TRUST BOARD PUBLIC MEETING
Wednesday 9 January 2019
10.40 – 14.10
Main Meeting Room. Rivergate, Viersen Platz. Peterborough PE1 1SE

Members:

Nicola Scrivings	Chair
Geoff Lambert	Non-Executive Director
Richard Cooper	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:

Karen Mason	Head of Communications
Taff Gidi	Assistant Director of Corporate Governance
Michelle Robinson	Governance Support Officer
Ellen Ballantyne	Service Manager iCaSH Norfolk *(item 2)*
Dr Nelson David	Associate Medical Director, iCaSH *(item 2)*
Lisa Wright	Patient Experience Manager *(item 2)*

Apologies:

Dr Anne McConville	Non-Executive Director
Oliver Judges	Non-Executive Director

Minutes:

The Chair welcomed all to the meeting. There were no further declarations of interests.	
1.	**Chief Executive's Report**
1.1	Matthew Winn highlighted that the NHS 10 year Longterm Plan had now been published. The Board was scheduled to discuss the plan and its impact on the Trust at the February 2019 Board Strategy Session.
1.2	The NHS Providers and NHS Employers' summaries of the longterm plan had been circulated to all members. Richard Cooper asked for an overview of how the longterm plan impacted on the Trust's services. Matthew Winn highlighted the following areas: o Enhanced Models of Care programme of work and systemwide collaboration; o additional funding for autism support; and o some of the additional funding for mental health services could potentially be invested into emotional health and wellbeing services.
1.3	The Board extended its congratulations to Anne-Marie Hamilton who had been awarded a Member of British Empire (MBE) in the Queen's New Year's Honours List. The Chief Executive had written to Anne-Marie Hamilton on behalf of the Board.
1.4	The Board was briefed on the risks including the top strategic risks and risks scoring 15 or above which had been escalated from the committees.

1.5	Matthew Winn confirmed that the Wider Executive team continued to review risks monthly in line with the new approach the Board had been previously briefed on.
1.6	The Board was asked to identify if any additional risks should be added to the strategic risk register. No additional risks were identified.
1.7	On risk 2610, Nicola Scrivings challenged whether the likelihood should be revised. She noted that the Trust was likely to deliver its cost improvement plan target and therefore questioned whether the risk likelihood should be lowered. Mark Robbins explained that there were still cost improvement plans which were due to be delivered in quarter 4. He acknowledged that the Trust was likely to deliver 89% to 95% against the target, although some of this would be through non-recurrent savings.
1.8	Gary Tubb inquired whether the detail behind each scheme was reported on. Mark Robbins confirmed that the individual schemes were covered at clinical operational boards and members could request a further discussion outside of the meetings, if required.
1.9	Gary Tubb noted that there were risks in the key issues report from the clinical operational boards which were not in the Chief Executive's report. Taff Gidi explained that this was a timing issue. The risk scores sometimes change between the clinical operational board meeting and the Board meeting. The risk report is a snapshot at a point in time.
1.10	Gill Thomas challenged whether the timing issue accounted for seeming inconsistency. It was agreed that the risks would be reviewed outside the meeting to ensure no risks had been missed. **Action: Taff Gidi**
1.11	Anna Gill inquired how the Board had confidence that all the necessary actions were being taken to mitigate risks escalated from the committees. The Board agreed that more detail on the actions being taken against each risk and why the Board should be assured that the risk is being managed appropriately. **Action: Taff Gidi**
2.	**Patient Story**
2.1	The Chair welcomed the patient and Dr Nelson David, Ellen Ballantyne and Lisa Wright.
2.2	Julia Curtis highlighted why it was important for the Board to hear directly from patients about their experiences accessing the Trust's services so lessons could be learnt to drive continuous improvement.
2.3	The patient shared his story about his diagnosis with HIV and accessing the iCaSH service in Norwich for care. He highlighted that his experience of the service had been universally positive.
2.4	The patient commended staff in the service for making his experience universally good; starting with the frontline staff at reception who were always welcoming, empathetic and supportive. He highlighted that the whole team was very effective and always willing to go above and beyond.
2.5	The patient specifically thanked: o Sam/Ruth who worked in the front office at Oak Street Clinic; o Dr Nelson David for his leadership by example, excellent clinical skills as well as his bedside manner. The patient noted that Dr David had made him feel welcome and accepted. o Portia Jackson who was a Specialist Clinical Pharmacist in iCaSH o Richard Grey who was an HIV Clinical Nurse Specialist. The patient highlighted that Richard had gone above and beyond, by taking medication to the patient while he was admitted in hospital.
2.6	The patient had started accessing the service before the move to the Oak Street clinic where it was now located. He highlighted that the move to the new premises had been a positive development for the service from a patient perspective. Ellen Ballantyne highlighted that, from a staff viewpoint, the move to

	Oak Street Clinic had been challenging. As a result, the leadership team had undertaken a lot of cultural development work locally and across the iCaSH service; including through the annual conferences.
2.7	The Patient commended the Trust for the training and culture that enabled staff to provide such a responsive service.
2.8	The service was also commended for working in an integrated way with the patient's GP. The patient had initially been concerned about the service contacting his GP, but encouragement and support from Dr David had eventually convinced him to allow the service to work collaboratively with his GP.
2.9	The patient also praised the system for providing feedback effectively to patients on results of any tests. Ellen Ballantyne explained that patients received a text if the results of their tests were straight forward and easy to understand. Where the results were more complex, the results were delivered over the phone by a nurse.
2.10	The patient highlighted that he had never felt discriminated against by staff because of his sexuality or stigmatised because of his HIV condition.
2.11	Nicola Scrivings thanked the patient for his positive story. She noted that the Board was proud to hear about staff at Oak Street clinic living the values of the organisation daily. Matthew Winn added that the staff were also a reflection of the excellent leaders in the service like Dr Nelson David and Ellen Ballantyne.
2.12	Dr Nelson David highlighted that the patient had received great care, in part, due to the multidisciplinary team working which was the approach the service used for managing complex cases.
2.13	Julia Curtis noted that it was good to hear from a patient who had an overwhelming positive experience. She highlighted that the patient story presented to the Board in November 2018, for example, had highlighted why one bad experience could have a lifelong impact on a patient's interaction with the health service. She also commended the patient for acknowledging staff by name for their exemplary work.
2.14	Gill Thomas thanked the patient noting that a positive story like this would boost the morale of the staff in the service and encourage them to continue providing a great service. She inquired how the story could be shared more widely. Karen Mason highlighted that the Trust proactively engaged with the media to raise the profile of the service and share stories where relevant.
2.15	It was highlighted that the patient had also been interviewed on radio as part of a campaign to encourage people to get tested.
2.16	Nicola Scrivings summarised the key themes from the discussion as follows: o it was great to hear the patient say they felt safe within the service; o the importance of working as a team; o front of house is an important element of the patients' interaction with services; o working collaboratively with internal and external stakeholders to deliver care is very important; and o staff going above and beyond made a difference to the patient's experience of the service.
2.17	Richard Cooper probed whether there was anything that could be improved. The patient noted that it would be of great benefit to the service if they could reduce the number of 'do not attend' in the service, but that was largely outside the control of the service.
2.18	The Chair thanked the patient and Dr Nelson David, Ellen Ballantyne and Lisa Wright who then left the meeting.
3.	**Minutes of previous meeting and matters arising**
3.1	The minutes of the November 2018 meeting were approved.
3.2	It was agreed that actions with a due date for later in the year would be moved to

	Business as usual. These would be managed through convene going forward and would not need to be brought back until they are due.
4	**Quality Report**
4.1	Julia Sirett reported that the Trust was looking to introduce a Trustwide integrated report for the Board. Anita Pisani explained that the new report would integrate information currently reported through the quality report, finance report, key issues from the clinical operational boards and risks which were reported through the Chief Executive's report.
4.2	The Board was briefed on a recent serious incident in the 0 - 19 service in Norfolk related to a failure to escalate safeguarding concerns from the East Locality team.
4.3	There were 2 Never Events in iCaSH Suffolk and Peterborough respectively. The Suffolk event related to insertion of the wrong Intra Uterine Device. A similar incident was subsequently reported retrospectively in Peterborough which had occurred in October 2018. This category of incident had recently been added to the NHS list of Never Events.
4.4	Richard Cooper challenged why the Never Event that occurred in October in Peterborough was not reported until December 2018. Julia Curtis explained that due to the recent change in how these events were categorised, staff were not aware this was reportable. They became aware once the Trust started sharing learning from the Suffolk event. Dr David Vickers explained that both events were no harm incidents.
4.5	Nicola Scrivings highlighted that this raised a question about how national guidance was implemented across all areas of the Trust once published. Julia Curtis acknowledged that this would be reviewed. However, she reassured the Board that the internal process for investigating the incident would be the same whether it was classified as a serious incident or Never Event for external reporting purposes. **Action: Julia Curtis**
4.6	Anna Gill inquired how frequently new guidance on reportable Never Events was issued. Dr David Vickers responded that new guidance was rarely issued on this.
4.7	Julia Curtis reported that the Trust's staff Influenza vaccination programme had achieved 57.6% uptake of front line staff to date. Julia Curtis explained the new measures that had been introduced this year to increase take up. This was based on learning from other organisations which were achieving the national target of 75%. The expectation was that the measures would be more embedded next year leading to an increase in vaccination rates.
4.8	The Board was informed that the challenges faced by the Trust were similar to other peer organisations. Only 2 or 3 other community organisations had better rates. All of them used local vaccinators; a system the Trust had introduced for the first time this year.
4.9	Garry Tubb inquired about performance against target in the previous year. Julia Curtis confirmed that 62% had a flu jab in 2017/18. Anita Pisani added that in Bedfordshire where new services had joined the Trust in April 2018, the Trust was currently performing better than under the previous provider.
4.10	Geoff Lambert highlighted that the Trust may need to consider mandating flu jabs, citing learning from the construction industry when introducing safety clothing. Julia Curtis acknowledged that other providers had mandated flu jabs working in specific units. However, this was difficult to justify considering the Trust's portfolio of services.
4.11	Gary Tubb inquired whether there were specific professional groups or services where the Trust was performing very well against target and or significantly worse than other services in the Trust. He inquired whether there were areas that would impact significantly on the rate. Julia Curtis responded that the picture was varied across the Trust.

4.12	Gary Tubb highlighted that the Trust should benchmark whether it was facing similar challenges in relation to specific professional groups compared to other peer organisations.
4.13	Julia Curtis explained that the trust had started to implement some of the best practice learnt from peers who were performing better than Trust including use of local vaccinators and would roll it out further next year. Gary Tubb challenged why this had not been implemented before now. It was confirmed that this was based on recent lessons learnt as part of the Trust ambition to improve further.
4.14	Judith Glashen inquired whether there was any intersection between people's beliefs and uptake of the flu jab. It was agreed that future reporting would include information on staff who refused the flu jab for religious and other reasons where possible. **Action: Julia Curtis**
4.15	The Board emphasised that cost should not be a factor when considering improvement actions. Julia Curtis confirmed that cost was not a factor. The goal was to continue to implement the best practice lessons learnt from peer organisations.
4.16	Geoff Lambert highlighted that Luton & Dunstable Hospital had been rated as 'requires improvement' by the CQC on the safe domain, in part, because of failure to maintain mandatory training compliance. He emphasised the importance of ensuring the Trust stayed on top of this. Anita Pisani responded mandatory training compliance was regularly discussed with leaders from across the Trust and reported to Clinical Operational Boards.
4.17	Julia Curtis reported that Luton Community Paediatrics continued to experience previously reported challenges, but compliance with the 18 week target was expected to be met by January 2019.
4.18	Anita Pisani added that the Trust had assessed the staffing indicators for Luton Community Paediatrics in November 2018 as part of the biannual workforce review including sources of assurance that the service had safe staffing levels. It was agreed that the report would be shared with the new Non-Executive Directors. **Action: Anita Pisani**
4.19	The Board was updated on the overall sickness rates and appraisal rates. The Trust was aware of the hot spots. Anita Pisani added that, from April 2019, the automatic increment scale would not be approved if a staff member was out of compliance with their appraisal and mandatory training for all new staff. The Trust was discussing with Staffside representatives about rolling this out to all other staff.
4.20	Anna Gill inquired about whether the same approach could be taken for the flu jab. Matthew Winn responded that this would need to be a national decision.
4.21	Comparing the sickness absences between the different geographies, Gary Tubb probed whether internal benchmarking could be used to assess areas where more was going on resulting in higher sickness absence rates. Anita Pisani responded that the Trust's 5.1% sickness absence rate was comparable to the 4.6% average for Community Trusts. The Trust's ambition was to reduce that to below 4%.
4.22	Anita Pisani also explained that all areas of the Trust received a monthly report detailing all their workforce metrics including sickness absence. Each service also had a named HR Business Partner who worked with the team to analyse this information and implement improvement actions.
4.23	Gary Tubb challenged whether any benchmarking could be done to compare specific service areas against similar services in other organisations. Anna Gill explained that average sickness rates for specific professional groups were available. It was agreed that it would be considered if this would be feasible for the Trust to implement. **Action: Anita Pisani**
4.24	Geoff Lambert noted that the trust had previously had higher sickness rates and

	successfully implemented actions to bring this down significantly. This was starting to slowly rise again.
4.25	Anita Pisani reported that the Trust was changing its processes for managing sickness absences to move away from use of automatic triggers as part of its 'people over process' approach. Gary Tubb added that this was the right approach and highlighted an example of a private sector organisation which had improved its sickness absence rates by focussing on building better teams.
4.26	Julia Curtis briefed the Board on complaints and comments from patients. She highlighted that the next phase was focusing on improving the quality of responses to complaints, not just the timeliness of the response.
4.27	Anna Gill highlighted that she had spoken to groups the Trust provided services to as part of her other role. Some of those patients had highlighted that they found it challenging to navigate around the system and who they should raise any concerns with regarding the services they received. She noted that it would be beneficial if there was a map to guide patients.
4.28	Karen Mason noted that the Trust and its partners were using digital platforms like 'Just One Norfolk' to address some of these challenges. Matthew Winn added that this is an area where further improvements would need to continue to be made to make the experience easier for service users.
4.29	Matthew Winn challenged whether the Friends and Family Test was a useful metric for assessing services like School Immunisations and Health Visiting. He inquired if it provided any assurance to the Board or whether it would be appropriate to stop using it in some services. Julia Curtis highlighted that there may be contractual obligations to use the Friends and Family Test.
4.30	In addition, Julia Curtis noted that the Friends and Family Test was used consistently by all organisations so it was useful for benchmarking. Dr David Vickers highlighted that it would be beneficial to compare against other School Immunisations and Health Visiting services.
4.31	Richard Cooper noted that the Patient Advice & Liaison Service (PALS) had doubled year or year. Julia Curtis explained that some of this was as a result of re-categorisation due to the Trust's work to resolve concerns before they became complaints. In addition, the Trust had also now introduced one number for accessing PALS. Lastly, there were episodic increases depending on changes being made to specific service areas or services facing challenges that may impact on accessibility.
4.32	Anita Pisani highlighted that the Luton Paediatric service had proactively written to all families to inform them on the pressures the service was undergoing and the impact on waiting times. Anna Gill noted that, in her other role, the feedback that had been received from families was that they welcomed being informed of this.
4.33	It was agreed that future reports needed to be clear how the Trust categorised concerns versus complaints. **Action: Julia Curtis**
4.34	Anna Gill inquired how 18 week breaches were reviewed at Board level. Anita Pisani confirmed that this was reviewed at Clinical Operational Boards including clinical prioritisation.
4.35	Gary Tubb noted that the highest number of complaints and concerns related to Communications/Information. It was confirmed that the categorisation covered a broad range of sub-categories. He inquired how this compared against best in class peers. Julia Curtis highlighted that all complaints and concerns were investigated with the service and actions agreed.
4.36	Geoff Lambert highlighted that the 'Harm Free Care' trends was consistently below target. Julia Curtis responded that this only applied to specific services in Luton. The detail behind this was discussed at Clinical Operational Board. Geoff Lambert acknowledged that, as Chair of the Clinical Operational Board, he was

	sufficiently aware of the discussions in Luton.
4.37	Dr David Vickers updated the Board on learning from deaths. He highlighted that this was focused on reviewing unexpected adult deaths. The challenge was that the tool had been designed for Acute Trusts so it was difficult to implement in community Trusts.
4.38	The Board was briefed on the proposed changes to the process to enhance learning and implement changes to national guidance.
4.39	It was reported that the Trust was discussing with East London Foundation Trust about having a systemwide review of deaths.
4.40	Anita Pisani added that more work needed to be done to fully embed the end of life template. Julia Curtis responded that the work was ongoing.
4.41	Matthew Winn challenged whether there was a clinical risk relating to use of clinical systems templates like the end of life template. It was agreed that clinical audits on the use of templates would be included in next year's programme. **Action: Julia Curtis**
5.	**Finance**
5.1	Mark Robbins presented the month 8 finance performance report covering the surplus position and performance against cost improvement plan target.
5.2	The Board was briefed on the impact of the unplanned retention of Acute Children's Services until 31 March 2019 on the Trust's financial position.
5.3	The decrease in compliance against non-NHS better payments compliance practice code was partly due to a system issue with the shared business services provider. No high value invoices had been impacted.
5.4	Gill Thomas inquired why the annual plan for IT Infrastructure capital expenditure was £42k and yet the Trust had spent £423k. Mark Robbins explained that the additional spending related to the refresh programme which provided new equipment for the new services in Bedfordshire.
5.5	Gary Tubb highlighted that employee expenses were reported as £295k adverse position. He inquired whether the Board should be concerned about this. Mark Robbins explained that this was due to the unplanned retention of Acute Children's Services.
5.6	The Trust continued to deliver on target for agency spending and use of bank staff continued to improve. Anita Pisani highlighted that this was as a result of work undertaken over the last couple of years to make the bank more resilient and sustainable. The next step was the ongoing introduction of e-rostering.
5.7	Dr David Vickers inquired about the impact of the transfer of Acute Children's Services on agency spend. Mark Robbins responded that the impact would be positive, but it would depend on how much the agency target was adjusted as a result. Anita Pisani also highlighted that the analysis needed to take into account the new Bedfordshire services.
5.8	Gary Tubb inquired about the significant drop in agency spend in October/November 2018. It was agreed that this would be reviewed. **Action: Mark Robbins**
5.9	Geoff Lambert challenged that the aged debt position was getting worse especially in relation to NHS and local government organisations. Mark Robbins explained that these were invoiced monthly, but some organisations paid quarterly.
5.10	The Board challenged why the report did not distinguish between suppliers with a 30 day payment period versus those with a 90 days payment period. It was agreed that this would be reviewed and reported differently in future. **Action: Mark Robbins**
5.11	Gill Thomas highlighted that aged debt had been discussed at Wider Executive meeting and the Service Director tasked with discussing with Cambridgeshire County Council about payments on time. This action would need to be put on

	hold until after the review.
	2019-20 Preparatory Planning
5.12	Mark Robbins reported that the paper had been written before the new guidance was released. He highlighted that providers would be asked to deliver 1.1% efficiency over the next five years. Matthew Winn highlighted that the 1.1% efficiency only applied to income received through clinical commissioning groups, not public health.
5.13	The Board was briefed on the planning timetable.
5.14	Mark Robbins explained that the 1% inflationary pay adjustment was not covered.
5.15	Geoff Lambert noted that the Board had previously discussed clinical commissioning groups funded services where activity was outstripping income. For public health services, there were funding reductions which the commissioners were trying to badge as efficiency savings. He inquired whether the Trust was ensuring that this was addressed in contract discussions for 2019/20.
5.16	Mark Robbins confirmed that the Trust was discussing with different commissioners what would be possible to deliver within the agreed envelope. Matthew Winn highlighted that the issues would be different for each service. Some services like District Nursing could see an increase in their income due to the new longterm plan, while other services would need to manage costs.
5.17	Geoff lambert inquired how the Trust would manage public engagement if iCaSH services had to restrict access to express testing kits. Matthew Winn responded that the Trust was still analysing the data to see what the impact would be. This would be discussed with the commissioners to inform their decision making. The commissioners would be responsible for public engagement.
6.	**Key issues from Clinical Operational Boards**
	Ambulatory
6.1	Richard Cooper updated the Board highlighting that overall performance in the directorate was good. The Never Events had been discussed in the quality section.
6.2	The Board was briefed about the changes to the funding of Oliver Zangwill Centre. The service was now considering options and working on plans for implementation by April 2019.
6.3	Anna Gill inquired about the impact of the proposed ad hoc funding arrangements on workforce planning for the Oliver Zangwill Centre. Matthew Winn explained that the service had different funding sources. In addition, flexible working arrangements would need to be considered. Mark Robbins updated the Board on the progress discussing the changes with commissioners.
	Children and Young People
6.4	Julia Curtis updated the Board including on 'Just One Norfolk' and the new management structure supporting the collaborative working with Cambridge and Peterborough NHS Foundation Trust. 3 of the leads from the Peterborough service had joined the Board for lunch.
6.5	Matthew Winn highlighted that the Peterborough service was benefiting from being part of a wider service providing similar services in terms of learning and collaboration. Anita Pisani added that joint leadership training was now in place since Septmber 2018.
6.6	Gary Tubb inquired whether there were tasks which could be centralised across the whole service to benefit from economies of scale. Matthew Winn highlighted 'Just One Norfolk' and the introduction of the single point of access in each county as examples of the work already being undertaken. In addition, functions like safeguarding had standardised some processes. He highlighted that this would likely need to be done for each county initially and then consider rolling out

	on a wider scale in future.
6.7	Anita Pisani explained that centralising functions would need to be cognisant of agreements with individual commissioners. Anna Gill added that local partner relationships would also impact on this.
6.8	Matthew Winn added that the NHS Longterm Plan would also drive the direction of future collaborative working.
6.9	Julia Curtis discussed emerging pressures in the clinical and medical workforce supporting Holly Ward. Dr David Vickers reported that he had met with the team and they had systems in place to mitigate this emerging risk.
6.10	Matthew Winn highlighted that the supply of staff was the main pressure point. Anna Gill added that it was challenging to staff small units because of the lack of alternative career paths for staff nurses for example.
6.11	Dr David Vickers reported that the service was experiencing high pressure due to high dependency patients leading to some restrictions to admissions.
	Bedfordshire and Luton
6.12	Geoff Lambert reported that the new services in Bedfordshire were still getting embedded. He had started visiting different services since October to meet frontline staff.
6.13	The Board was informed that staff in Bedfordshire were satisfied with the level of communication in the Trust and the visibility of the senior leadership team.
6.14	Geoff Lambert was concerned about the community paediatric services in Luton and Bedfordshire. Plans were in place to address the issues in the service and they were being delivered according to agreed timeline.
6.15	Anita Pisani updated the Board on Chat Health which was being introduced. Learning from Norfolk and Cambridgeshire was being used to inform the Luton work.
6.16	On speech and language services, Gary Tubb inquired whether the Cambridgeshire could provide some support for the Bedfordshire team via video conferencing for example. It was agreed that this would be considered. **Action: Julia Sirett**
6.17	Anna Gill inquired whether Trust staff had been involved in the learning disability inspection in Luton and whether the lessons from the inspection were being shared across the Trust. Anita Pisani confirmed that staff were involved in the inspection. It was agreed that the Trust would draw on Anna Gill's expertise in this area. **Action: Anita Pisani**
7.	**Key Issues from the Subcommittees**
	Strategic Change Board
7.1	Richard Copper updated the Board. All key programme deliverables were on track for the North Cambs Hospital Redevelopment Programme. It had been agreed that the programme would focus on developing SMART objectives and benefits realisation metrics.
7.2	One risk relating to the re-procurement of shared support services was currently scoring 16. Mark Robbins updated the Board on progress with the reprocurement.
	Estates
7.3	The Board was briefed on the key issues from the Estates Committee.
7.4	Anne McConville had inquired through the Chair about the capital bid for funding to redevelop the Princess of Wales site in Ely which had not been successful. She wanted to know when the next allocation would be that the Trust could bid for. Matthew Winn explained that an update was likely to be brought to the Board around June 2019 after the new NHS Improvement and NHS England structure was embedded and the spending review completed.
7.5	Gill Thomas inquired about the discussions with the Ministry of Defence regarding land next to the Princess of Wales site. Mark Robbins explained that

	the Trust and the Ministry of Defence were working to different timelines so the Ministry of Defence was proceeding with the disposal of the land.
7.6	Gill Thomas inquired about estates compliance. Mark Robbins explained that this was reported to the committee and on track.
	Quality Improvement and Safety Committee
7.7	Julia Curtis briefed the Board. It had been agreed to move the committee to a quarterly schedule. This was to align the committee schedule to operational reporting timelines. The revised cycle of business was being finalised.
8.	**Any Other Business**
8.1	The Chair announced that the Board away day would be rescheduled to April 2019 to avoid extreme weather interruptions as happened last year.
8.2	Taff Gidi confirmed that the Head of Improvement Analytics at NHS Improvement had agreed to deliver a session on 'Making Data Count for Trust Boards'. This had been scheduled for April 2019.
8.3	The Chair confirmed that the Non-Executive Directors meeting was to be held on 5 February 2019.
9.	**Questions from members of the public**
9.1	None

Date of next Public Trust Board Meeting: 13 March 2019
Venue: The Seminar Room, The Peacock Centre. Cambridge CB1 3DF