

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 18 September 2019

11.30 – 15.10

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

Members:

Nicola Scrivings	Chair (from item 5)
Oliver Judges	Non-Executive Director (Chairing items 1-4)
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
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Julia Curtis	Chief Nurse

In Attendance:

Karen Mason	Head of Communications
Mercy Kusotera	Assistant Director of Corporate Governance
Lisa Wright	Patient Experience Manager (<i>item 1</i>)
Clare Estes	Health Visitor 0-19 Child Healthy Programme Bedfordshire (<i>item 1</i>)

Apologies:

Minutes:

1.	Patient Story - Children's Community Nursing Team
	Lisa Wright, Clare Estes and the Patient SH joined the meeting.
1.1	Julia Curtis introduced the members of staff and Patient SH, who shared her journey of transitioning to motherhood with the support of the Health Visiting service provided as part of 0-19 Healthy Child programme in Bedfordshire. She highlighted that initially she was uncertain about the journey to motherhood and was very hesitant about working with the Health Visiting service.
1.2	The Board was shown a film outlining Patient SH's experience with the Health Visiting service and the impact that the 0-19 Healthy Child Programme had on her journey of transitioning to motherhood. When Clare Estes first visited Patient SH, it was clear that Patient SH was not coping well with her pregnancy and was not keen to have a Health Visitor in her home. Clare Estes worked hard to offer an effective service to Patient SH who eventually was able to enjoy being a mum.
1.3	<p>Patient SH highlighted that Clare Estes' approach was amazing. During her visit, Clare Estes:</p> <ul style="list-style-type: none"> • Advised Patient SH about having access to primary care and mental health nurse • Talked about bonding with the baby • Feeding the baby and reading to the baby • Discussed parental relationships and preparation for parenthood. • Used Family Partnership Model resources to identify some goals and

	ways to achieve them.
1.4	After the visit, Patient SH started researching about breastfeeding, attended antenatal classes and she also started bonding with the baby and had talking therapy at the local surgery. Patient SH began to appreciate simple things like eating healthy, and her view of the baby had improved.
1.5	Through partnership working, Patient SH was able to find creative ways to bond with her unborn baby and to prepare practically for the birth and the first few weeks. She also felt well-supported by her husband.
1.6	Patient SH reported that the knowledge she had gained from her antenatal classes and visits from Clare Estes equipped her with the knowledge and ability to understand how to be as responsive as possible to her baby.
1.7	Clare Estes explained that children without a positive attachment to their parents could have low self-esteem and could suffer from mental health. In Patient SH's case, early intervention had helped; Clare Estes had the opportunity to refer Patient SH to a therapist. Patient SH pointed out that lack of attachment with the baby could have been dreadful; Clare Estes' visits had stabilised Patient SH's mood as she had accessed emotional well-being support. Signposting and early referral to other agencies led by the Health Visiting service was the key to Patient SH's successful transition to motherhood.
1.8	The Board was informed that Patient SH nearly cancelled her first antenatal visit on receipt of the appointment letter. She felt that the letter was very clinical; it did not explain what a Health Visitor was and the purpose of the visit was not stated. As a first time mum, providing more information on the purpose of the visit could have been helpful. The service had agreed that they were going to review if this could be improved.
1.9	Anna Gill asked whether Patient SH had spoken to maternity services; it was anticipated that during early days into pregnancy, usually maternity services would advise on what would be expected, for example seeing GPs. Patient SH confirmed that this had not happened. Clare Estes commented that the Health Visiting Team was working closely with the midwifery staff and there was an improvement on working together.
1.10	In response to a question relating to continuity of care, Patient SH commented that during her early pregnancy days, she had seen different midwives, different GPs and different consultants; they could not necessarily have had the opportunity to pick up on how she was feeling or progressing. Meeting Clare Estes and knowing that she would be visiting again broke that barrier.
1.11	Gary Tubb asked whether there was a simple outline of the journey provided to patients to help them understand what to expect; knowing whom they would be meeting and having something visual. He added that this would make the patients feel more comfortable. Clare Estes acknowledged the need to provide such information to patients before visiting them. Anita Pisani concurred and added that it would be helpful to have a picture of the journey as a new mum ahead of visiting time. Karen Mason commented that she was happy to help putting that information together.
1.13	Oliver Judges commented that the outcome was positive. He asked whether Clare Estes was aware that Patient SH suffered from anxiety before the first visit. He also asked whether she felt that there was a co-ordinated approach around that. Clare Estes confirmed that she was aware of Patient SH's condition. She added that sometimes midwives shared such information if available.
1.14	Julia Curtis thanked the service and the team. The service was aiming at sharing the outcome and the video of Patient SH story across the Trust Healthy Child Programme.

1.5	The Board thanked Patient SH and staff for such a phenomenal story.
	<i>Lisa Wright, Clare Estes and Patient SH left.</i>
1.16	Anita Pisani pointed out the story was from Mum and not a patient. It was agreed that for future Board meetings the agenda should distinguish whether the story is from a patient or service user. Action: Mercy Kusotera
2.	Chair's welcome, apologies and additional declarations
2.1	Apologies were received from Nicola Scrivings (Chair); she would join the meeting later on.
2.2	There were no additional declarations of interest.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 10 th July 2019 were approved as an accurate record subject to a minor amendment to minute 4.9: Julia Curtis clarified that from September 2019, exception reports from the Clinical operational Boards to the Board would come through the Integrated Governance Report.
3.2	Matthew Winn commented that actions relating to items for business as usual should come off the log and come back to the Board in future reporting. Action: Mercy Kusotera
4.0	Integrated Governance Report
4.1	Julia Curtis introduced the Integrated Governance Report for the reporting period June and July 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.
4.2	The Board was informed that the report comprised of three sections: <ul style="list-style-type: none"> • Executive summary outlining the direction of travel for achieving objectives, the level and strength of assurance. • Overarching summary of assurance in relation to achieving each strategic objective. • Performance for the reporting period.
4.3	Julia Curtis briefed the Board on the assurance relating to the Trust's objective to provide outstanding care. She reported that the recently published Care Quality Commission (CQC) inspection report had rated the Trust as Outstanding overall and within the well-led domains; the Board could therefore take assurance from the CQC report that the service provided outstanding care. She added that annual reports (from supporting sub-groups) presented to the Quality Improvement and Safety Committee also provided levels of assurance from both internal and external sources.
4.4	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.
4.5	The Board was also briefed on the level of assurance in relation to the domains applying to providing outstanding care: <ul style="list-style-type: none"> • Safe - reasonable assurance. The level of assurance was because there were no serious incidents and never events reported in June and July 2019. No healthcare acquired infections had been recorded during the reporting period. • Caring -Substantial assurance; this was due to outstanding care demonstrated from the patient story. The Trust's Friends and Family test results (95.47%) were above national target. The number of informal and formal complaints was within expected variance. • Effective -Reasonable assurance; mandatory training compliance

	<p>remained above Trust target in June and July (94%) and low number of Information Governance incidents were recorded.</p> <ul style="list-style-type: none"> • Responsive - Substantial assurance: complaints response times were 100% for both June and July 2019. Consultant-led referral to treatment time was above 92% target.
4.6	Anita Pisani briefed the Board on the level of assurance regarding the performance for June and July 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.
4.7	Anita Pisani 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.'
4.8	Anita Pisani outlined the level of assurance relating to the key domains to being an excellent employer; these were: <ul style="list-style-type: none"> • Safe – reasonable assurance; this was due to staffing pressures being adequately controlled with plans agreed with commissioner for prioritising service delivery • Effective – Reasonable assurance; appraisal rates were at or above target levels across 90% of services. Sickness levels remained constant and within controlled limits. Stability had improved and was above Trust target. • Well-led – substantial assurance: agency spend controlled within Trust ceiling.
4.9	The Board was informed that the Trust was ranked in the top 10 NHS Trust in all 10 themes assessed by the National Staff Survey, and the Board could take assurance from the survey results that the Trust was an "excellent employer". Anita Pisani informed the Board that the National Staff Survey for 2019 would be launched in October and the results would be presented to the Board in March 2020.
4.10	Regarding achieving the Trust strategic objective to 'Collaborate with other organisations' Anita Pisani 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.
4.11	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 and Joint Partnership Board with East London NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust.
4.12	The Board was informed that the direction of travel for achieving the strategic objective to 'Collaborate with other organisations' was strongly green. The Board noted that the controls in place in relation to this objective were effective.
4.13	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.
4.14	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.
4.15	The Board was informed that the heat map reflected that there was a potential future pressure on the overall financial performance for the year.
4.16	Mark Robbins reported that the Trust was currently achieving an overall Use of Resources Rating of 1.
4.17	The level of assurance for the well-led domain to be a sustainable organisation was substantial because the Trust delivered an in month operating surplus of £44k in June and £114k in July 2019.
4.18	Gary Tubb thanked the Executive Team for the report; he commented that the version was much easier to follow. However, he recalled previous discussions on innovation and asked whether there was an opportunity for collaboration. Anita Pisani commented that on twitter and social media, there was an account about NHS 'fab stuff' where people showcase some of the good practices across the NHS and good resources. She added that the Trust could post some of the good works done across the Trust.
4.19	Dr Anne McConville concurred with Gary that the report was easier to read. However she felt that it was difficult to navigate through the sections when discussing the report. She also sought clarity about ongoing discussions with the Commissioners on options for changes to models to address the historical funding shortfall for 0-19 services in Peterborough (Collaborate with other organisations) because she originally thought that the impact was on Cambridgeshire and Peterborough Foundation Trust and not Cambridgeshire Community Services NHS Trust. Anita Pisani highlighted that this was one example of the complexity of partnership working. She explained that the shortfall would affect the Trust's reputation because of the joint venture; the Trust was now running an integrated service.
4.20	Dr Anne McConville recognised that there was a risk relating to enhanced care models (Risk ID 2971) and she sought clarity on any implications for the Trust. Matthew Winn explained that there was an unmitigated risk for the Commissioning Groups in Luton which had been overruled by the joint executive and the Trust was not sure about that funding; Mark Robbins had some work to do with various people; however if a response on the income was not received by end of September then there would be further discussions with the Commissioners.
4.21	Anita Pisani clarified that the direction of travel for collaboration was against the measure which the Trust put against the objective originally; for collaboration to be green the Trust should achieve at least one new model of care in both Cambridgeshire and Peterborough and Luton Clinical Commissioning Group systems. Dr Anne McConville highlighted that she was challenging the supplementary information not the overall assurance. She clarified that her challenge was against navigating between the overall picture and the supporting information provided and how it was discussed. Oliver Judges acknowledged that some points would need to be clarified going forward; however he noted the need to balance the level of information provided.
4.22	Regarding workforce in particular equality objectives, Fazilet Hadi asked whether there were any levels of assurance and how the Trust was learning from patients. Anita Pisani responded that current performance measures needed to be

	<p>changed; this would be covered when reviewing Trust objectives in October; Workforce/Organisational Development Service would be refreshed. The current measures of success for being an excellent employer were:</p> <ul style="list-style-type: none"> • Staff engagement • Recommending the Trust as an employer • Appraisal rates • Stability <p>Anita Pisani agreed that Diversity and Inclusion measure should be included as a new measure.</p>
4.23	<p>Matthew Winn observed that staff retention had suddenly improved to 89.29% and he asked whether that would be the Trust sustainable figure and also whether the Trust was doing something massively different. He noted that retention had two impacts; it took away employment costs and allowed continuity in teams. Anita Pisani explained stability meant staff had been employed by the Trust for a year or more; until April this year the Trust had not reported on Bedfordshire Children's Service because they had not worked for the Trust for a year or more. The figures improved stability and not retention. Matthew Winn added that the Board would need to discuss any measures issues and how they would be reported in future.</p>
4.24	<p>Anna Gill sought assurance regarding safeguarding in particular whether there was an impact to families. The Board was informed that following a deep dive for Cambridgeshire Children's services, it was confirmed that safeguarding practises were not having a negative impact and the same question had been repeated in Luton. Julia Curtis explained that the Trust was planning to hold an audit on the quality of supervision later in the year. Anita Pisani commented that the Board could also take assurance from the number of cases the Trust failed to escalate; currently only one case had not been escalated.</p>
4.25	<p>Matthew Winn observed that there was an improvement in payment and he asked what had caused the change and whether that was sustainable. Mark Robbins responded that the change could be a timing issue and would need to be monitored.</p>
5.	Review of Delivering the Business Plan
	Nicola Scrivings joined the meeting and Chaired the meeting from this item.
5.1	Anita Pisani briefed the Board on implementation of the Trust's 5 year strategy. she reminded the Board that an Integrated Business Plan (2016-21) and core strategies were approved in March 2016.
5.2	The Board was informed that a full update of Quality and Clinical Strategy 2018-21 was received by the Quality Improvement and Safety Committee on 28 th August 2019. Delivery against the plan was on track. There was focus on patient outcome; the project had highlighted the broad range of patient outcomes in use and the opportunities to refine these with staff.
5.3	<p>Anita Pisani confirmed that the workforce objectives were on track for the remainder of the year and there were no escalation issues for Board attention. The Board was briefed on 5 programmes of workforce:</p> <ul style="list-style-type: none"> • A highly engaged workforce • An appropriately trained workforce • A healthy and well workforce • Diversity and Inclusion for all staff • An organisation culture of continuous improvement.
5.4	Regarding training, Geoff Lambert acknowledged that there was a focus on mandatory training and he asked whether there was other training appropriate in the wider job, apart from mandatory training. Anita Pisani responded that the Trust had a Trust wide training needs analysis which covered essential skills people need to do their jobs; that was embedded into the work stream.

5.5	Gary Tubb asked how Charitable funds could be used to support training initiatives. Anita Pisani confirmed that Charitable funds could be used for this purpose.
5.6	In response to a question about the Apprentice Levy, Anita Pisani explained that there was a 2 year window for calling back unused funds, and the Trust endeavours to maximise the use of these funds where possible.
5.7	The Board was informed that information management implementation plans remained on track and there were no issues to escalate to the Board. Mark Robbins reported that deployment of Windows 10 via NHS Digital licence allocation was in progress although there was a risk that the deadline of March 2020 might not be met. The risk was being regularly reviewed at a senior level.
5.8	Karen Mason briefed on the Communication Strategy; key areas included: <ul style="list-style-type: none"> • Media coverage- multiple and local media • Service redesign across the localities; this had increased the capacity. • Award submissions • Conference speakers and presentations.
5.9	Regarding Estates Mark Robbins reported that there were 12 programmes of work; the Estates Committee had oversight of the programmes. The Board was informed that the main issue with Programme 8 (relating to Brook fields site) related to car parking. A number of options were being explored to resolve the issue.
5.10	Regarding KPIs, Anita Pisani reported that only one KPI (d – contracted performance KPIs achieved) had not achieved the target; was 83% against 90% target.
6.	Annual Winter Planning Assurance
6.1	The Board was informed that the Winter Planning Assurance had been presented to the Clinical Operational Boards and the Quality Improvement and Safety Committee.
6.2	The Board endorsed the report.
7.	Emergency Preparedness Resilience and Response Core Standards
7.1	The Board noted the Emergency Preparedness Resilience and Response Core Standards. The work had been reviewed and signed off by the Trust's Accountable Emergency Officer.
8.	CQC Compliance of Purpose
8.1	Julia Curtis presented the revised CQC Statement of Purpose which reflected the move of two registered locations namely Trust Head Quarter to Units 7 & 8 in October and the Wisbech Dental Access Centre to the newly refurbished Rowan Lodge on the North Cambridgeshire Hospital site in September. The Statement also included the discontinuity of out of hours provision across Trust Dental services.
8.2	The Board noted the revised Statement of Purpose.
9.	Learning from Deaths Report
9.1	Dr David Vickers provided an overview of Quarter 1 Learning from Deaths across the Trust. Key highlights included the following: <ul style="list-style-type: none"> • There was clear correlation of patients dying in their Preferred Place of Death when their wishes were known. 87% of patients who expressed a preference had died in their preferred place of death during Quarter 1. • Use of end of life template by community nursing teams and staff – additional training was included in the competency framework. • There were 29 child deaths across the Trust during Quarter 1. Trust staff were involved in 24 of the cases. All these cases were recorded and followed up as part of the Local Child Death Overview Panels (CDOP)

	process. Trust staff provided information and participated in their local CDOP processes in cases of unexpected deaths where the child had been known to the Trust.
9.2	Matthew Winn referenced to a recent presentation (in London) about Safety; there were discussions about looking at all deaths that are going through the Coroners in every area (as part of the Medical Examiner's role) and he noted the need to explore how this could be triangulated for future Learning from deaths reports.
10.	Medical Revalidation Report
10.1	Dr David Vickers presented the Medical Revalidation Report outlining Revalidation arrangements within the Trust and performance in achieving compliance with the process. The report included a statement of compliance, confirming that the Trust as a Designated Body complied with the Medical Profession Regulations.
10.2	Regarding effective appraisal, Dr David Vickers reported that 95.7% of connected doctors had received an annual appraisal covering a doctors' whole practice. He noted that there was a typo on the percentage for the remaining doctors; the percentage should be 4.3%, not 3.3%. He added that of the remaining 4.3% who had not undertaken an appraisal, there were validated reasons approved by the responsible officer.
10.3	The Board was informed that recommendations to the GMC about the fitness to practise of all doctors were made in a timely manner.
10.4	In response to a question about the process for responding to concerns about a doctor, Dr David Vickers explained that the Trust was subject to a quality assurance process. Any doctor subject to Maintaining High Professional Standards (MHPS) process was notified to a designated Board non-executive director. Quality assurance of appraisals was now embedded and undertaken by the lead appraiser
10.5	Anita Pisani commented that Cultural Ambassadors were involved in the investigation process.
11	Claims and Litigation Annual Report
11.1	Mark Robbins briefed the Board on Trust annual claims and litigation between 1 st April 2018 and 31 st March 2019. The Trust had low number of claims during the reporting period.
11.2	The Board was informed that the Trust had no cases that went to Employment Tribunal between April 2018 and March 2019.
12.	Key issues from other Board Sub-Committees
	<u>People Participation Committee key issues</u>
12.1	Anna Gill summarised the main points from the previous meeting. She confirmed that the cycle of business of the Committee was further reviewed with a focus on the reporting cycle. The Committee had agreed to review the reporting framework for the Equality and Diversity timescales for all workforce and service users' elements to see if these could be reviewed earlier in the Trust's cycle of business so that it could be used for annual reporting and priority setting.
12.2	The Committee had invited the Co-Production Lead for Norfolk Healthy Child Programme; this was part of the new cycle of business allowing the Committee to have an in-depth review of the activity around co-production.
12.3	Anna Gill reported that the volunteers' process and assurance was reviewed; the Committee was assured that there were clear processes in place.
12.4	The Board was informed that the Cultural Ambassador role was now embedded as business as usual within the Trust.
	<u>Audit Committee key issues</u>
12.5	Geoff Lambert brief the Board on the previous Audit Committee meeting held in July. The Committee had received and noted the contents of the revised Board

	Assurance Framework.
	<u>Estates Committee key issues</u>
12.6	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 Committee was updated on the assurance of the Estates Management Service including compliance reporting and progress against the Estates Strategy.
	<u>Quality Improvement and Safety Committee</u>
12.7	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 and also the Emergency Preparedness Resilience and Response Core Standards.
12.8	The Committee had received a comprehensive annual report against Trust Research Strategy; areas of outstanding practice were noted for example the Research Team had been supporting the Trustwide Patient Outcome Measures workstream.
12.9	Dr Anne McConville reported that there was more focus on providing assurance that could be taken from the information presented to the Committee; a new template was being developed to strengthen this.
13.	Chief Executive's Report
13.1	Matthew Winn provided an update on some of the national policy issues impacting the Trust such as the new spending settlement recently announced by the Government and alterations to the Friends and Family Test.
13.2	The Board was informed that NHS England and NHS Improvement had published the NHS Oversight Framework for 2019/20. The NHS Oversight Framework replaced the NHS single oversight framework for providers and improvement and assessment framework for clinical commissioning groups.
13.3	Matthew Winn briefed the Board on the changes to the Friends and Family Test. Key changes were: <ul style="list-style-type: none"> • A revised FFT question; • A requirement for all services to make the FFT available to patients and service users at any time; and • Revisions to the requirements for see-and-treat ambulance services.
13.4	Regarding EU Exit, Matthew Winn reported that preparations for a no deal EU exit had recommenced nationally. The Trust EU Exit Working Group had recommenced with a wider representation including Service Directors. The Group reported to the Executive Team
13.5	The Board was formally informed that the Trust had been rated Outstanding by the CQC; this was an improvement from the previous rating of Good.
14.	Any other Business
14.1	None
15.	Questions from members of the public
15.1	There were no questions received.
16.	Business Calendar 2020
16.1	9 th October 2019 Board Development Session was dedicated to Strategy Refresh.
16.2	The Board noted the calendar.

Date of next Public Trust Board Meeting: 20 November 2019

Venue: Room L3, King's House, 245 Amptill Road, Bedford, Flitwick, MK42 9AZ