

TRUST BOARD PUBLIC MEETING

Wednesday 8th May 2019

10.40 – 14.10

The Teal Room, The Poynt, Luton LU4 0LA

Members:

Nicola Scrivings	Chair
Geoff Lambert	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Judith Glashen	Associate Non-Executive Director
Anna Gill	Non-Executive Director
Gary Tubb	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
Michelle Robinson	Governance Support Officer
Laura Woodman	Paediatric Nurse Practitioner (<i>item 7</i>)
Lisa Wright	Patient Experience Manager (<i>item 7</i>)
Angela Hartley	Assistant Director of Workforce (<i>item 8</i>)

Apologies:

Karen Mason	Head of Communications
-------------	------------------------

Minutes:

1.	Chair's welcome, apologies and additional declarations
1.1	Apologies were received from Karen Mason, Head of Communications.
1.2	There were no additional declarations of interest.
2.	Minutes of previous meeting and matters arising
2.1	Gary Tubb queried whether there should be an action at 4.11. It was agreed that this could be discussed under agenda item 8.
2.2	Anna Gill clarified that 1.5 should refer to the Child Assessment Unit and not the Accident and Emergency Unit.
2.3	Anita Pisani suggested that the wording in paragraph 1.4 (2 nd sentence) should read "- Anita Pisani asked whether the service had discussed with the Acute Trust about bypassing normal admission procedures." <i>Oliver Judges joined</i>
2.4	The minutes of the March 2019 meeting were then approved.
2.5	Action 5.8. (January 2019) to be removed. It was agreed that this was a duplicate of action 4.50 (March 2019).
2.6	Action 8.22 (March 2019) – Anita Pisani confirmed that this was complete. The results would be shared via a reading room on Convene. Action: Anita Pisani/Taff Gidi
3	Quality Report
3.1	Julia Curtis reported that there had been one Serious Investigation (SI) since the last meeting. This was from the Luton based 0-19 team and an investigation was underway.

3.2	She described how pressures relating to staff challenges and sickness continued to have an impact on service delivery - in particular the 0-19 services in Luton and Cambridgeshire. The Bi-annual Workforce Review (item 8 on the agenda) gives a detailed summary of the workforce plans, the pressures across all services and mitigations in place to assure the Board on safety of each service.
3.3	Julia Curtis confirmed that the Business Escalation Framework's had recently been reviewed for Cambridgeshire and Luton. A Framework had been agreed for Cambridgeshire and Luton would follow shortly. Norfolk had already been reviewed and agreed.
3.4	Anita Pisani provided some additional updates for Luton services highlighting that interviews were due to be held on 14 May 2019. In addition, the Trust had offered permanent employment to 3 current Health Visitor students effective from September 2019 once they qualify. Bedfordshire complex children's service had also offered roles to 2 applicants.
3.5	Julia Curtis explained that while bank staff provided additional cover for teams, they also presented some challenges because they often required a level of flexibility that did not always match the needs of the service. Anna Gill suggested that the role of bank staff could be celebrated more as many of these staff were undertaking bank hours to trial what CCS is like as an employer. Anita Pisani also confirmed that the organisation was looking at providing weekly pay for bank staff which would be an additional incentive to attract staff.
3.6	Julia Curtis confirmed that the Acute Paediatric services had successfully and seamlessly transferred to North West Anglia NHS Foundation Trust on 31 March.
3.7	Julia highlighted how, given the extremely positive Friends and Families (F&F) response results (currently at 96.35%), the Trust continued to provide outstanding care on a daily basis.
3.8	Following the Lampard Enquiry, the board were reassured that no concerns had been highlighted, after recent reviews of the Learning from Deaths policy and 2018/19 draft Quality Account and that the Trust remained compliant.
3.9	Anita Pisani confirmed that the Trust were exploring options around the re-checking of Disclosure Barring Service (DBS) checks. A recent national review had confirmed that annual updates had not proved effective. The main challenge was that the rechecking service and reminders were communicated directly between the rechecking service and the employee with no communication to the Trust. The Trust, along with NHS partners, were currently lobbying the disclosure barring service to try and introduce a more workable process.
3.10	Anne McConville questioned whether the annual DBS checks were included in the NHS Employers Standards and, if so, why was this showing as green in the Quality Report. Anita Pisani confirmed that annual checks were not a current requirement which is why the Trust was showing as compliant.
3.11	David Vickers explained that a review had recently been carried out on the Learning from Deaths policy and requested the board's approval.
3.12	Julia Curtis described how the policy reflected the recently reviewed business cycle of the Quality Improvement and Safety Committee, which had been changed to quarterly meetings. She highlighted how the latest data appeared to reflect an increase in the number of deaths in Luton and explained that this was owing to a change in denominator because of the enhanced models of care system work and with all deaths related to the programme being included in the data even when the trust was not the primary healthcare provider.
3.13	The board was asked to review and approve the draft 2018/19 Quality Account. The stakeholder feedback was still outstanding and would be circulated ahead of the final publication in June 2019. The Board thanked all of the team involved in the production of the report, along with all of those who had contributed to it. Action: Julia Curtis

3.14	Anne McConville challenged the sickness data charts noting that the recommendation for SPC charts was to have at least 7 data points. Matthew Winn confirmed that the average recommendation was 7, but did not mean less could not be used. The important thing was to ensure decisions were not made based on 2 data points. The board accepted the material as accurate and quality accounts for the report.
3.15	Gill Thomas referred to the F&F data on p.9 of the datapack and questioned why there appeared to be large variances between locations across the footprint of the Trust. She also highlighted that there appeared to be gaps with Absolute Submissions for Cambs 0-19 and Beds Neuro. She asked if there was an alternative way to make the data more meaningful and robust. Julia Curtis described how the datasets had recently been reviewed as part of a wider set of evidence. She added that no baselines were currently set and that figures were not absolute but averages, as the current process did not allow for this.
3.16	Geoff Lambert highlighted that it was important to see this year's quality account shine a light on the areas the trust does well.
3.17	Gary Tubb highlighted the variances in friends and family test in terms of number of submissions. He inquired if the trust had a plan to have a more responses. Matthew Winn suggested that the setting of a baseline could be considered for the friends & family survey. However, he explained that the survey was designed for Ambulatory Services only and that it was not necessarily an effective way of measuring performance in some of the Trust's other services such as 0-19 children's service.
3.18	Julia Curtis added that the friends and family test was not the only measure. Services had other metrics to help provide a fuller picture. She noted that clinic based services had better opportunities for conducting the survey because they mainly had one contact with a service users compared to services which had multiple contacts with the same user.
3.19	Anne McConville agreed that the survey was not an ideal tool for some services and recommended a review of where it can be effective rather than increasing its use across all areas. Matthew Winn and Julia Curtis confirmed that it was important to ensure that the tool is used appropriately. Action: Julia Curtis
3.20	Gill Thomas commended that the target for appraisal had been achieved. Gary Tubb questioned why the post-appraisal survey response rate was so low at 33%. He challenged whether the data was sufficient to provide assurance on quality of appraisals. Anita Pisani confirmed that the Trust also relied on feedback from the annual staff survey which 60% of staff had completed.
3.21	Gary Tubb challenged whether further assurance was required, given the low figures. He highlighted that the Board should get assurance on the following: <ul style="list-style-type: none"> i. We are doing all that we can, not just to tick the box on quality of appraisals, but also to achieve the same level of quality evaluations ii. We understand the reasons why people are not completing the quality assessment at the same level and address this iii. With an increased understanding of appraisal quality and issues emerging that appropriate actions are taken if required <p>It was agreed that Anita Pisani would meet with Gary Tubb outside the meeting to explore this further. Action: Anita Pisani</p>
3.22	Gary Tubb highlighted his concern that the low response rate on the post-appraisal survey could be an indicator of an underlying issue not being addressed. The trust's exit interview responses were also low. Anita Pisani emphasised that the Trust recognised the importance of having quality of

	appraisals for staff, not just focussing on the number of appraisals completed. The annual staff survey provided insight through a number of indicators which helped inform the Trust's view.
3.23	Nicola Scrivings highlighted that the Trust consistently demonstrated good staff engagement. She acknowledged that staff turnover was high, but in-line with national benchmarks. The Board acknowledged Gary Tubb's concerns, but highlighted that there was no indication at the moment that the Board should be concerned about the quality of appraisals. Nicola Scrivings suggested a further development session to explore this. Action: Anita Pisani
3.24	Geoff Lambert queried why there was no clear explanation on assurance levels in the quality report. Gill Thomas confirmed that this was currently being reviewed as part of the integrated governance report to be launched in July 2019.
3.25	Geoff Lambert asked if the Trust was 'safe'. Julia Curtis confirmed that all the assurances were in place and where a serious incident had occurred, any recommendations of a detailed review would be considered going forward. Matthew Winn added that it was also important to gauge the balance between the number of incidents versus patient feedback.
3.26	Geoff Lambert noted that an 18 week measure was now in place and questioned whether it was achievable with some existing waiting lists being 12 months or more. He challenged whether, in a society that is now used to quick turnarounds, whether current targets were realistic. Anna Gill pointed out that it was important to be realistic and factor in the availability (or lack) of professionals.
3.27	Matthew Winn explained that some measures were beyond the Trust's control and steered by Commissioners and stressed the importance of monitoring both patient and staff feedback to have a fuller picture.
3.28	Oliver Judges added that some of the digital services being introduced recently (such as iCaSH express testing) was an important step and stressed how important it was for the Trust to stay up-to-speed so it had a generational point of transition. Nicola Scrivings agreed that the Trust needed to remain ambitious and innovative to deliver effective services.
3.29	Anne McConville questioned why the GDPR internal audit report seemed to give a different picture to the challenges experienced by the Trust when completing the data protection and security toolkit (see Information Governance update on page 3 of the datapack). Taff Gidi explained that the data protection and security had recently replaced the IG toolkit and that there had been some challenges with obtaining evidence to fulfil the new requirements in areas which had not been a requirement in the previous toolkit. Having gone through the process for the first time, the Trust was now better placed to be ready for the 2019/20 submission next year. He explained that the GDPR internal audit report assessed the trust's implementation of the new data protection regulations and therefore was not related to the toolkit submission process.
3.30	Anne McConville queried whether the stability figures (on Page 7 of the datapack) excluded fixed term contracts. Anita Pisani confirmed that the stability rates focussed on new starters in year one of service, and not staff who had recently been TUPE'd across or who were on a fixed term contract.
3.31	Anna Gill queried the wording of point 4 in Annex 2 of the Learning from Deaths Policy. It was agreed that the term "mental handicap" would be removed from the policy. Action: Julia Curtis
3.32	Anne McConville asked why the targets did not appear on the dashboard. Julia Curtis confirmed that this was currently being re-worked as part of the new integrated governance report.
3.33	It was agreed that stakeholders comments for the Quality Account report would

	be circulated. Action: Julia Curtis (see 3.13)
4.0	Trustwide Finance Report
4.1	Mark Robbins presented the month 12 finance performance report covering the surplus position and performance against cost improvement plan target.
4.2	He summarised that the Trust had an operating surplus of £1.9m at the end of month 12, leaving an overall operating surplus at the end of the FY of £3.8m. He explained that this did not reflect the cash position (currently at £11.54m) but was above plan. The final accounts were due to be signed off on 24 th May 2019.
4.3	It was confirmed that the Use of Resources (UOR) Metric continued to be a level1 and that 84% of the overall CIP target had been delivered.
4.4	Anna Gill queried what processes were in place to ensure that expenses claim levels were managed and monitored and savings were made - particularly in such a fast growing organisation. Mark Robbins confirmed that procedures were in place and that staff are regularly encouraged to car share and have teleconferences rather than travel.
4.5	Geoff Lambert questioned whether it would be good practice to obtain reassurance from both internal and external auditors around the injection of cash from NHS Improvement so late in the FY. Matthew Winn confirmed that there were no additional reserves going forward and the additional last minute funding received in the past two years would not be available from FY 2020/21.
5.	Key Issues from Clinical Operational Boards
	<u>Ambulatory</u>
5.1	Nicola Scrivings updated the Board. A number of projects with both dental and iCaSH services remained a priority, including the re-designing of the dentistry team. She described how there were many examples of good practice across the service.
5.2	Anne McConville asked whether the funding situation had been resolved with the Oliver Zangwill Centre. Nicola Scrivings informed the board that a decision from the commissioners was due this month.
5.3	Matthew Winn advised that a board level decision would be required in June following a significant pharmaceutical procurement exercise which was based around one approach for delivery going forward. He advised the board that, owing to timings, the paper would not be available until the Monday before the next meeting.
	<u>Children and Young People</u>
5.4	Anna Gill advised that the agreement for the joint venture with the CPFT had been approved and signed by both boards and that the focus continued to be an integrated 0-19 services.
5.5	She highlighted that KPI performance in Norfolk remained off target due to a change in reporting standards and that there were ongoing issues with LAC reports in Cambridgeshire, which were being monitored closely.
5.6	Anna Gill reported that the Special School Nursing team had a QEWTT score of 16. However the team continued to ensure the medical needs of students were supported.
	<u>Bedfordshire and Luton</u>
5.7	Geoff Lambert reported that the bid for funding for the Community Paediatric Services had been successful and that all services in Bedfordshire and Luton were on track. He advised that it was recommended that the Trust Board include a development session on the Bedfordshire Children's Service within its development cycle for 2019/20. Action: Taff Gidi
5.8	He confirmed that there were no additional escalation points and highlighted that the extreme rated risks continued owing to an ongoing debate between Luton &

	Dunstable Hospital and Commissioners. Judith Glashen challenged whether this would become a public health issue if children were not being vaccinated. Anita Pisani reassured the board that the commissioners were aware and involved in trying to resolve the situation.
6.	Why the Board Listens to Patient and Staff Stories
6.1	The Board watched a short video produced by Taff Gidi. The Chair thanked Taff for producing such a poignant and moving account. All agreed that the video should be widely shared across the organisation and with key stakeholders. Action: Taff Gidi/Karen Mason
7.	Patient Story
7.1	The Chair welcomed mum (VT), Laura Woodman (Paediatric Nurse Practitioner) and Lisa Wright.
7.2	VT described how she had received support from the Trust since the birth of her eldest son three and half years ago. She explained how her son was diagnosed with Cystic Fibrosis at birth and, following an initial 10 month period of being in hospital, the family were now fully supported by the rapid response team.
7.3	VT added that they had received outstanding care from the team throughout and that with the support from Laura Woodman and colleagues, and been able to avoid any significant hospital stays.
7.4	Nicola Scrivings asked how the family managed out of hours. VT described how they had open access to PAU and that rapid response team always ensures that when an emergency arises a plan is put in place (via telephone) within 10-15 minutes.
7.5	Anna Gill asked how it was defined who could access the service. Julia Curtis confirmed that this service was currently only available via Luton CCG but the Trust was looking to expand into Bedfordshire CCG. She explained how the service was cascaded across a wide range of health units, with referrals coming from GPs, hospitals and paramedics for example.
7.6	VT highlighted how she had always had a positive experience with NHS services and always received constant reassurance from the community nursing team – she had a very close rapport with the team.
7.7	Matthew Winn asked how the health plan would work once GT started school. VT explained that they had a very close relationship with the community nurses who also worked closely with teachers at nursery and then, from September, with the school. Matthew Winn commended these relationships and stressed how important it was to celebrate this – in particular how VT is managing day-to-day at home and the level of clinical expertise being delivered by the community nursing team.
8.	Bi-annual Workforce Review
	<i>Angela Hartley joined the meeting</i>
8.1	Nicola Scrivings thanked the team, on behalf of the board, for such a substantial piece of work.
8.2	Angela Hartley explained how the Review was a helpful exercise to identify hotspots in recruitment, in particular helping to define what roles were difficult to recruit to and what the Trust was doing to retain staff.
8.3	Anita Pisani updated the new members of the Board on why the workforce review was presented twice : <ul style="list-style-type: none"> o The Trust had been completing a bi-annual workforce review since 2014. o The focus for the Trust's report was on providing assurance to the Board on staffing. this was especially important because the Trust did not have a separate Workforce Board subcommittee. Workforce issues are discussed at clinical operational boards.
8.4	Anne McConville commented that it was good to see a five year plan in place. She questioned what the risks were in losing allied health professional staff to

	primary care. Angela Hartley confirmed that this had been investigated and, overall, it was felt that the options were not as attractive as first appeared.
8.5	Anita Pisani described how it was mainly the primary care networks that were affected which included Luton. She confirmed that discussions were underway with Service leads to identify a cohesive integrated workforce. This could have an impact on the cluster structure units going forward.
8.6	Anna Gill added how a tremendous amount of work went into retaining clinicians across the NHS.
8.7	Geoff Lambert questioned whether there was enough reassurance in the report to demonstrate what is needed to retain and recruit staff. He highlighted that it was important to continue to review risks 2970 & 2969.
8.8	Matthew Winn explained that, as part of the long term plan, additional funding and training opportunities would be provided for nurses which would help to alleviate some of the issues. Anita Pisani also described how the Trust had recently applied for £65k which would help to fund professional education facilitators to work across the organisation. This would form part of a detailed 18 month plan which places great emphasis on 'growing your own'.
8.9	Anne McConville emphasised the importance of retaining the expertise and knowledge of those staff looking to retire and highlighted the value of having flexible retirement plans in place.
8.10	Julia Curtis added that the key was to be creative in designing future roles.
8.11	Oliver Judges said that there was a lot of support provided for returning nurses and agreed that the key was to be flexible. He indicated that this was a national issue as well.
8.12	reiteratie •
9.	Key Issues from other Board Sub-committees
	<u>Charitable Funds Committee</u>
9.1	Gary Tubb presented the key issues report.
9.2	The group noted that key issues, going forward, were for a Board Strategy to be created for revenue creation and to ensure that funds are utilised appropriately and in accordance with statutory guidelines.
	<u>Strategic Change Board</u>
9.3	Nicola Scrivings summarised the main points from the meeting and described how there had been good progress across all areas. There were no escalation points to report.
9.4	She confirmed that the Luton Community Paediatrics business case had been approved by commissioners and the service had secured additional funds to employ resources during 2019/20.
9.5	Geoff Lambert highlighted that the recent substantial reassurance received from internal auditors, in relation to the Trust's approach to implementing new models of care, was a credit to CCS as very few Trusts operate in a similar way.
	<u>Audit Committee</u>
9.6	Geoff Lambert described how recent discussions had been focussed around year end preparation. He explained that as part of the process key documents had been reviewed such as the progress on the Board Assurance Framework and Internal Audit Plan. He drew attention to the Head of Internal Audit's opinion in the plan and highlighted that the Trust had achieved a 92% implementation rate.
10.	Chief Executive's Report
10.1	Matthew Winn presented the report.
10.2	The revised Annual Slavery and Human Trafficking Statement was approved by

	the Board. Matthew Winn confirmed that this would be Published on the Trust's website.
10.3	Matthew Winn described how the Trust was required (by NHS Improvement) to sign off a self-certification of its governance. The Board authorised the Chair to sign off the certification, on behalf of the Board, after the External Audit Report was issued.
10.4	Geoff Lambert challenged that the self-certification showed that Trusts were being regulated in the same way as foundation trusts, but had not been granted the same levels of freedoms e.g. on setting their own non-executive directors' pay. Matthew Winn concurred that it would be appropriate to have parity of pay for non-executive directors of trusts and foundation trusts since they had the same responsibilities.
10.5	Nicola Scrivings was supportive of the Trust raising the issue of parity of non-executive directors' pay again. the issue had been previously raised with NHs Improvement who had agreed to take it forward, but the plan had been shelved due to other priorities.
10.6	Anna Gill also highlighted that the Trust should lobby for a change in regulations prohibiting non-executive directors of NHS Trusts from being members of ARBs at the same time.
10.7	All risks rated 15 and above had been reviewed and updated. The Board was updated on all strategic risks.
	The Board was briefed on the recent CQC inspection of the Trust's services (Children's Services, iCaSH and Care for the Elderly) which had gone very well. All staff involved were thanked for their contributions.
	IT services were currently under review and it was hoped that the sign-off would be ready in time for the next board meeting.
11.	Any Other Business
11.1	Nothing was raised.
12.	Questions from members of the public
12.1	None

Date of next Public Trust Board Meeting: 10 July 2019

Venue: The Training Room, Cringleford, NR4 7UY