

## MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 15 January 2020

10.30 – 13.40

Conference Room, New Horsefair Clinic, 27 Augustine Road, Wisbech, PE13 3AD

#### Members:

Oliver Judges	Interim Chair
Geoff Lambert	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Rachel Hawkins	Director of Governance
Julia Curtis	Chief Nurse

#### In Attendance:

Tracey Cooper	Service Director, Ambulatory Care
Karen Mason	Head of Communications
Lisa Wright	Patient Experience Manager (Item 1)
Tanisha Saboo	Senior Musculoskeletal Physiotherapist (Item 1)
Raj Thirunageswaram	MSK Physiotherapist and Operational Team Lead (Item1)
Mercy Kusotera	Assistant Director of Corporate Governance

#### Apologies:

Anna Gill	Non-Executive Director
Judith Glashen	Associate Non-Executive Director

#### Minutes:

1.	Patient Story - Children's Community Nursing Team
1.1	Lisa Wright, Tanisha Saboo and Raj Thirunageswaram and three service users joined the meeting.
1.2	Julia Curtis introduced the members of staff and the three service users who attended the Board meeting to share their experience of DynamicHealth Peterborough; the service delivered musculoskeletal Physiotherapy and Specialist services and Pelvic Health across Cambridgeshire and Peterborough.
1.3	Lisa Wright reported that the DynamicHealth Peterborough service served a very diverse population and there was an increase in demand for translation services via telephone within clinical appointments. She highlighted that due to communication barriers and hesitancy of expression when interacting with Health Care Professionals from different backgrounds, DynamicHealth Peterborough service leads felt that patients with chronic musculoskeletal symptoms were often not able to get their desired outcomes.
1.4	The Board was informed that the physiotherapy team had introduced South Asian Female (SAF) Functional Rehabilitation pilot classes which were targeted at female patients because they had observed that most of the female patients from South Asian backgrounds often requested female therapists. The sessions were delivered in Urdu / Hindi languages to increase accessibility for patients whose first language was not English. The goal was to address language and

	cultural barriers which could prevent service users from managing their musculoskeletal condition effectively. The South Asian population was the second largest ethnic group in the area. The three service users had attended the third session held in November 2019.
1.5	Raj Thirunageswaram reported that discussions to develop and implement the pilot started in April 2019; the Co-Production Lead for Ambulatory Care, Sarah Kilby was included in the discussions. The first cohort was held in September 2019; each cohort consisted of five classes. Raj Thirunageswaram highlighted that though the sessions themselves were not co-produced with service users, an element of co-production was introduced via a partnership with the City's Health and Wellbeing service which was commissioned by Public Health. Raj Thirunageswaram added that the team had explored how other Trusts were addressing similar issues nationally but unfortunately no Trust had been involved in a similar program.
1.6	During the meeting Tanisha Saboo offered translation support to the service users. In response to a question relating to the benefit of the classes, one of the service users confirmed that before she joined the classes, how she felt depressed about her condition. However since she started attending the sessions she felt motivated. The sessions had helped her to address her low mood and they also provided a platform for her to share her experience with other service users who had the same condition as her. She reported that she now felt much more relaxed; was enjoying the new friendships and had found something to live for. The sessions had reduced the chronicity of her condition.
1.7	The service users echoed that the sessions had helped them to improve their activities of daily life, for example they could go out shopping and also engage with their families.
1.8	Julia Curtis thanked the service users for sharing their experience. She noted that the impact for them has been phenomenal. Matthew Winn concurred and extended his appreciation for what the staff had achieved. He highlighted that the team's initiative and what they had achieved was not typical of staff in their day to day jobs.
1.9	In response to a question about screening patients with musculoskeletal conditions and assessing their suitability for classes, Raj Thirunageswaram explained the referral pathway noting that the team engaged with GPs and patients were offered a one to one appointment with a female physiotherapist.
1.10	Gary Tubb commended the service for the positive impact on patients and he acknowledged how big the challenge was. He asked how the learning could be shared beyond DynamicHealth service. Raj Thirunageswaram indicated that the service was in contact with GPs and would continue to develop and understand the local population's needs. Matthew Winn commented that it would be helpful to invite some female GPs to the classes.
1.11	Tracey Cooper commented that the service had done a lot of work in Peterborough and Cambridgeshire to improve patient experience by seeking to understand the barriers that patients could be facing in accessing care and would continue to develop the co-production approach to help to bridge the gaps for patients. She commended the team for what they had achieved.
1.12	Raj Thirunageswaram thanked the Board for providing the opportunity to share the positive impact of the service and the feedback from the service users. He noted that the benefit of the joint approach with Health Peterborough. Raj Thirunageswaram added that the service had also received support from management, the Board and Co-Production Lead. It was planned that the service would continue to run cohorts until summer 2020 to gather sufficient outcome measures data to inform further learning from the project.

1.13	The Board thanked the staff and the service users for sharing the story.
<b>2.</b>	<b>Chair's welcome, apologies and additional declarations</b>
2.1	Apologies were received from Anna Gill and Judith Glashen.
2.2	No further declarations were received.
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	The minutes of the meeting held on 20 <sup>th</sup> November 2019 were approved as a correct record subject to the following: 8.5: to include Dr Anne McConville's question on housing issue should be addressed.
3.2	The Board received and noted updates from previous meetings.
<b>4.0</b>	<b>Integrated Governance Report</b>
4.1	Julia Curtis introduced the Integrated Governance Report for the reporting period October and November 2019. The report provided an overview of quality, performance; workforce and finance and was assessed in relation to the Trust's strategic objectives and associated risks to achieving those objectives. Exceptions were reported against each of the four strategic objectives.
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 October and November 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 confirmed that the direction of travel for achieving the strategic objective of providing outstanding care remained the same as in the previous report in November 2019.
4.4	Julia Curtis briefed the Board on the level of assurance regarding the performance for October and November 2019 and the strategic objective to 'Be an excellent employer.' She reported that in accordance with the Assurance Framework, the Board could take the following levels of assurance relating to provide outstanding care: <ul style="list-style-type: none"> <li>• <b>Safe</b> - reasonable assurance – no serious incidents or never events; Business Continuity Escalation Plans (agreed with commissioners) were in place for a number of 0-19 services.</li> <li>• <b>Caring</b> - substantial assurance due the Trust wide CQC rating of Outstanding. The patient story shared earlier demonstrated outstanding caring attitude.</li> <li>• <b>Effective</b> – reasonable assurance maintained due to low number of Information Governance incidents set out in the annual IG report</li> <li>• <b>Responsive</b> – reasonable assurance maintained due to 95.8% of complaints responded to on time (23/24).</li> </ul>
4.5	Julia Curtis reported that there were no Serious Incidents (SIs) declared during the reporting period. She added that learning from two previous SIs (safeguarding 0-10 Team East Norfolk) had been shared with teams.
4.6	The Board was briefed on staffing levels; some teams in Luton Children's services, for example Community Paediatrics had staffing challenges due to sickness and maternity cover. Regarding staffing pressure on the Health Visiting Service, Julia Curtis reported that the service was working under their business continuity escalation framework with a moderation to service delivery related to targeted antenatal visits agreed with commissioners. She added that the risk was also discussed by the Bedfordshire and Luton Clinical Operational Board.
4.7	Regarding the risk relating to Children's Continuing Care in Cambridgeshire (Risk ID 2554), Julia Curtis reported that the Children's Clinical Operational Board was informed on 7 <sup>th</sup> January 2020 that the risk had adequate mitigation in place and

	would be reviewed at the end of January 2020 when new staff would be in post.
4.8	The Board was briefed on Community Paediatrics (Bedfordshire) compliance with consultant-led access; there were mitigating actions in place, for example a full time locum consultant was in place. David Vickers was working with the service to ensure clinical follow ups had been carried out for the children who had not been offered an appointment when they should have been offered follow up. He added that despite the challenges, clinical and administrative colleagues within the service were working very hard to maintain continuity of service.
4.9	Julia Curtis informed the Board that there was a recovery plan in place to address referral breaches in Audiology (Luton Children's services).
4.10	The Board was informed that as at 6 <sup>th</sup> January 2020, 69% of frontline staff had received their flu vaccination. The programme would run until end of February 2020, a full summary of the outcome and learning would be included in the March Board report.
4.11	Julia Curtis briefed the Board on Friends and Family Test (FFT); during the reporting period the Trust FFT overall recommendation score remained high. Fazilet Hadi recognised that 11% of the total comments received in October and November 2019 were negative; she asked whether there were any themes identified. Tracey Cooper confirmed that there were themes identified and they were being discussed at governance meetings.
4.12	Gary Tubb recalled the valuable feedback shared during the patient story and he asked how best practice was shared across the Trust; he also sought clarity on the level of assurance received. Julia Curtis commented that there were some mechanisms to capture and share learning; for example learning was shared during clinical leads team. Matthew Winn recalled that Rachel Hawkins was reviewing the Well-led Action Plan; the review included what was published in the CQC report and identifying best practice for various services. Rachel Hawkins agreed and added that she was mapping the governance structures and the Well-Led action plans; she would be discussing with the Executive Leads and Service Directors on the status of the actions and the next steps. <b>Action: Rachel Hawkins</b>
4.13	Geoff Lambert recalled that the Learning from Deaths report (to be discussed later on the agenda) stated that the total number of child deaths across the Trust during the reporting period was 36 and he commented that he was surprised about the numbers.
4.14	Anita Pisani briefed the Board on the level of assurance regarding the performance for October and November 2019 and the strategic objective 'to be an excellent employer.' She reported that the Board could take the following assurance levels: <ul style="list-style-type: none"> <li>• <b>Safe</b> –reasonable assurance; this was due to staffing pressures being adequately controlled with plans agreed with commissioners.</li> <li>• <b>Effective</b> – reasonable assurance because sickness rates remained constant and within control limits. Appraisal rate remained below target at 90.33%.</li> <li>• <b>Well Led</b> – reasonable; agency spend was currently target. However the forecast outturn remained within agreed limits.</li> </ul>
4.15	In response to a question regarding sickness levels, Anita Pisani commented that the HR team had undertaken a deep dive on the reasons for absence; the top reason was Cold, Cough and Flu. She added that work continued to reduce those absences attributed to unknown or other reasons as much as possible. During the reporting period, the Trust wide sickness rate had decreased slightly.
4.16	The Board was informed that the Trust wide appraisal rate for November 2019 had slightly decreased to 90.33%. However appraisal compliance remained constant and within limits.

4.17	Regarding achieving the Trust Strategic objective to 'Collaborate with other organisations' Anita Pisani 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, Joint Partnership Board with East London NHS Foundation Trust and Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust.
4.18	Anita Pisani reported that the risk relating to complexity of system working and delivering agreed models of care (Risk ID 2971) had been reduced from 12 to 8; work continued across Luton on the delivery of the enhanced care. Funding had been agreed for 2019/20.
4.19	The Board was briefed on the Trust's research activities; for example 36 patients were recruited during October and November 2019; different divisions involved in the studies were outlined in the report.
4.20	Matthew Winn observed that there was a reduction on public sector prompt payments and he sought clarity on the reasons for the reduction. Mark Robbins noted the need for the Finance team to continue to work closely with the services to ensure all invoices were processed promptly. <b>Post meeting note:</b> After the meeting it was confirmed that the reason for the delay in payment was linked to the transfer in November to a new finance system, and the late invoices were all paid within the following month.
4.21	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.
4.22	The Board was informed that the risks relating to Cost improvement Plans 2019/20 (Risk ID 2963) had been reduced from 12 to 8 because the Trust was still on target to deliver the majority of its original savings target. There was mitigation in place to ensure the overall control target would be achieved by the end of 2019/20 financial year.
4.23	Mark Robbins reported that the risk relating to future financial viability of Public Health funded contracts (Risk ID 2966) had been reduced from 12 to the target level 8 because the Trust had received confirmation from the Commissioners that there were no further planned reductions for the current financial year or 2020/21.
4.24	The Board was briefed on the clinical service budget position for each Service Division; there were no new pressures to be reported.
4.25	Mark Robbins reported that capital spend was £2.1m against a plan of £3.0m. The main areas of spend included the redevelopment projects at North Cambridgeshire Hospital and Meadow Lane.
4.26	The Board was informed that the Trust was currently achieving an overall Use of Resources Rating of 1.
4.27	The Trust's Cost Improvement Plan (CIP) delivered savings of £0.571m over months 7 and 8 against a target of £0.886m; the Trust had identified schemes to deliver the annual savings target.
4.28	Matthew Winn drew the attention of the Board to the Trust's performance against its strategic Key Performance Indicators (KPIs), he noted that a number of KPIs were rated red for more than two consecutive months. He added that the Board should gain visibility on what was being done to ensure those KPIs were delivered. <b>Action: Mark Robbins</b>
4.29	The Board noted the Integrated Governance Report and supporting information.
<b>5.</b>	<b>Learning from Deaths Report</b>
5.1	Dr David Vickers provided an overview of Quarter 2 Learning from Deaths across the Trust. The report had been presented to the Quality Improvement and

	Safety Committee in December 2019.
5.2	With reference to an earlier query (item 4.13) regarding the number of child deaths, Dr David Vickers confirmed that the number of child deaths in the UK was approximately 6000 per annum. He added that the number of child deaths in Bedfordshire (noted in the report) was not out of proportion.
5.3	The Board noted the report.
<b>6.</b>	<b>Whistleblowing/Speaking Up Policy</b>
6.1	Anita Pisani briefed the Board on the following two slight amendments to the policy: <ul style="list-style-type: none"> <li>• Rewording item 10.3 to incorporate recommendations made by internal audit.</li> <li>• To append an Investigation process to the Trust Whistleblowing/Raising Concern/Speaking Up policy. The investigation process would be followed for any incident raised concerning staff.</li> </ul>
6.2	The Board was informed that Staff side had been consulted and were happy with the process.
6.3	Dr Anne McConville sought clarity on how confidentiality of the complainant would be maintained once witnesses were involved in the investigation process. Anita Pisani commented that confidentiality could be maintained but in some cases it would be complex.
6.4	Matthew Winn acknowledged that the process was important, however he felt that the language used was over formalised in particular the term 'Investigating Officer.' It was agreed to change the term to 'Investigator.' <b>Action: Mercy Kusotera</b>
6.5	The Board approved the revised policy subject to the above comment.
<b>7.</b>	<b>Key issues from other Board Sub-Committees</b>
	<u>Estates Committee key issues</u>
7.1	The Chair summarised the main points from the previous meeting held in November 2019. He reported that the Dental Team based in Wisbech had successfully moved to their refurbished clinic on the North Cambs Hospital site.
7.2	The Board was informed that the Committee had received an Annual Report on lessons learnt from capital projects. The report also included an update on improvements made in the governance processes set around capital projects.
7.3	There were no escalation points to the Board
7.4	Matthew Winn referred to his recent back to the floor visit to the Dental Clinic in Wisbech; he recalled that some members of staff were about to leave the Trust because of the area where the old Dental Clinic was sited. He added that the impact of moving to the new Dental Clinic which was easily accessible should not be under-estimated; it was not just good for patients but for staff as well.
	<u>Quality Improvement and Safety Committee key issues</u>
7.5	Dr Anne McConville brief the Board on the previous Quality Improvement and Safety Committee meeting held in December 2019. She drew the Board's attention to the new approach for sharing learning from incidents and serious incidents. The team had developed slides with summary themes from serious incidents; the slides could be shared at staff meetings and across services.
7.6	The Board was informed that one complaint had been reviewed by the Parliamentary Health Services Ombudsman and was closed with no actions required for the Trust.
7.7	Dr Anne McConville reported that the Trust continued to develop the Research Champion role in Norfolk; the role had been recognised as exemplar by Health Education East.
7.8	The Committee had approved Intellectual Property policy.
7.9	Regarding the issue relating to quality of water on the North Cambs Hospital site;

	the Board was informed that the risk was updated.
7.10	There were no points for escalation.
<b>8.</b>	<b>Chief Executive's Report</b>
8.1	Matthew Winn informed the Board that draft specifications for Primary Care Networks and Community Health Providers for 2020/21 had been released for wider consultation.
8.2	The Board was informed that at the December 2019 Leadership Forum the Trust launched an 'Adjustments passport' which would ensure all staff with a disability would be able to talk about the adjustments they needed at work. The Trust had a 'Disabled staff Guide' and had worked hard to increase the numbers of staff identifying themselves as being disabled. Supporting staff with a disability was one of the key priorities for the Trust in the coming year. Disability passport was one way of making sure that staff were supported in a better way.
8.3	Matthew Winn briefed the Board on the Board Assurance Framework (BAF); and the major strategic risks. The BAF was reviewed by the Executive Team on 17 <sup>th</sup> December and the outcome was reported to the Audit Committee on 13 <sup>th</sup> January 2020.
8.4	The Director of Governance was mapping the Trust governance structures and the Well-led action plans; strengthening the BAF continued as part of the Well Led Improvement priorities. The BAF would be updated to reflect the updated strategies and would be presented to the Trust Board in March 2020.
8.5	A number of celebratory messages across the Trust were noted including the following: <ul style="list-style-type: none"> <li>• The Trust had been invited to contribute an exemplar case study about the Luton Frailty/Enhanced Collaborative Models of Care Project to the national Neighbourhood Integration Project report commissioned by NHS England.</li> <li>• Mike Passfield, Head of Trust Regional iCaSH service had been appointed Chair of the Clinical Standards Committee for the Faculty of Sexual and Reproductive Health</li> </ul>
<b>9.</b>	<b>Any other Business</b>
9.1	Anita Pisani reported that the Trust was successful in winning the iCaSH Milton Keynes bid and services would commence on 1 <sup>st</sup> April 2020. She stated that the Trust was in discussion with the existent employer to confirm TUPE list. Mobilisation had begun.
<b>10.</b>	<b>Questions from members of the public</b>
10.1	There were no questions received from members of the public.

*Date of next Public Trust Board Meeting: 18<sup>th</sup> March 2020*

*Venue: The Seminar Room, Peacock Centre, Cambridge, CB1 3DF*