

## MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 20 November 2019

10.30 – 14.30

King's House, 245 Ampthill Road, Bedford, MK42 9AZ

#### Members:

Nicola Scrivings	Chair
Oliver Judges	Non-Executive Director
Geoff Lambert	Non-Executive Director
Anna Gill	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Judith Glashen	Associate Non-Executive Director
Matthew Winn	Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Julia Curtis	Chief Nurse
Rachel Hawkins	Director of Governance

#### In Attendance:

Angela Hartley	Assistant Director of Workforce
John Peberdy	Service Director, Children's and Young People's Health Services
Debbie Shulver	Head of Safeguarding for Cambridgeshire, Peterborough and Norfolk
Mercy Kusotera	Assistant Director of Corporate Governance

#### Apologies:

Anita Pisani	Deputy Chief Executive
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#### Minutes:

1.0	Patient Story - Children's Community Nursing Team
1.1	Julia Curtis informed the Board that unfortunately the members of Patient EM's family were poorly and no longer able to attend the Board to share their experience of being supported to care for their loved one at home during the last week of her life. The family had a positive experience of Luton District Nursing Service. The story had been included in the meeting papers.
1.2	Julia Curtis provided an overview of the service provided by the District Nursing team and also Patient EM's healthcare journey. The Community Nursing Service provided routine and complex; scheduled and unscheduled care working collaboratively with GPs, social services and a range of other hospitals and community health services.
1.3	The Board was informed that Patient EM's family commended the District Nursing Team for providing an excellent service. However the family felt that there should be an easier way for the nurses to make contact with the GP service when needed; the family had witnessed that the nurse spent a reasonable time of her visit trying to contact the surgery by phone. Julia Curtis informed the Board that the service had changed the way in which staff could access GPs; the process had improved.
1.4	Dr Anne McConville acknowledged that the story was positive; however she was not sure why the service was being looked after by the District Nursing Team as opposed to palliative care team. Julia Curtis responded that this depended on the

	<p>caring needs of the patient. She added that Patient EM had been with the District Nursing team for some time. Not every patient who required end of life care would go through palliative care team. This depended on the timing and the needs of the family; District Nurses would ask for advice if needed; the nurses had specialist training. Dr David Vickers concurred and stated that End of Life Care was for everyone unless there was a specific need. Matthew Winn commented that most palliative care specialist staff would be from the hospice.</p>
1.5	<p>In response to a question about the new arrangements to GP access, Julia Curtis explained what had changed in-house; the nurse in Patient EM's story could carry on caring for the patient; could no longer spend a lot of time trying to get through to the surgery by phone. The co-ordinator of the day would make the calls through a dedicated phone.</p>
1.6	<p>Dr David Vickers explained the process regarding the medication provided at the end of life; he stated that GPs advised on what would be needed by the patient. He added that there were palliative care pharmacies funded by the Commissioners to keep stocks of those drugs.</p>
1.7	<p>Anna Gill sought clarity around capacity and competency for District Nurses for example in areas with small teams; she felt this could put pressure on hospice and palliative teams. Julia Curtis explained that there was a competency refresher which started in September 2019 and was scheduled to finish in March 2020 to ensure staff had the required competency. Matthew Winn commented that the Trust had more capacity than in the past; no incidents relating to capacity constraints had been recorded on Datix. Julia Curtis concurred and added that a new scheduling system had been introduced recently to address competency issues; the system had built in competency required, was measurable and would not allow allocation of patients to staff without the required competency.</p>
1.8	<p>The Board thanked Julia Curtis for sharing Patient EM's story and asked her to formally pass on best wishes to the family.</p>
<b>2.0</b>	<b>Chair's welcome, apologies and additional declarations</b>
	<p>Apologies had been received from Anita Pisani.</p> <p>The Chair welcomed the following:</p> <ul style="list-style-type: none"> <li>• Angela Hartley who had attended the meeting on behalf of Anita Pisani;</li> <li>• Debbie Shulver, the Head of Safeguarding for Cambridgeshire; Peterborough and Norfolk who was attending the meeting as an observer; and</li> <li>• John Peberdy, Service Director Children's and Young People's Health Services.</li> </ul>
2.2	<p>The Chair declared that she had recently started her new role as Chair to East of England Ambulance Trust NHS Trust; therefore she currently had two roles.</p>
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	<p>The minutes of the meeting held on 18<sup>th</sup> September 2019 were approved as an accurate record subject to a minor amendment to minute 1.8: 'Fazilet Hadi commented that she had suggested that a letter outlining the patient's journey should be send to patients'.</p>
3.2	<p>The Board received and noted actions and updates from previous meetings. Julia Curtis reminded the Board that a summary of all the actions from Board Patient Stories and what was done to address the issues raised would be presented to the Board in March 2020.</p>
<b>4.0</b>	<b>Integrated Governance Report</b>
4.1	<p>Julia Curtis introduced the Integrated Governance Report for the reporting period August and September 2019. The report provided an overview of quality, performance; workforce and finance assessed in relation to the Trust's strategic objectives and associated risks to achieving those objectives. Julia Curtis would</p>

	also present Anita Pisani's two sections (Excellent Employer and Collaborate with other organisations).
4.2	The Board was informed that the report comprised of two sections: <ul style="list-style-type: none"> <li>• Overarching summary of assurance, performance and risks in relation to achieving each strategic objective during August and September 2019.</li> <li>• Additional supporting information for the reporting period.</li> </ul>
4.3	Julia Curtis briefed the Board on the assurance relating to the Trust's objective to provide outstanding care. She reported that the direction of travel for achieving the strategic objective of providing outstanding care had been adjusted (it was lesser green when compared to the previous report) to reflect a change in assurance from substantial to reasonable for the 'Responsive' key line of enquiry.
4.4	It was recommended that future reports should include a dotted line on the assurance charts to show the trend in assurance changes from the previous report period. <b>Action: Rachel Hawkins</b>
4.5	Julia Curtis reported that although the other key lines of inquiry stayed the same position as previously report to the Board in September 2019, the responsive line of inquiry had reduced to reasonable assurance from substantial assurance. This was because Community Paediatrics (Bedfordshire) did not meet the 18 week RTT target in September 2019. During recent service redesign work, it was identified that a number of the children had not been offered follow up appointments when they should have been; this included children with medication reviews for example children with ADHD and other conditions which required medications. Julia Curtis confirmed that all those children had an appointment scheduled before end of December 2019. The outcomes of those reviews were being evaluated to ensure that no harms had been caused by the delay in those appointments. Dr David Vickers was working with the service; looking at the rest of the cohort of patients to establish whether there were other children who had missed follow ups.
4.6	The Chair asked whether there was any learning for the Trust. Matthew Winn responded that the learning point would be to improve the quality approach; for example having data integrity testing going forward.
4.7	Gary Tubb felt that the assurance change from substantial to reasonable was a big shift for one area considering that there were plans in place and some actions had been undertaken to address the issue. He added that it would be good to share identified plans and actions being taken to address the issue and also progress against them. Julia Curtis acknowledged the contribution; however she reminded the Board on how assurance levels in relation to each domain were described in the agreed assurance framework; the description for 'Reasonable Assurance' for responsive domain stated that: <p><i>"The Trust average across all relevant patients in consultant-led services is up to 1% below the 18 week referral to treatment target. One complaint responded to outside of timeframe but by no more than 5 days and there is evidence of actions being implemented."</i></p>
4.8	Geoff Lambert informed the Board that the issue had been discussed in detail at the Clinical Operational Board and a recovery plan was in place for overdue medication reviews involving all children being offered an appointment before the end of December 2019. Matthew Winn stated that the level of transparency and visibility on what the Trust was doing was commendable.
4.9	The Board was briefed on the level of assurance in relation to other domains applying to providing outstanding care: <ul style="list-style-type: none"> <li>• Safe - reasonable assurance. The level of assurance was because there were no serious incidents and never events reported in August and September 2019. No healthcare acquired infections had been recorded</li> </ul>

	<p>during the reporting period.</p> <ul style="list-style-type: none"> <li>• Caring -Substantial assurance; this was due to outstanding care demonstrated from the patient story. The Trust's Friends and Family test results (97.53%) were above national target. The number of informal and formal complaints was within expected variance.</li> <li>• Effective -Reasonable assurance; mandatory training compliance remained above Trust target in August and September 2019 (95%) and low number of Information Governance incidents were recorded.</li> </ul>
4.10	<p>Julia Curtis reported that in safe domain, there was an improvement in business continuity escalations plans in place with the number of services though there was still staffing pressures.</p>
4.11	<p>Julia Curtis confirmed that the risks to achieving the objective to provide outstanding care were adequately controlled; strong assurance could be taken from their view at Clinical Operational Boards and Wider Executive Team. There were operational risks scoring 15 and above. The Board was informed that the risk relating to Children's Community Nurses (Cambridgeshire) staffing pressures (Risk ID 2554) had been increased from 12 to 15 in November 2019.</p>
4.12	<p>Regarding Safeguarding, Julia Curtis reported that Trusts were required to undertake annual assessments against their statutory requirements in Section 11 of the Children's Act relating to a number of elements for example leadership, support and training. The Trust had participated in challenge events undertaken by the Local safeguarding Children represented at the Cambridgeshire Local Safeguarding Children's Board (LSCB) event by the CCG Designated Nurse for Safeguarding Children. The Board could take assurance from the process as areas of excellent practice and challenges that required a multi-agency approach were identified in the self-assessments and discussed with each LSCB. The Trust had received positive early feedback.</p>
4.13	<p>The Board was informed that at the time of reporting the Trust had achieved 54% flu vaccination after six weeks. As requested by NHS England and NHS Improvement, the Trust had completed a self-assessment about best practice management for flu programme. There was a requirement for the Board to publicly commit to achieving the ambition of 100% of frontline healthcare workers being vaccinated and for any worker who decided on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.</p>
4.14	<p>In response to the request for Board commitment to achieve 100% flu vaccination it was noted that the Board was committed to maximise the uptake of flu vaccination. Staff, both patient facing and non-patient facing were encouraged to take the flu jab to protect themselves, their families and patients. A number of initiatives had been taken to encourage staff to take the jab; however taking the jab was not mandatory.</p>
4.15	<p>Dr Anne McConville commented that the current version of the Integrated Governance Report was much easier to follow when compared to the previous version. However she challenged the wording of the risk relating to Enhanced Models Care (Risk ID 3051). Matthew Winn explained that if the Clinical Commissioning Groups funded the Enhanced Model based on the savings achieved, there was a risk the funding would be reduced. Dr Anne McConville stated that it was the first time the Trust had a risk which referred to other organisation was presented to the Board. She challenged the way the risk was worded and she sought clarity on how the Trust would handle the risk. Matthew Winn responded that the Trust had other risks linked to other organisations but they were not scored 15 and above. Risk ID 3051 had been escalated because</p>

	of the score. It was anticipated that the risk would reduce following the CCG's meeting mentioned in earlier discussions.
4.16	Julia Curtis briefed the Board on the level of assurance regarding the performance for August and September 2019 and the strategic objective to 'Be an excellent employer.' The Board was informed that in accordance to the Assurance Framework, the Board could take reasonable assurance on staffing levels and safety of services. Staffing pressures were adequately controlled with plans agreed with Commissioners.
4.17	Julia Curtis highlighted that the key risks to achieving this objective were being adequately controlled; agency spend was within the Trust ceiling with no anticipated changes throughout the year. The risks were regularly reviewed by the Clinical Operational Boards. The CQC inspection report published on 30 August highlighted a number of areas that supported the objective 'to be an excellent employer.'
4.18	The Board was informed that in October 2019; the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index for 2018 NHS annual staff survey about staff perception of the Trust's speaking up culture. The Trust was identified as the best performing Trust nationally.
4.19	Julia Curtis reported that appraisal rates had gone down slightly; plans were in place in all the relevant services to meet the target.
4.20	To assist the Trust to remain within the agency spend ceiling, the Trust would be implementing a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.
4.21	Julia Curtis outlined the level of assurance relating to the key domains to being an excellent employer; these were: <ul style="list-style-type: none"> <li>• Safe – reasonable assurance; this was due to staffing pressures being adequately controlled with plans agreed with commissioner for prioritising service delivery</li> <li>• Effective – Reasonable assurance. Sickness levels remained constant and within controlled limits. Stability had improved and was above Trust target.</li> <li>• Well-led – substantial assurance: agency spend controlled within Trust ceiling with no anticipated change throughout the year.</li> </ul>
4.22	Geoff Lambert commented on the trend for agency and bank spending; he felt there were early signs of pressure due to recruitment and retention issues. Mark Robbins responded that the Trust was working with services to ensure appropriate plans were in place to reduce reliance on agency workers.
4.23	Regarding achieving the Trust strategic objective to 'Collaborate with other organisations' Julia Curtis informed the Board that the Trust had in place robust collaborations with Cambridgeshire and Peterborough Foundation Trust (CPFT), East London NHS Foundation Trust and across the provider landscape in Luton. The Trust fully participated in STP activities in Cambridgeshire and Peterborough, and in Bedfordshire, Luton and Milton Keynes. The Trust also had a representation on Norfolk's Children's Board.
4.24	Julia Curtis reported on the Children's' and Young people's Joint Partnership Board meeting held on 19 <sup>th</sup> November 2019. She informed the Board that the meeting was positive. Anna Gill concurred and informed the Board that one year anniversary Joint Venture Corporate Celebration event held on 11 <sup>th</sup> November 2019 was well attended. Areas covered during the event included a review of the year, achievements of the Joint Venture and next steps. Julia Curtis drew the attention of the Board to the staff story shared at the Partnership Board; a nursery nurse who had been appointed to Young Parent Pathway; the use of

	service user feedback in the pathway was phenomenal.
4.25	Regarding Enhanced Models of Care, the Board was informed that conversations continued with CCG Executive regarding funding and risk share arrangements for October 2019 to March 2020.
4.26	Julia Curtis reported that Jo Robertson Luton Adults Service Lead and Dr Haydn Williams were the regional winners of the Sir Peter Carr partnership award.
4.27	Matthew Winn reminded the Board that the matrix associated with collaboration and the assurance received were too annualised; the Refreshed Strategy coming to the Board in December would strengthen the assurance provided.
4.28	The Chair recommended that the Trust should pick up holding Board to Board meetings next year.
4.29	Julia Curtis reported that the Board could take substantial assurance on the well-led domain. The Trust had in place strong governance evidence of collaborations with Luton Provider Alliance and Joint Partnership Board with East London NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust.
4.30	Mark Robbins provided an overview of achieving the Trust's strategic objective to 'Be a Sustainable Organisation.' The Board received assurance from the reporting of the Trust's financial sustainability and performance from the three strategic risks relating to this objective and from the Clinical Operational Boards reporting of financial performance and escalation processes.
4.31	Mark Robbins confirmed that in accordance to the Trust's Assurance Framework, the Board would also receive assurance from External Auditor's Unqualified External Auditor's Unqualified opinion and its 'Value for Money conclusion' of the Trust for 2018/19. Internal Auditor's assessments during 2018/19 provided a conclusion that the Trust had adequate and effective framework for risk management, governance and internal control.
4.32	The Board was informed that the heat map reflected that there was a potential future pressure on the overall financial performance for the year. However with the agreed mitigation in place, there was a slight improvement.
4.33	Mark Robbins reported that cash and cash equivalents had decreased over the reporting period due to an increase in property, plant and equipment and trade and other receivables.
4.34	The Board was informed that the Trust was currently achieving an overall Use of Resources Rating of 1.
4.35	The Trust's Cost Improvement Plan (CIP) delivered savings of £0.566m over months 5 and 6 against a target of £0.314m; the Trust had identified schemes to deliver the annual savings target.
4.36	<p>Mark briefed the Board on the Carter metrics; the key programmes of work originally identified as relevant to the Trust in delivering the recommendations following Lord Carter's productivity and efficiency report in 2018 continued to progress well. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Learning from new models of care – the Luton Adults enhanced Models of Care was in its second year of pilot.</li> <li>• Optimising workforce well-being and engagement – the Trust had again delivered excellent and improved staff survey results.</li> <li>• Inpatient rostering and e-rostering – the Trust continued with its roll-out of E-Scheduling and E-Rostering systems and was now seeing the benefits into its demand and capacity review..</li> <li>• Corporate Services – the Trust had successfully procured its Financial and Accounting, Payroll, ICT and Estates services to external providers.</li> </ul>
4.37	Geoff Lambert commented that sustainability covered other elements for example recycling and saving on heating and he asked whether those elements could be covered in reporting probably once or twice a year. Mark Robbins responded that as of next year, sustainability assessments reported to the

	Estates Committee would include other sustainability metrics. It was agreed to (i) to have metrics about other sustainability elements that could be tracked at Board level (ii) Understand the productivity of some of the Trust services which were not cashable. <b>Action: Mark Robbins</b>
4.38	Fazilet Hadi commented that not all the five enabler strategies were covered in the current Integrated Governance Report; for example digital and communication. She noted the need to work out how future Integrated Governance Report could incorporate the five enabling strategies and other sustainability metrics. Matthew Winn concurred and he added that the Trust should also look at the impact of the capital plan on sustainability.
4.39	Judith Glashen asked whether the Trust had a full picture of the wider impact including the quality and equality impact assessment and how the Board could gain assurance. Julia Curtis responded that the information was available but not in one place. She was working with the service redesign team to strengthen the process.
<b>5.0</b>	<b>Bi-annual Workforce Review</b>
	In the absence of the Deputy Chief Executive, Angela Hartley presented the report.
5.1	The Board commended the team for the producing a comprehensive report.
5.2	<p>Angela Hartley briefed the Board on the outcomes from Trust service workforce reviews which took place across each service during September and October 2019.</p> <p>The following key points were noted from the report:</p> <ul style="list-style-type: none"> <li>• The Trust continued to experience recruitment and retention challenges in some services for example Luton District Nursing, School Nurses and Audiologists and specialist safeguarding roles.</li> <li>• The creativity of services in to address shortages, for example skill mixing and recruiting staff nurses into the Health Visiting Service.</li> <li>• Services were viewing apprenticeship as an option to meet their future workforce supply needs. The numbers were relatively small but showed an improvement.</li> <li>• Sickness absence levels continued to vary across the Trust. The HR team had taken a deep dive on the reasons for absence and were working with managers to support staff to maximise their health and wellbeing.</li> <li>• Continuing drive towards people intervention; managers were encouraged to focus on the individual and personal circumstance rather than sickness trigger points. The HR team would continue to support to support managers to identify supportive actions for staff.</li> <li>• Appraisal feedback was positive; staff had the opportunity to challenge if they felt the person appraising them did not know them or their job.</li> </ul>
5.3	Anna Gill asked whether there was any correlation on staff sickness and teams known to be stretched. Angela Hartley confirmed that there were some correlation; the detail was reviewed on a monthly basis and the HR worked with the managers to support those services.
5.4	Geoff Lambert observed that the report stated that the Trust had recruited 192 substantive staff between 1 <sup>st</sup> April and 30 <sup>th</sup> September 2019 and he commented that it would be useful to include information on the number of staff left the Trust. <b>Action: Anita Pisani</b>
5.5	Geoff Lambert asked how the Trust would know the impact of the level of vacancies on the Trust's ability to deliver a competent service to the standard required. Julia Curtis responded that there were no national set guidelines; the Trust could have no vacancies but staff could be stretched. Matthew Winn agreed and added that staff thresholds were different for different services and the level of vacancies would be different as well.

5.6	Fazilet Hadi acknowledged that the report was excellent; however she recommended that it was important for the Trust to make sure that staff were happy during their first year. She also asked whether ethnic minority and disabled numbers were captured.
5.7	Anne McConville recognised that the exit interview stated that some staff had left due to lack of career progression. She noted the need for early intervention. Angela Hartley acknowledged the comment. However she also highlighted that exit questionnaires had limited benefits.
5.8	Geoff Lambert challenged the number of placements offered to students, he felt there was disparity for example Luton was a big area and only 51 students had been offered a place. Angela Hartley responded that the Trust did not turn students away; students had a choice on where they wanted to go.
<b>6.0</b>	<b>CQC Compliance of Purpose</b>
6.1	Julia Curtis reminded the Board that the revised CQC Statement of Purpose approved by the Board in September included the discontinuity of out of hours provision across Trust Dental services. The Board was informed that since the September Board meeting the Trust had agreed to continue providing this service in Peterborough for a further two months due to issues with mobilisation for the new provider.
6.2	The Board noted the revised Statement of Purpose.
<b>7.0</b>	<b>Key issues from other Board Sub-Committees</b>
	<u>People Participation Committee key issues</u>
7.1	Fazilet Hadi summarised the main points from the previous meeting. She confirmed that co-production was embedded in service priorities; the Committee had received a focus session from co-production leads and clinical leads from both Bedfordshire and Luton Children's services.
7.2	The Committee had received six months update on development and progress against the NHS Patient Experience Improvement Framework Tool. The tool helped to the Trust to recognise and celebrate the areas of achievement. Fazilet Hadi reported that the Committee would receive that self-assessment update twice a year.
7.3	The Board was informed that there was evidence that co-production was embedded in services; the Trust had dedicated co-production leads within each directorate. The Committee would look at service priorities of co-production in January 2020.
7.4	Julia Curtis stated that the Quality and Clinical Strategy which would be presented to the Board in December 2019 had three main priorities and one of them would be People Participation.
	<u>Audit Committee key issues</u>
7.5	Geoff Lambert brief the Board on the previous Audit Committee meeting held in October. In relation to follow-up reports, there were a number of actions that required evidence to be submitted to confirm the action had been taken. Mark Robbins would review the list and liaise with action leads to identify and share the evidence with Internal Audit.
	<u>Charitable Funds Committee</u>
7.6	Gary Tubb provided an overview of the previous Charitable Funds Committee meeting. The Committee had discussed the proposal for new governance arrangements for managing the investment activities of the Trust's Charitable Funds. There were funds which needed to be prioritised and the Committee had agreed to have service plans which would be agreed with service leads. Service Directors would agree an annual spend plan with the Director of Finance. The Board noted that other opportunities for broader use of charitable funds could be explored.
<b>8.0</b>	<b>Best Start in Life</b>



8.1	John Peberdy provided an overview of the strategy which had been developed by Cambridgeshire and Peterborough local authorities and a wide range of stakeholders. The strategy aimed to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities. The Health and Well-being Executive had asked that the Strategy should be presented to the Trust Board.
	The following key headlines were noted from the presentation: <ul style="list-style-type: none"> <li>• Vision – every child would be given the best start in life supported by families, communities and high quality integrated services.</li> <li>• The Strategy had three key outcomes for children: healthy lives, safe from harm and confident and resilient with an aptitude and enthusiasm for learning.</li> <li>• Five key themes were proposed to provide the framework for a new integrated model for early years.</li> <li>• There were nine building blocks – they formed the foundations for creating a long term system wide collaboration.</li> <li>• Success would be measured through shared outcomes framework and developing a process for evaluation</li> </ul>
8.2	John Peberdy outlined the next steps; Phase 2 and 3 of the strategy was scheduled for May 2019 to March 2020; Phase 3 would run from October 2019 to March 2020. A new governance structure would be used, with a direct reporting line.
8.3	Matthew Winn highlighted that Best Start Life was a good example of providing caring in an integrated way.
8.4	Fazilet Hadi reflected on the implications on professionals in particular when staff would be involved in the intervention process and also how the Trust could tackle health inequalities.
8.5	Dr Anne McConville commented on lack of clarity on strategic leadership; she was not sure whether the issues had been addressed and she also noted that the equality characteristics on the cover sheet had not been ticked. John Peberdy responded that regarding strategic leadership, it was anticipated that the issue could be covered as part of the Long Term Plan work. Regarding the housing issue, Julia Curtis recapped on previous discussion at Cambridgeshire and Peterborough Clinical Executive Group for the STP; they talked about housing and well-being for vulnerable people in Cambridgeshire and Peterborough; Best Start Life was also referenced during that discussion. She felt that the Best Life Strategy linked quite well with wider well-being strategy.
<b>9.0</b>	<b>Chief Executive's Report</b>
9.1	Matthew Winn provided an update on some of the national policy issues impacting the Trust. He informed the Board that Health Education England had announced that they were making an extra budget available for District Nursing Qualification training. Julia Curtis and Angela Hartley would be looking into that at Trust level.
9.2	NHS England/Improvement had published its proposals for legislative changes to the 2012 Health Act.
9.3	The Board was briefed on Freedom to Speak Up issues raised between 1 <sup>st</sup> April and 30 <sup>th</sup> September 2019. Fourteen cases were raised during Quarter 1 and sixteen cases were raised during Quarter 2.
9.4	Dr Anne McConville sought clarity on the outcome of the cases raised. Matthew Winn explained that there was a robust process to ensure that all the cases raised were investigated and resolved as much as possible. Due to confidentiality, the Trust could not report on the case details.
9.5	Ann Gill sought clarity on the external escalation process for Freedom to Speak Up. Matthew Winn explained that if the issues related to Quality they could be

	raised directly to the CQC or they could be referred to the Chief Nurse or the Medical Director. If the issue related to employment they could go to employment tribunal; however he was not aware of any issues escalated outside the Trust. Geoff Lambert commented that in some case, members of the public could go the local MP.
<b>10.0</b>	<b>Any other Business</b>
10.1	The Board noted that it was the Chair's last Board meeting with the Trust and they thanked her for her strategic leadership.
<b>11.0</b>	<b>Questions from members of the public</b>
11.1	A member of the public asked about the Trust's clinical information system and how clinical records could allow the Trust to work collaboratively.
11.2	Matthew Winn responded that the Trust had five record systems: <ul style="list-style-type: none"> <li>• Hearing</li> <li>• Dentistry</li> <li>• Sexual Health</li> <li>• Audiology</li> <li>• Everything else</li> </ul>
11.3	Julia Curtis added that patients tell their story to the Board; the information was held in one place; the right people had access to the information. There could be challenges in STP and place-based services; however the Trust had different digital platforms for example Luton Enhanced models of Care. The Trust had been proactive; every new service had established systems on where information would be stored. Dr David Vickers is the Trust Caldicott Guardian.

*Date of next Public Trust Board Meeting: 15<sup>th</sup> January 2020*

*Venue: Parkside Conference Room, North Cambs Hospital, Churchill Road, Wisbech, PE13 3AB*