

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 10 July 2019

10.30 – 14.10

The Training Room, Unit 3, Cringleford Business Centre, Intwood Lane, NR4 6AU

Members:

Nicola Scrivings	Chair
Geoff Lambert	Non-Executive Director
Anna Gill	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Oliver Judges	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
Julia Curtis	Chief Nurse
Gill Thomas	Director of Governance

In Attendance:

Karen Mason	Head of Communications
Mercy Kusotera	Assistant Director of Corporate Governance
Lisa Wright	Patient Experience Manager (<i>item 1</i>)
Dr Amelia Eleftheriades	Advanced Specialist Clinical Psychologist
Ellen Ballantyne-Hough	Service Manager iCaSH (Norfolk)

Apologies:

Judith Glashen	Associate Non-Executive Director
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Minutes:

1.	Patient Story - Children's Community Nursing Team
	<i>Lisa Wright, Dr Amelia Eleftheriades, Ellen Ballantyne-Hough and three unnamed service users joined the meeting.</i>
1.1	Julia Curtis introduced the members of staff who had accompanied the service users to the Board. Three service users known as 'People Living with HIV' (PLWH) were attending to relate their experiences of attending the Integrated Contraception and Sexual Health service (iCaSH) Norfolk HIV support and information group. The service users were not named for confidentiality reasons.
1.2	The Board was shown a video of the three service users who had agreed to participate in the film. The service users had joined the Norwich group in 2017. Each service user had a different story to tell about the information and support they had received in the past and at the time of diagnosis.
1.3	One of the service users highlighted that the impact of stigma was so great and it almost prevented him from attending the iCaSH support group. Speaking about stigma with the group and recognising that he was not alone in experiencing stigma was an empowering opportunity.
1.4	Another service user commented that attending group sessions had helped him felt more informed about his medication. Before joining the group, the service user felt lonely and was unwilling to disclose his status to people close to him.

1.5	The service users echoed the benefits of joining the group, for example being able to talk about HIV, getting to know people and forming strong friendship within the group was good. Group sessions had reduced the impact of stigma and social isolation.
1.6	Dr Amelia Eleftheriades explained that the aim of the group was to improve the wellbeing of more people living with HIV in Norfolk by mobilising the power of peer support. She outlined to the Board the key topics covered during group sessions. Stigma had been a significant topic covered during group sessions. Other areas covered included addressing various aspects of psychological adjustments to HIV, disclosure to family and friends and coping with stress. Dr Amelia Eleftheriades added that group sessions had been well-received and the service users had experienced increased confidence in their ability to speak about HIV.
1.7	Nicola Scrivings thanked the patients and the staff for sharing the story. She inquired, from the service users' perspective, what a successful group would be. One of the service users responded that meeting people with similar problems was essential; however he noted that it could be challenging for employed people to attend group sessions. He felt that at times employers would not understand the situation.
1.8	One of the service users expressed his interest in working as a volunteer to reach out to other people who are living with HIV, in particular newly diagnosed patients. He added that some people would take their own lives due to stigma, emotional stress and lack of family support.
1.9	In response to a question about developing a buddying system and expanding the service to other areas, Dr Amelia Eleftheriades commented that there had been conversations regarding buddying; however different counties had different contractual agreements. She also added that there were obstacles relating to resource, time and people's availability.
1.10	Fazilet Hadi commented that the story showed great initiative by the service and she inquired whether the service could be a core service as opposed to an add-on. One of the service users agreed and added that if expanded to other areas, the service could save lots of lives because in some cases people took their own lives due to lack of support. He recalled that when he was diagnosed with HIV in 1993 buddying was not an add-on and he had a positive experience, but at that time the NHS had more funds and social work benefits.
1.11	In response to a question on what the Trust could do to improve iCaSH service, Matthew Winn highlighted that the best approach would be for the Trust to focus on what could be controlled within Trust services and support the service users through iCaSH. He recalled that one of the service users had indicated that he was willing to volunteer and he noted the need to explore this further. Action: Tracey Cooper/Anita Pisani
1.12	Dr Anne McConville inquired whether a virtual group could be an option; this could encourage younger people. One of the service users agreed and he added that a virtual group could be more attractive to young people.
1.13	Dr Amelia Eleftheriades informed the Board that in Norfolk, the team was encouraging diagnosed patients to join the group earlier soon after diagnosis. Meeting people and being part of the group at an early stage was an advantage. One of the service users reiterated that having people around during early stages of diagnosis was important.
1.14	Referring to one of the service users' comment about people taking their own lives, Gary Tubb commented that patients should be sign-posted to other third sector services for example the Crisis Centre. He added that the referral system should be joined up. Anna Gill concurred and she added that working with the Third Sector could be picked up at the People Participation Committee.

1.15	Julia Curtis commended the iCaSH Norfolk service and explained that hearing from the three service users was great. The Trust would look at how the good work could be spread to other iCaSH services across the Trust.
1.16	The Chair thanked the service users and staff for such a phenomenal story.
	<i>Lisa Wright, Ellen Ballantyne-Hough, Dr Amelia Eleftheriades and the three service users left.</i>
2.	Chair's welcome, apologies and additional declarations
2.1	Apologies were received from Judith Glashen, Associate Non-Executive Director.
2.2	There were no additional declarations of interest.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the May 2019 meeting were approved as an accurate record subject to a minor amendment to minute 3.8.
3.2	Anita Pisani clarified that action 4.32 relating to options for managing demand peaks in the Luton audiology services had been delegated to the Clinical Operational Board.
4.0	Integrated Governance Report
4.1	Gill Thomas introduced the new version of the Integrated Governance Report for the reporting period April and May 2019; the new structure was approved by the Trust Board in April 2019. The report provided an overview of quality, performance, workforce and finance in relation to the Trust's strategic objectives and associated risks to achieving those objectives. Gill Thomas reminded the Board that following the Well led and Deloitte reviews, it was recommended that the Trust should consider moving to integrated reporting on its performance rather than the current approach.
4.2	Gill Thomas highlighted the key points in the report including direction of travel for achieving the Trust's objectives. The focus was on the strength of assurance provided in relation to the Trust's strategic risks and high scoring operational risks.
4.3	More emphasis was on ensuring that the controls in place were effective. The report also provided assurance on the domains of safe, caring, effective, responsive and well led. The Board was informed that operation review of performance was reviewed by the Clinical Operational Groups.
4.4	Julia Curtis outlined the strategic and operational risks relating to the Trust's objective to provide outstanding care. The Board was briefed on key areas of safety including patient safety incidents, patient experience and infection prevention and control.
4.5	The Board was also briefed on the level of assurance in relation to the domains of safe, effective, caring, responsive and well led.
4.6	Julia Curtis informed the Board that in accordance with the Assurance Framework the Board could take substantial assurance on safety of service. The assurance level was based on the following: <ul style="list-style-type: none"> • No serious incidents and never events were reported in April and May 2019. • All other incidents were no, low or medium harm. • The number of no harm and moderate harm were consistent with rolling 12 months figures and all medium harm incidents were being scrutinised. • There were no healthcare acquired infections for the reporting period. • The number of medicines incidents was consistent with the rolling 12 months figure with higher level of reporting in Luton.
4.7	Julia Curtis explained that the Board could take substantial assurance in relation to the service being caring. The level of assurance was due to the following: <ul style="list-style-type: none"> • The patient story presented earlier demonstrated outstanding care.

	<ul style="list-style-type: none"> • The Trust's Friends and Family test results (96.93% were above national targets). • The number of complaints were either at or below the mean.
4.8	In relation to services being responsive, the Board could take reasonable assurance mainly because breaches to the Consultant-Led Referral to Treatment Time were very low. One complaint was responded to one day late. The Board was informed that the consultant-led access data relating to Enuretics service in Luton would be reported to the Clinical Operational Board in September.
4.9	Julia Curtis highlighted that from September, the Clinical Operational Boards would present exception reports to the Board.
4.10	Julia Curtis briefed the Board on escalated emerging risks from the Bedfordshire and Luton Clinical Operational Boards.
4.11	Julia Curtis commented on additional activity for dental access work in Peterborough; she highlighted that extra activity would reduce the number of turned away patients.
4.12	Regarding the risk relating to Luton's Children service (children not receiving their BCG immunisation before leaving hospital), the Board was informed that the Trust was waiting for the Commissioners to address the issue with the local hospital provider. If not resolved by the next Clinical Operational Board meeting scheduled for September, the Clinical Operational Board would be formally escalating the risk to the Board.
4.13	There was an emerging staffing risk within Luton audiology service due to staff going on maternity leave. The Board was informed that recruitment arrangements were underway to fill the posts. An update would be provided to the Clinical Operational Board in September.
4.14	Gary Tubb commented that he was not clear about the assurance levels. The Board agreed to discuss this further when discussing the impact of the framework; a Private Board session would be held soon after the Public Board meeting.
4.15	Anita Pisani briefed the Board on the level of assurance regarding strategic and operational risks relating to the Trust's objective to 'Be an excellent employer.' The Board was informed that in accordance to the Assurance Framework, the Board could take reasonable assurance on safety of services. Staffing pressures were adequately controlled with plans agreed with Commissioners.
4.16	The Board was informed that the Trust monthly sickness rates compared favourably to the benchmark for NHS Community Trusts. There was work in progress to reduce those absences attributed to unknown or other reasons.
4.17	Anita Pisani added that the Board could take substantial assurance that services were being delivered effectively for the following reasons: <ul style="list-style-type: none"> • Appraisal compliance remained constant and was above Trust-wide target. • Stability figures were above target. • Monthly sickness absence was within range and lower than the NHS Community Trust benchmark.
4.18	Regarding staff engagement, the Board was informed that the action plans relating to Cambridgeshire and Norfolk Children and Young People's Services were being developed. Updates on progress in relation to the actions would be presented to the Trust Board in November 2019.
4.19	In response to a question relating to agency spend ceiling, Mark Robbins explained that despite the figure for May showing above the ceiling, the cumulative agency spend to Month two was still low; usually there was spike at the beginning of the financial year due to staff annual leave.
4.20	Gary Tubb sought for clarity on how assurance against the risks was determined.

	A more detailed discussion on the assurance framework would be covered in the next Private Board session.
4.21	Anita Pisani highlighted that the Board could take substantial assurance that services were well led as agency spend was within limits and was being adequately controlled.
4.22	Regarding achieving the Trust strategic objective of 'Collaborate with Other Organisations' Gill Thomas provided an overview of the Trust's strategic work streams with other organisations. She informed the Board that the Trust and Cambridgeshire and Peterborough Foundation Trust (CPFT) Joint Venture Agreement had been signed by both Trusts. However the funding had not been identified as yet. Further work relating to areas including financial and stakeholder feedback data was needed.
4.23	Gill Thomas added that the Trust was working with East London Foundation Trust with monthly executive to executive meetings being held.
4.24	Regarding Enhanced Models of Care, the Board was informed that collaborative activities which provided assurance around risk mitigation had been identified.
4.25	The Board was briefed on clinical research studies that the Trust was currently involved in. Research assurances were also highlighted, for example, Health Research Authority (HRA) national and ethical had been obtained for all the National Institute for Health Research (NIHR) Portfolio and Non-Portfolio studies. Gill Thomas highlighted that based on the reasons outlined in the report, the direction of travel for achieving the strategic objective of 'Collaborate with Other Organisations' was strongly green.
4.26	Gill Thomas reported that the Board could take substantial assurance that the Trust had in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust, East London Foundation Trust and across the provider landscape in Luton.
4.27	Gill Thomas added that the Board could also be assured that the controls in relation to strategic risks outlined in the report were effective. The high scoring operational risks were in relation to the Enhanced Models of Care collaboration; the mitigations highlighted in the report demonstrated high levels of activity with providers to control the risk.
4.28	Matthew Winn highlighted that the Trust collaborated with other organisations and had appropriate relationships sorted in each local area. He asked how further information for example information relating to alliances within children's services could be described in this section of the report. A formalised approach was needed. Action: Gill Thomas
4.29	Mark Robbins provided an overview of achieving the Trust's strategic objective of 'Be a Sustainable Organisation.' The financial scorecard provided an overview of the Trust's financial performance.
4.30	Mark Robbins confirmed that in accordance to the Trust's Assurance Framework, the Board would receive assurance from the reporting of the Trust's financial sustainability and performance and also performance from the three strategic risks. Mark Robbins added that the Trust would also take assurance from the Trust's External Auditor's Unqualified opinion and its 'Value for Money conclusion' of the Trust for 2018/19.
4.31	The Board was informed that the Trust had received 'Substantial' assurance from internal auditor's 2018/19 assessments of the Trust's approach to Financial Planning and Delivery. Mark Robbins also reported that based on the work carried out during the year, the Trust's Local Counter Fraud Service concluded that the Trust had a strong anti-fraud culture.
4.32	The Board was informed that the Trust was on target to meet its year end surplus target.

4.33	Mark Robbins confirmed that cost improvement delivery was slightly below plan; but there were action plans to identify further recurrent and non-recurrent savings opportunities to mitigate the gap in delivery.
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 income was currently lower than plan due to dental contract income which was being reconciled to the new contract value.
4.36	Nicola Scrivings challenged the Cost Improvement Plan delivery; she asked whether the action plans were being reported to the Clinical Operational Boards. Mark Robbins explained that an update had been recently provided to the Wider Executive for discussion. The Executive Team would also receive regular updates on the action plan. Matthew Winn highlighted that the Clinical Operational Boards should look at the Cost Improvement Plans detail and should provide assurance to the Board. A report would be presented to the Clinical Operational Boards in September 2019. Action: Mark Robbins
4.37	With reference to emerging risk relating to public health contracts within iCaSH, Dr Anne McConville asked how the issue was being addressed. Mark Robbins explained that the issue related to medication and not the iCaSH service. There were ongoing discussions with the Commissioners on how the issue could be addressed.
5.	Learning from Deaths
5.1	Dr David Vickers provided an overview of Quarter 4 Learning from Deaths across the Trust. Key highlights included the following: <ul style="list-style-type: none"> • During the reporting period 35 patients had a recorded preferred place of care. • No complaints which related to the end of life care were received in Quarter 4. • 193 deaths of patients known to the Trust included the complex cohort of frail patients receiving care under the Specialist Nursing Team in the Community.
5.2	Fazilet Hadi recalled previous discussed held at the Quality Improvement and Safety Committee (QISC) and she highlighted that actions were taken by the Learning from Deaths Group which would feed into the QISC
5.3	Dr Anne McConville commented that there had been some good learning in relation to child death review.
5.4	The Board noted the report.
6.	Diversity and Inclusion
6.1	Angela Hartley highlighted the key issues in the report including performance against 2018/19 objectives and proposed Equality Objectives for 2019/20. The Board was briefed on the use of the Equality Delivery System (EDS2); the Trust used the tool to help to deliver against statutory requirements in relation to staff and service users.
6.2	The Trust's Workforce Diversity and Inclusion Improvement plan for 2019/20 had been refreshed based on the evaluation of 2018/19 performance.
6.3	Fazilet Hadi commented that the Trust's progress against the Equality and Diversity outcomes was good. However she was not sure about how success looked like to the Trust. She asked whether there were any measures for success. Angela Hartley explained that the Workforce Race Equality Standards (WRES) Action Plan had specific standards to be met. She added the Trust WRES performance was better than the national average.

6.4	Nicola Scrivings concurred with Fazilet Hadi's comment on how the Trust measured success. She commented that the report was not clear on what achievement looked like. It was recommended that the report should articulate what had been achieved for example; it should highlight achievements relating to the Trust's objective 'Being an excellent employer.' Action: Angela Hartley
6.5	Matthew Winn challenged the detail on the Trust's 2018/19 objectives. He commented that it was difficult to quantify whether the Trust had achieved the objectives. The detail needed to be tidied up and should be measurable. Action: Angela Hartley
6.6	The Board noted that a detailed conversation regarding the disability passport would take place at the People Participation meeting in September.
6.7	The Board was informed that the Patients and Service Users EDS objectives for 2019/20 would be the same as 2018/19 objectives and would be as follows: <ul style="list-style-type: none"> • Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require. • Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups.
7.	Freedom to Speak Up
7.1	Anita Pisani briefed the Board on the annual review of the Trust's raising concerns processes, the role of the Freedom to Speak Up Guardian and the Trust's Freedom to Speak Up Champions.
7.2	The report included Freedom to Speak Up Guidance for Boards, Freedom to Speak Up Self-Review Tool and a list and profiles of the Trust's Freedom to Speak Up Champions.
7.3	The Board was informed that following the Care Quality Commission (CQC) inspection in 2018 and the Trust's self-assessment undertaken last year, the Trust had appointed sixteen Freedom to Speak Up Champions. An open process had been used to elect the Champions. The Trust had a standardised training package for the Freedom to Speak Up Champions.
7.4	Regarding the information on cases raised across the Trust, Anita Pisani recognised that the Trust gathered feedback via other ways, for example from serious incidents and patient stories. She confirmed that future Freedom to Speak Up reports should include feedback from various modes used by the Trust. Action: Mercy Kusotera
7.5	The Board was informed that the Trust was confident that people had the confidence in speaking up.
7.6	Dr Anne McConville challenged the information on the cases raised in 2018/19; she commented that the report was silent about the resolutions or the outcome of the cases. She asked how the cases were resolved. Anita Pisani briefed the Board on process noting the following key steps: <ul style="list-style-type: none"> • Recording the case • Analysing the information provided • Providing feedback and outcome • If the raised issue was not Freedom to Speak Up related, the issue would be directed to the right channel.
7.7	Anita Pisani added that the Non-Executive lead for Freedom to Speak Up Geoff Lambert had also reviewed the recorded cases raised; if there were any areas of concerns he could have raised them. The Board could take assurance from Geoff Lambert's involvement in the process. Geoff Lambert confirmed that there were no noticeable trends picked up from the number of cases recorded during

	2018/19.
7.8	The Board was informed that the National Guardian's Office collected data from Freedom to Speak Up Guardians in all Trusts and Foundation Trusts on cases raised with them in 2018/19. The data was due for publication in July. Once published, the Trust would compare the data and themes against internal data to identify any learning.
7.8	Julia Curtis observed that the report included some highlights from the Freedom to Speak Up Champions on why they were putting themselves forward and she commented that including the highlights was good.
8.	Guardian of Safe Working Hours Annual Report
8.1	Dr David Vickers briefed the Board on the Guardian of safe Working Hours report. He confirmed that the Trust continued to meet the demands of the new contract for doctors and dentists in England. There was a mechanism to ensure trainees received adequate supervision.
8.2	Dr David Vickers confirmed that there was no evidence that the current working practices at the Trust were unsafe. Trainees were advised to seek support with the Guardian directly and to engage with the Junior Doctors Committee and Guardians of other trusts they work in.
9.	Key issues from other Board Sub-Committees
	<u>People Participation Committee key issues</u>
9.1	Nicola Scrivings summarised the mains points from the previous meeting. She confirmed that the cycle of business of the Committee was approved. The metrics for the People Participation Year 2 Plan were being finalised. The Board was pleased to note that all Co Production Lead posts were recruited to. Nicola Scrivings informed the Board that Fazilet Hadi would be chairing the Committee from autumn.
	<u>Extraordinary Audit Committee key issues</u>
9.2	The Board was informed that in the absence of Geoff Lambert, the Extraordinary Audit Committee meeting was chaired by Oliver Judges. The Committee had received and approved annual reports relating to the financial year 2018/19. The Board commended the finance team, Internal and External Auditors and the Local Counter Fraud Service for the great work; compiling and completing the reports within the required timelines.
	<u>Estates Committee key issues</u>
9.3	<p>Oliver Judges reported that the Committee had received updates from the Sub-Groups reporting to the Estates Committee (Health and Safety, Infection Prevention and Control). He added that the risk relating to Fire (Risk ID 2939) had been discussed; actions to mitigate the risk were in place.</p> <p>Gill Thomas commented that the current Committee reports to the Board were not sufficiently detailed enough on the assurance gained through Committee scrutiny and challenge. Future Committee reports should provide assurance to the Board.</p> <p>Action: Mercy Kusotera</p> <p>Regarding the risk relating to fire, Geoff Lambert challenged whether any checks had been carried out on buildings to ensure there were no issues relating to cladding. Mark Robbins confirmed none of the buildings the Trust used had relating to guidance on cladding.</p>
	<u>Quality Improvement and Safety Committee</u>
9.4	Dr Anne McConville provided an overview of the previous Quality Improvement and Safety Committee meeting. She reported that the Committee had received reports from the sub-groups. The Committee had received and approved the Business Continuity Policy and the Critical Major Incident Plan; the documents

	had been recommended to the Board for ratification. The Board approved the Business Continuity Policy and the Critical Major Incident Plan.
	Strategic Change Board
9.5	Nicola Scrivings briefed the Board on the previous Strategic Change Board meeting. Bedfordshire Children and Young People's Service Redesign programme was progressing well. The Board was informed that Business transfer Agreement for Acute Children's services and special Care Baby Unit transfer to North West Anglia NHS Foundation Trust was agreed.
10.	Chief Executive's Report
10.1	Matthew Winn presented the report summarising the main themes from the recently published implementation framework of the NHS Long Term Plan. A summary of the whole framework had been included in the pack.
10.2	The Board was informed that NHS England and NHS Improvement had signed off a paper concerning Primary and Community health services; a summary of the community and primary care developments and issues connected with the implementation framework of the NHS Long Term Plan had been included in the pack for information.
10.3	Matthew Winn briefed the Board on the Trust communication and promotional activity in the past two months. He highlighted that there was continued focus on raising awareness at regional and national level of the great work the services were doing; for example the Trust had been shortlisted in the inspiring Place to Work and Train category (Health Education East HEAT Awards 2019).
10.4	With reference to the NHS Long Term Plan, Fazilet Hadi inquired whether the implementation of the plan would affect the Trust. Matthew Winn explained that the plan would impact on some of the Trust services; for example the Luton Adult frailty services.
14.	Any other Business
14.1	None
15.	Questions from members of the public
15.1	A member of the public commented that she was impressed by the Patient Story shared earlier. There were no questions received.

Date of next Public Trust Board Meeting: 18 September 2019

Venue: Pemberton Room, Cambridge Professional Development Centre, Foster Road, Trumpington, CB2 9NL