication. The emergency plan would be updated to reflect any areas of risk identified.
14.2	The Trust had been shortlisted for the Health Service Journal Trust of the year national award. The plan was to host the judging panellists at Brookfields iCaSH and MSK and then the Trust would be required to deliver a presentation in London.
14.3	The format for the 'risk on a page' report had been revised to show more information against each risk. Richard Cooper noted that the revised format was helpful in terms of understanding risks. In addition, Matthew Winn confirmed that the next step was to work with report authors to ensure reports to the Board and its subcommittees are linking to the Trust's major risks and how the report contributes to mitigation against identified risks. This is intended to refine the

	process and ensure the Board was focussing its discussions on the highest strategic risks.
14.4	On risk 2802, Gill Thomas inquired whether Serco could charge the Trust. Mark Robbins responded that the Trust had previously received legal advice saying this was unlikely. In addition, the risk was to be reviewed in line with the discussions about changes to Serco services discussed in the private Board meeting.
14.5	Matthew Winn added that the Trust had been careful about trying to unpick the Serco services on the edges before the end of contract date to ensure there were no unintended consequences in terms of TUPE. A workshop was due to be held the next day to discuss.
15.	**Any other Business**
15.1	None
16.	**Questions from members of the public**
16.1	None

Date of next Public Trust Board Meeting 14 November 2018
Venue: Teal Room, The Poynt, 2-4 Poynters Road, Luton, LU4 0LA