

## MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 13 March 2019

10.40 – 14.10

The Seminar Room, The Peacock Centre. Cambridge CB1 3DF

#### Members:

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| Nicola Scrivings | Chair                             |
| Geoff Lambert    | 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                       |

#### In Attendance:

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| Karen Mason   | Head of Communications                       |
| Taff Gidi     | Assistant Director of Corporate Governance   |
| Lisa Wright   | Patient Experience Manager ( <i>item 1</i> ) |
| Angela Curtis | Children's Community Nurse ( <i>item 1</i> ) |
| Natalie Fisk  | 0-19 HCP Team Manager                        |
| Alison Smith  | Care Quality Commission                      |
| Thomas Self   | Care Quality Commission                      |

#### Apologies:

|                    |                                  |
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| Dr Anne McConville | Non-Executive Director           |
| Oliver Judges      | Non-Executive Director           |
| Judith Glashen     | Associate Non-Executive Director |
| Gill Thomas        | Director of Governance           |

#### Minutes:

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| <b>1.</b> | <b>Patient Story - Children's Community Nursing Team</b>   |
|           | <i>Lisa Wright and Angela Curtis joined</i>  |
| 1.1       | Julia Curtis explained that Mum and baby were unable to attend due to ill health.  |
| 1.2       | The Board was shown a video of the baby having a nasogastric intubation.   |
| 1.3       | Angela Curtis explained to the Board the baby's condition and care needs including the support provided by Mom and also the support provided by Trust staff.   |
| 1.4       | Lisa Wright explained that it could be challenging to take the baby to an Accident & Emergency Unit. Anita Pisani asked whether the service had discussed with the Acute Trust about bypassing normal admission procedures where a child has known challenging behaviours? Dr David Vickers responded that this would depend on clinical prioritisation. He highlighted that the best solution would be a gastrostomy, but it would take time before one was inserted. |
| 1.5       | Anna Gill explained that families in Norfolk had worked with the local Acute provider to agree criteria for enabling special access to the Accident and Emergency Unit.  |
| 1.6       | Nicola Scrivings inquired whether the commissioner arrangements should be reviewed to address the issues highlighted. Matthew Winn explained that part of the rationale for the proposed new children's hospital at Addenbrookes was to  |

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|      | address issues like this. In addition, the Service Director and Clinical Lead in Cambridgeshire were engaging with Addenbrookes Hospital to see how community services could work collaboratively with Acute services to ensure, where possible, children are having their care delivered in the community.  |
| 1.7  | John Peberdy highlighted that the focus of the discussion was on developing the right clinical pathways for children and families. Addenbrookes Hospital had shown commitment to find a solution. Nicola Scrivings highlighted that the patient story was a fantastic case study for how more care in the community could be achieved.   |
| 1.8  | Matthew Winn highlighted that the best approach would be for the Trust to collaboratively work with acute hospitals on a solution which can then be presented to commissioners to say this approach would improve the quality of care for service users.   |
| 1.9  | Julia Curtis noted that the other part of the patient's story was the quality of care she received from our team. The feedback from Mum on the support from the team was extremely positive.   |
| 1.10 | Angela Curtis explained that part of their role was to build good relationships and trust with the families they supported. This enabled, in part, by ensuring families are getting care from the same people as far as possible.  |
| 1.11 | Nicola Scrivings inquired how the team built trust with families where multiple members of the team provided care to a family. Angela Curtis responded that it was initially about providing reassurance to the family when a new member of staff was attending from someone the family already knew and trusted. Additionally, it was working as a team to collectively have ongoing awareness of the whole team's caseload so that members can support each other when required. |
| 1.12 | Anita Pisani clarified that the team had daily huddles to discuss their caseload and support each other. Angela Curtis confirmed that they did and added that the daily huddles were a great way of supporting each other.   |
| 1.13 | Julia Curtis highlighted that the team had been nominated for Student Placement of the Year and other awards demonstrating the quality of their work.  |
| 1.14 | Angela Curtis explained that the patient story was one example of the children supported by the service who require intensive support.   |
| 1.15 | Anna Gill inquired whether there was any additional support the team would like from the Board. Angela Curtis explained that staff had great support from colleagues and frontline managers including through clinical supervision, safeguarding supervision and daily huddles. Any additional personnel would be welcome.   |
| 1.16 | Matthew Winn highlighted an example of transition from children's services to adults where the Trust had prepared in advance of the handover and attempted to engage with the adults' team in advance, but the funding for the family was not released from the adults' service until very late in the process. Angela Curtis confirmed that the service worked with families facing challenges with transition from children's to adults all the time.                            |
| 1.17 | John Peberdy confirmed that the Director of People & Communities in Cambridgeshire was leading a review to refresh the Special educational needs and disability (SEND) strategy which the Trust would be engaging with to help shape the approach.   |
| 1.18 | Dr David Vickers noted that the ideal situation would be for 24/7 nursing care, but the current commissioned service was for a Monday to Friday between 9am-5pm. He explained that a 24/7 service would aid in admissions avoidance and provide better quality of care for children and their families.  |
| 1.19 | Geoff Lambert inquired whether parents could perform the nasogastric intubation. Angela Curtis explained that some parents could, but it was on a case by case   |

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|            | basis. In this case, Mum was not able to.   |
| 1.20       | Anna Gill added that it was important to be considerate about the role of the parents. It was important to ensure that this did not impact on the parent/child relationship. Dr David Vickers concurred that parents should not be forced to perform roles of parents and clinical technicians.   |
| 1.21       | Nicola Scrivings was encouraged to hear the compassion and understanding the service demonstrated to the whole family when delivering care.   |
| 1.22       | The Board agreed that it would be beneficial to have the patient story shared with the Clinical Commissioning Group so they can draw some lessons on commissioning. It was agreed that other examples would be identified to share with the Clinical Commissioning Group showing other barriers experienced by teams that could be addressed by commissioners. <b>Action: Dr David Vickers and John Peberdy</b> |
| 1.23       | The Chair thanked Angela Curtis and Lisa Wright. She noted that the main action to be taken forward was to try and influence commissioners to think and commission differently.   |
|            | <i>Lisa Wright and Angela Curtis left</i>   |
| <b>2.</b>  | <b>Chair's welcome, apologies and additional declarations</b>   |
| 2.1        | Apologies were received from Gill Thomas, Oliver Judges and Judith Glashen.   |
| 2.2        | There were no additional declarations of interest.  |
| <b>3.0</b> | <b>Minutes of previous meeting and matters arising</b>  |
| 3.1        | The minutes of the January 2019 meeting were approved.  |
| 3.2        | Anna Gill clarified that action 6.17 related to her expertise on SEND inspections. <b>Action: Taff Gidi</b>   |
| <b>4.0</b> | <b>Trustwide Quality Report</b>   |
| 4.1        | Julia Curtis highlighted the key points in the report including Serious Incidents and Never Events. David Vickers explained that the error had been identified during the post insertion discussion relation to potential side effects. Root Cause Analyses had been undertaken, the incidents had been discussed at clinical governance meetings and learning shared.  |
| 4.2        | Julia Curtis added that she had visited 3 iCaSH services as part of her 'Back to the Floor' visits and she was pleased to hear that they all knew about the learning from the serious incidents.  |
| 4.3        | The Board was also briefed on the two safeguarding serious incidents reported. These were for failure to escalate safeguarding children concerns. One involved the Luton 0-19 service and the second involved a cluster of 4 incidents in the Cambridgeshire 0-19 service. The Trust was working with the designated lead at the Cambridgeshire Clinical Commissioning Group on the second incident.            |
| 4.4        | The Trust was reviewing learning and would be using this to shape a development programme. Anita Pisani emphasised the need to ensure the learning was delivered across the organisation, not siloed by locality.   |
| 4.5        | Matthew Winn inquired whether the safeguarding template being introduced would address the safeguarding concerns flagged. Julia Curtis explained that it was a key part of the solution.  |
| 4.6        | Julia Curtis briefed the Board on the safeguarding risk 2834 in Cambridgeshire Children's currently scored at 16. The interim plan was working sufficiently. An appointment had been made to the Named Nurse post.  |
| 4.7        | There was a second risk relating to safeguarding resourcing which is overseen by the Strategic Safeguarding Group currently scored at 12. The risk was expected to be reduced in April 2019.  |
| 4.8        | Julia Curtis discussed the challenges with sickness absence levels in some services within the Trust. She reminded the Board that a more detailed discussion of sickness absence levels was held through the clinical operational boards. Anita Pisani explained that the overall sickness absence rate in the Trust  |

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|      | was slightly higher compared to the same time last year. however, this was not a precise comparison as the Trust's portfolio of services had changed in that time including over 350 new staff joining with the Bedfordshire services.  |
| 4.9  | The Board was informed that the Workforce team was working with individual services on localised plans to address the sickness absence challenges and ensure that services were doing everything possible to manage this. Anita Pisani emphasised the need to ensure that the Trust maintained its compassionate approach when managing sickness absence.   |
| 4.10 | Nicola Scrivings observed that the Trust's high level of staff engagement seemed to run counter to the sickness absence trends. It was agreed that the next Workforce Review would provide a detailed analysis of sickness absence pressures/actions. <b>Action: Anita Pisani</b>   |
| 4.11 | Gary Tubb inquired about the national staff survey and how the number and quality of appraisals was assessed. He inquired whether there was locality based and national benchmarking available for the Trust to compare for regional variances.   |
| 4.12 | Anita Pisani responded that the quality of appraisals was measured in the annual staff survey. The Trust had scored above average when compared to its peers, but there was always room for improvement. This is likely to become an area of focus for our Trust wide improvement plan.   |
| 4.13 | Nicola Scrivings noted that the Board had received an update on the Trust's appraisal processes through a staff story recently.   |
| 4.14 | The Board was informed that the Trust had achieved 65.7% of front line staff on annual staff 'Flu Jab' programme uptake which was an improvement from last year. However, this was below the Trust's target of 80%. An update had been provided at the Leadership Forum in March 2019.  |
| 4.15 | Julia Curtis explained that some staff were reluctant to report why they had refused the 'Flu Jab'.   |
| 4.16 | Gary Tubb inquired whether there was a financial penalty for failing to meet the target on 'Flu Jab'. Mark Robbins confirmed that a small proportion of the CQUINN was linked to this.  |
| 4.17 | Gary Tubb inquired whether staff were aware of the associated financial penalties. Julia Curtis explained that the Trust did not highlight the financial penalties because there was a risk this would be regarded by some staff to be all about money. Dr David Vickers emphasised that the Trust wanted to make it clear that this was primarily about patient safety.                                |
| 4.18 | Matthew Winn inquired whether the 'Flu Jab' was likely to be included in the CQUIN for the new financial year. Mark Robbins responded that it was.  |
| 4.19 | Geoff Lambert challenged whether the Trust should take stronger action against staff if this was a patient safety issue. Nicola Scrivings highlighted that there was no mandated requirement from the professional bodies for staff to have the 'Flu Jab'. Therefore, it would be difficult to enforce without their backing. Dr David Vickers explained that the patient safety risk was more nuanced. |
| 4.20 | Matthew Winn explained that there were specific areas where this was mandated. However, unions were resistant to mandating it for all frontline staff. Therefore, the focus for the Trust was to target staff working with vulnerable patients. However, the Trust could still improve without mandating it because there were peer organisations with similar portfolios who were achieving 80%.       |
| 4.21 | The Board agreed that the approach should focus on persuading staff on the merits rather than mandating 'Flu Jabs'.   |
| 4.22 | Julia Curtis provide the Board with a summary of all the patient stories presented over the last 12 months including: <ul style="list-style-type: none"> <li>○ recommendations and actions from Patient Story Reports;</li> <li>○ recommendations and actions from the trust Board; and</li> </ul>  |

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|      | <ul style="list-style-type: none"> <li>○ update on the implementation of the above.</li> </ul>   |
| 4.23 | The Board was briefed on Quality Impact Assessment summary from Cost Improvement Plans 2018 / 2019. Mark Robbins explained that the post-implementation review focussed on the initial quality impact assessment and any lessons to inform learning for consideration of future schemes.   |
| 4.24 | Matthew Winn highlighted that while the Trust continued to maximise its delivery of cost improvement plans and meet its target, the post implementation review showed that the schemes had not resulted in a detrimental impact on the quality and safety of services. This was especially important to recognise in Luton where it had been challenging to identify schemes for 2018/19. It was agreed that an update would be provided to the June 2019 clinical operational board in Luton.<br><b>Action: Taff Gidi</b> |
| 4.25 | Dr David Vickers briefed the Board on the Guardian of safe Working Hours report.   |
| 4.26 | Matthew Winn inquired whether the Guardian of safe Working Hours was satisfied with the level of engagement from the Junior Doctors in the Trust. Dr David Vickers confirmed that the level of engagement in the Trust was indicative of the good feedback from the trainee doctors including through the General Medical Council's annual national training survey about their experience in the Trust. The trainees also provided feedback the Junior Doctors Committee and the Senior Trainee.                          |
| 4.27 | Julia Curtis also confirmed that the Chief Nurse and Medical Director signed an annual assurance statement which was included in the Trust's annual report.  |
| 4.28 | The Board was briefed that NHS Improvement had published a framework for Trusts to strengthen their evidence based approach to workforce planning. The Trust was working with individual services on outcomes.   |
| 4.29 | Geoff Lambert emphasised the importance of monitoring staff variances and turnover to inform areas where there may be concerns. Julia Curtis explained that the quality early warning trigger tool was one way of monitoring this including using indicators like cancelled visits and cancelled team meetings. Anita Pisani added that the bi-annual workforce review also triangulated this information with other data like the friends and family test.  |
| 4.30 | Matthew Winn added that there were targeted action plans if any hotspots were identified.  |
| 4.31 | Gary Tubb highlighted that when he visited the audiology team in Luton the team had shared with him about the peaks and troughs in demand within the service. He inquired whether the Trust was considering any options for managing demand peaks.   |
| 4.32 | Matthew Winn confirmed that this approach was used in other services within the Trust. John Peberdy confirmed that the teams in Cambridgeshire were aware of their peaks and troughs and had an approach for managing this. It was agreed that this would be reviewed. <b>Action: Anita Pisani</b>   |
| 4.33 | The Board approved the revised statement of purpose.   |
| 4.34 | Julia Curtis reported on learning from deaths. She highlighted that the existing guidance remained acute focussed. The Trust had worked with partners to improve this and make it appropriate for community providers. The Trust was due to conduct another review of its processes to further strengthen this.  |
| 4.35 | Dr David Vickers clarified that where the report referred to End of Life Care template on SystmOne, this was in reference to the review of every death" template. He noted that the process so far had identified some learning. However, there was scope for improvement of the process.  |
| 4.36 | It was agreed that, on child deaths, the report needed to be clearer on contact with the Trust's services. <b>Action: Julia Curtis</b>   |
| 4.37 | Gary Tubb inquired about complaints versus concerns. Julia Curtis explained that   |

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|      | the difference was that concerns were resolved locally and more expeditiously whereas the complaints process was more formalised. She added that most patients are interested in having a resolution rather than in what process was used to resolve their issue.   |
| 4.38 | The Board was reassured that all complaints and concerns were reviewed by the senior management teams in each area, learning shared and reported to the clinical operational boards. Additionally, thematic reviews were reported through the Quality Improvement and Safety Committee.   |
| 4.39 | Nicola Scrivings highlighted that it had been about a year since the introduction of the concerns/complaints new process. She inquired whether the Trust expected to see the numbers start to stabilise and to have more consistent trends. Dr David Vickers noted that the numbers were likely to always fluctuate. The important thing was to analyse all complaints and concerns for themes and sharing the learning.  |
| 4.40 | Matthew Winn highlighted that it was important to show the changes made as a result of concerns and complaints.   |
| 4.41 | Gary Tubb inquired about the drop in Friends and Family test in some areas and whether there were action plans in place. Anita Pisani explained that the drop in Bedfordshire was related to the ongoing service redesign work. The new model of service delivery for 0-19 services is due to commence 1 <sup>st</sup> April 2019.  |
| 4.42 | Matthew Winn challenged that the Friends and Family test may not be a useful indicator for some services. For example, would it be the right measure for getting feedback from children as young as 4. John Peberdy concurred and highlighted Heathy Child Programme as a service where this indicator may not be the best measure. Julia Curtis responded that this was one indicator, but services used it alongside other ways for gathering feedback.                                 |
| 4.43 | It was agreed that, where teams were struggling with Friends and Family test, updates would be provided at the clinical operational boards on what actions were being taken to address this. <b>Action: Julia Curtis</b>  |
| 4.44 | Matthew Winn highlighted the two recent peer reviews which had taken place at iCaSH clinics in Cambridgeshire and Suffolk which were included under the Well Led section of the data pack.  |
| 4.45 | Geoff Lambert probed that the Trust was generally not meeting its target on Harm Free Care. It was confirmed that this applied to Luton adults' services and children's acute services only. The 53% was based on a small sample of 5 patients. The services monitored this closely. Julia Curtis also added that the % New harm free care was more relevant to the care provided by our services.  |
| 4.46 | Gary Tubb inquired whether the Trust monitored the quality of appraisals and how this was reported. Anita Pisani responded that staff could complete a voluntary confidential survey on the quality of their appraisal. Julia Curtis added that the Trust was also looking at the quality of clinical supervision.  |
| 4.47 | It was confirmed that the feedback on actions taken as a result of patient stories would be shared more widely.   |
| 4.48 | Matthew Winn briefed the Board on the transfer of children's acute services to North West Anglia Foundation Trust which was on track. No concerns relating to the quality or safety of the service had been identified.   |
| 4.49 | Anita Pisani highlighted that the Trust would be holding events to celebrate with children's acute staff before they transfer.  |
| 4.50 | Geoff Lambert inquired about the use of agency compared to the use of the bank. Anita Pisani explained that the use of bank was increasing as shown in the report. However, it was important to understand that the cost per unit of using bank staff was lower than use of agency. It was agreed that an update would be provided on use of agency and bank after the acute transfer to be included in the biannual workforce review. Mark Robbins added that the comparative data would |

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|           | need to be adjusted for the acute services. <b>Action: Taff Gidi</b>   |
| <b>5.</b> | <b>Trust-wide Finance Update including 2019/20 Annual Budget</b>   |
|           | <u>Finance Performance</u>   |
| 5.1       | The Board was briefed that the Trust was on target to meet its year end surplus target.  |
| 5.2       | The cash balance had increased due to local authority payments received. The Trust was working with local authorities to standardise their payment schedules.  |
| 5.3       | Mark Robbins confirmed that cost improvement delivery was slightly below plan, but on track to meet yearend target.  |
| 5.4       | There had been a significant improvement in better payments due to changes made to the process by the finance team.  |
|           | <u>Annual Budget</u>   |
| 5.5       | Mark Robbins reported that there was still no resolution to the funding gap for public health funded services due to the unfunded pay uplift. Therefore, the budget forecasted a year end deficit position.  |
| 5.6       | As a result of the forecast deficit position, it was anticipated that the Trust's use of Resources rating would be changed to 2.   |
| 5.7       | Mark Robbins explained that the budget paper also included a version 2 column in the event that a resolution was reached to plug the funding gap.  |
| 5.8       | Mark Robbins reported that 50% of cost improvement scheme had been identified to date. It was expected that 80% of schemes would be identified by end of March 2019. A new risk relating to 2019/20 schemes was to be added to the risk register.  |
| 5.9       | Matthew Winn highlighted that the financial risks for 2019/20 would need to be separated to cover: <ul style="list-style-type: none"> <li>○ pension increase funding for public health funded services;</li> <li>○ pay uplift funding gap for public health funded services; and</li> <li>○ 2019/20 cost improvement plans.</li> </ul> |
| 5.10      | The Board approved the budget and authorised the Chair and Chief Executive to sign off any changes to the budget if the funding gap issue was resolved as detailed in version 2.   |
| 5.11      | The Board registered its disappointment in having to approve a budget forecasting a year end deficit position for the first time in the Trust's history as a result of nationally agreed pay award not being fully funded.   |
| 5.12      | It was agreed that the Chair would work collaboratively with other Chairs of impacted organisations to send a joint letter to the Minister of Health setting out the Trust's position on the pay uplift funding gap. <b>Action: Nicola Scrivings/Matthew Winn</b>  |
| 5.13      | Geoff Lambert inquired whether dividends payable on Public Dividend Capital were paid in cash. Mark Robbins confirmed that they were.  |
| 5.14      | Julia Curtis inquired whether there were any implications for being rated 2 on Use of Resources. Mark Robbins responded that NHS Improvement were aware why the Trust was forecasting a deficit position and therefore did not anticipate any changes for the Trust.   |
| 5.15      | Matthew Winn highlighted the importance of ensuring that the impact on the Trust's finance position was flagged for 2019/20 and also for future years as there was the potential for cumulative impact if the underfunding was not addressed.  |
| <b>6.</b> | <b>Key issues and escalation points from Clinical Operational Boards and Performance information</b>   |
|           | <u>Ambulatory</u>  |
| 6.1       | Nicola Scrivings briefed the Board on key issues from Ambulatory clinical operational board. The next meeting was to receive an update on red rated key performance indicators which were mainly in relation to mandatory training.  |

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|           | Matthew Winn added that the services would be expected to explain when these were expected to improve.   |
| 6.2       | Mark Robbins informed the Board that the new commissioning arrangements for Oliver Zangwill Centre had not yet been agreed. Therefore the current contractual arrangements would remain in place until a new funding arrangement was agreed.   |
|           | <u>Cambridgeshire and Norfolk Children and Young People</u>  |
| 6.3       | Anna Gill summarised the key issues. She noted that some of the main issues discussed including school nursing and safeguarding had already been covered in the quality report.  |
| 6.4       | The clinical operational board had agreed that it was important for the Trust to be involved in any follow-up conversations relating to any system wide inspection like Ofsted. Matthew Winn concurred that feedback should be provided to the Director of Children's Services to ensure that the Trust's view was sought. The Trust had been involved in the follow-up discussions in Luton, but not in Cambridgeshire. |
| 6.5       | Taff Gidi briefed the Board on the changes to performance indicators since the clinical operational board meeting. Two indicators had deteriorated.  |
|           | <u>Bedfordshire and Luton Adults and Children Services</u>   |
| 6.6       | Geoff Lambert explained that the bid for Bedfordshire services had included a commitment to redesign 0-19 service delivery. This work had largely been completed and the new service model was due to commence on 1 <sup>st</sup> April 2019.  |
| 6.7       | Chat Health had now been launched in Luton. They had benefited from lessons drawn from Cambridgeshire and Norfolk where the Trust had already implemented Chat Health.   |
| 6.8       | On BCG vaccinations, the acute hospital had still not taken over. Anita Pisani confirmed that the Trust had met with commissioners to discuss this.  |
| 6.9       | Nicola Scrivings inquired about whether the BCG vaccinations backlog was starting to grow again. Geoff Lambert confirmed that the backlog was increasing, although not as significantly as previous times.   |
| 6.10      | The April 2019 meeting was expected to discuss cost improvement schemes.   |
| 6.11      | Luton Adults had been shortlisted in 2 categories for the Leading Health Care Awards for the GP Liaison Service at the time of the meeting. Anita Pisani confirmed that the team had won one of the awards and had been highly commended on the other.   |
| 6.12      | Bedfordshire services were now aiming for gold level Baby Friendly Accreditation.  |
| 6.13      | Geoff Lambert confirmed that Community Paediatrics had plans in place which were on track.   |
| 6.14      | The Board was briefed on performance including on quarter 3 data.  |
| <b>7.</b> | <b>Chief Executive's Report</b>  |
| 7.1       | Matthew Winn presented the Chief Executive's report. Key points included Topol review and primary care networks.   |
| 7.2       | The Board was briefed on the changes to the leadership structure for NHS England and NHS Improvement including the appointment of a joint Chief Executive. Further updates would be provided as more information on the new structure was received.  |
| 7.3       | Matthew Winn highlighted new risk 2940 relating to the replacement of the N3 network. He reported that this was a national issue and mitigations were in place to manage this.   |
| 7.4       | All risks scoring 15 or above had been discussed at clinical operational boards.   |
| 7.5       | The Board was also updated on communications including on awards, publications and staff showcasing the work of the Trust in different forums.   |
| 7.6       | On Topol Review, Anna Gill was to circulate a set of slides to all members for   |



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|           | reference. She noted that the Board would need to have a more detailed discussion in future.   |
| 7.7       | Anita Pisani confirmed that risk 2636 was due to be reviewed following the staff survey results. It was proposed that the risk would be closed down and a new risk relating to staff morale added.   |
| <b>8.</b> | <b>Outcomes of National Staff Survey 2018 and Next Steps</b>   |
| 8.1       | Anita Pisani briefed the Board on the highlights from the staff survey results. The survey had been changed from 32 key findings in 2017 to 29 in 2018.  |
| 8.2       | The Trust had done a full census for the third consecutive year. The Trust achieved a 60% response rate compared to 59% in 2017. This was above average compared to community Trusts nationally where the average response rate was 53% for the 2018 survey.   |
| 8.3       | The Trust had achieved the best engagement score for community Trusts nationally and was joint 6 <sup>th</sup> nationally for all Provider Trusts. Matthew Winn added that there had been only 10 out of 220 Trusts nationally who had achieved a score of 4 or above on staff engagement. Only 2 of those 10 operated services across a wide geography. This was a clear demonstration of what an achievement this was for the Trust. |
| 8.4       | Gary Tubb inquired about the score on quality of appraisals. Anita Pisani responded that the Trust had a score of 5.8 which was slight below the best in class with a score of 6. The average score was 5.6. She noted that there was room for improvement.  |
| 8.5       | The Trust was best in class on 62% of the key findings compared to 59% in the previous year.   |
| 8.6       | The Board was informed that the following key findings had increased significantly: <ul style="list-style-type: none"> <li>○ KF1 – Staff recommendation of the organisation as a place to work or receive treatment; and</li> <li>○ KF5 – Recognition and value of staff by managers and the organisation.</li> </ul>  |
| 8.7       | In Bedfordshire where services were new to the Trust, the response rate had been higher than under the previous provider. However, it was lower than the Trust average. Geoff Lambert added that there were a lot of positive sign showing that the new services were getting embedded in the Trust.   |
| 8.8       | Geoff Lambert noted that excluding the new Bedfordshire services, the response rate for all other services would have been even higher compared to last year.  |
| 8.9       | Anita Pisani confirmed that she would be looking for opportunities to publish something on the Trust's approach to staff engagement.   |
| 8.10      | The Leadership team had started discussions on improvement action plans for each area at the last Leadership Forum.  |
| 8.11      | John Peberdy noted that the Wider Executive Team had reviewed all comments in the staff survey last year and this had been a really useful exercise to understand in more detail staff experience in the Trust. Anita Pisani responded that this would be done again this year once they had been received.  |
| 8.12      | Gary Tubb and Geoff Lambert commended the discussion at Leadership Forum and the commitment by teams to start identifying areas where further improvements could be made. Anita Pisani explained that the HR lead would be bringing together a staff survey working group including staffside, staff who volunteered to be involved, HR and other key internal stakeholders to agree improvement priorities for the next 12 months.    |
| 8.13      | Anita Pisani highlighted that the focus on priorities was demonstrably effective. The Trust had made good progress on all areas which had been identified as priorities last year.   |
| 8.14      | Nicola Scrivings inquired whether the Trust would have both Trust wide and local improvement plans. Anita Pisani confirmed that there would be both. Taff Gidi   |

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|            | added that the local plans were on the clinical operational board cycle of business for June 2019.   |
| 8.15       | Anna Gill suggested and it was agreed to consider putting up staff survey boards similar to quality boards in all Trust services in public facing areas. <b>Action: Karen Mason</b>  |
| 8.16       | The Board was briefed on Black and Minority Ethnic (BME) indicators. In line with the Workforce Race Equality Standard, four indicators are reported by splitting out White and BME staff experiences. Further analysis was being undertaken to understand areas of further improvement.   |
| 8.17       | In recent years, the trust had undertaken a lot of work to raise the profile of experiences of BME staff. It was good to see the level of awareness increasing and staff feeling more confident to report issues. A number of actions had already been taken including introduction of Cultural Ambassadors and introduction of BME staff on recruitment panels. In addition, the Trust had commissioned specialised diversity training from the Garnett Foundation. |
| 8.18       | 7 indicators on the Workforce Disability Equality Standards had been included in the survey for the first time this year. There was no benchmarking data available yet. The results indicated that the experience of disabled staff in the Trust was worse than other staff in the Trust.  |
| 8.19       | Anna Gill explained that the People Participation Committee had discussed the low rates of self declaration of staff on disability in the personnel records. She noted the importance of increasing reporting on this to enable the Trust to accurately identify and address issues affecting staff with disabilities. Anita Pisani responded that it was about making sure staff felt safe to self-declare.   |
| 8.20       | Geoff Lambert noted that the Trust should consider sharing its approach to staff engagement. He highlighted that the levels of staff engagement in the Trust would rival many high performing organisations within and outside the public sector; especially considering the complex staffing and geography of the Trust.  |
| 8.21       | The Board agreed that the Trust would consider options for sharing its approach including standardised slides. <b>Action: Anita Pisani</b>   |
| 8.22       | The Board acknowledged the efforts of all leaders and staff who should all take pride in this achievement.   |
|            | <i>Matthew Winn and John Peberdy left</i>  |
| <b>9.</b>  | <b>Audit Committee Key Issues Report</b>   |
| 9.1        | Geoff Lambert presented the key issues report.   |
| 9.2        | Nicola Scrivings noted the continued improvement in implementation of audit actions and commended the progress made.   |
| 9.3        | Mark Robbins highlighted that the implementation rate had dropped to around 50% previously, but had now improved to above 80% in line with the average when benchmarked against other Trusts.  |
| 9.4        | Nicola Scrivings challenged whether this should have been recorded under outstanding practice in the report.   |
| <b>10.</b> | <b>People Participation Committee</b>  |
| 10.1       | Nicola Scrivings summarised the main points from the meeting. She highlighted that the focus of the first year had been on building the underlying infrastructure to support the new People Participation approach approved by the Board in January 2018.  |
| 10.2       | Julia Curtis commended Louise Palmer for the work she had done to bring the 3 year strategy to life.   |
| 10.3       | Gary Tubb inquired about the metrics for measuring progress. It was agreed that the People Participation Approach would be circulated to the new members. <b>Action: Julia Curtis</b>  |
| 10.4       | Gary Tubb noted the importance of ensuring the people participation work was triangulated to the staff survey results.   |

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| <b>11.</b> | <b>Estates Committee</b>   |
| 11.1       | Mark Robbins reported that the Estates committee had received reports providing assurance on compliance.   |
| 11.2       | The main emerging issue discussed was the quality of the Project Management resources provided by Serco. The Trust had put arrangements in place to mitigate this in the interim.  |
| 11.3       | The Trust was 1 of only 55 Trusts (from 432 organisations across England) which was recognised for excellent sustainability reporting as part of our annual report. The Trust had received a Certificate of Excellence awarded by the Sustainable Development Unit, NHS Improvement and the Healthcare Financial Management Association. |
| 11.4       | The Board commended the Estates Team and all the leaders in the Trust on excellent sustainability reporting achievement. Geoff Lambert noted that it was great to see the Trust get independent recognition on an area where the Trust had challenged itself internally.   |
| <b>12.</b> | <b>CPFT/CCS Joint Children's Partnership Board</b>   |
| 12.1       | Anna Gill noted that the meeting had demonstrated commitment from both sides to support collaborative working. She commended the work undertaken thus far to get to this position.   |
| 12.2       | The Joint Children's Partnership Board had agreed to recommend that both Boards sign the contractual joint venture agreement. This had been discussed at the Board to Board earlier.   |
| <b>13.</b> | <b>Quality Improvement and Safety Committee</b>  |
| 13.1       | Julia Curtis briefed the Board that the Data Protection and Security Toolkit was on track.   |
| 13.2       | The senior leadership team was proactively working to ensure the Trust remained above target on mandatory IG training.   |
| 13.3       | The committee had conducted a review of its own effectiveness including approval of a new cycle business in line with new quarterly schedule.  |
| <b>14.</b> | <b>Any other Business</b>  |
| 14.1       | None   |
| <b>15.</b> | <b>Questions from members of the public</b>  |
| 15.1       | Alison Smith inquired about the progress made by the Trust on the 25 days complaints target. This had been identified in the previous Care Quality Commission report.  |
| 15.2       | Julia Curtis explained the Trust's process for managing complaints, when complaints were reopened and how complex complaints were managed. Performance against target was reported to the Board.   |
| 15.3       | Anna Gill explained that the Quality Improvement and Safety Committee had just approved a new complaints policy which was more user friendly. Julia Curtis added that the focus was on moving towards more local resolution in line with the expectations from service users.  |

*Date of next Public Trust Board Meeting: 8 May 2019*  
*Venue: The Teal Room, The Poynt, Luton LU4 0LA*