

**TRUST BOARD PUBLIC MEETING**

**Wednesday 14 March 2018**

**10.40am – 15.00pm**

**Training Room, Suite 3, Cringleford Business Centre, Intwood Road, Cringleford, NR4 6AU**

**Members:**

Nicola Scrivings	Chair
Gill Thomas	Non-Executive Director
Geoff Lambert	Non-Executive Director
Oliver Judges	Non-Executive Director
Richard Cooper	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design
Mark Robbins	Director of Finance and Resources
Dr David	Vickers Medical Director
Julia Sirett	Chief Nurse

**In Attendance:**

Taff Gidi	Assistant Director of Corporate Governance
Karen Mason	Head of Communications
Lisa Milner	Patient Involvement and Experience Lead (item 1)

**Apologies:**

<b>1</b>	<b>Chair's welcome, apologies and additional declarations</b>
1.1	The Chair welcomed MM and her child, Emma Jermy and Lisa Milner who were there to present the patient story. The Chair also welcomed Arden Dierker Viik and Faye Simpson – NHS Graduate trainees and Alison Smith – Care Quality Commission Inspector, who were observing the Board.
<b>2</b>	<b>Patient Story – Norfolk CYP Nurture Group Initiative</b>
2.1	Emma Jermy briefed the Board on the Nurture Group Initiative, how it works and which localities had groups. The initiative offers additional support to all families who had a baby in neonatal intensive care. They receive clinical support from specialists as well as peer support from other families in similar circumstances. The specialist support is offered collaboratively by children's centres and immunisations team.
2.2	MM shared her experience attending the Norfolk CYP Nurture Group Initiative including: <ul style="list-style-type: none"> <li>o her experience of using the health service for the birth of her two children noting that she had not received the right support for the birth of her first child;</li> <li>o how she had referred herself to the wellbeing service;</li> <li>o the responsive support she had received from the health visiting team who had also referred her into the Norfolk CYP Nurture Group Initiative;</li> <li>o the experience of having peer support from the other service users in the group who had gone through similar experiences; and</li> <li>o the convenience of having a local group which was not too far from her home.</li> <li>o how small things can make a big difference e.g. the staff had made sure everything was cleaned before group meetings which alleviated MM's worries about her child catching an infection.</li> </ul>
2.3	Nicola Scrivings inquired whether MM had now been discharged from the Nurture Group Initiative. MM confirmed that she no longer attended the group. However, she had been invited back to speak with other mums about her experiences. Emma Jermy explained that the service was looking at opportunities to work with families who had previously used the Nurture Group Initiative to support other service users.

2.4	Richard Cooper inquired how MM was doing now. MM shared how her quality of life had improved because of the support she had received. She acknowledged that there were still some challenges, but she was on a positive trajectory.
2.5	Julia Sirett thanked MM for her bravery in coming to share her experience with the Board. She inquired what the Trust could share with our staff to ensure that families that need support do not slip through the net like she did after the birth of her first child. MM noted that the first time clinicians just assumed everything was fine. Even her GP had missed that she needed support the first time.
2.6	Gill Thomas asked MM for her view on why she was missed the first time. MM explained that she had not been under the care of the same midwife through the whole process. That lack of continuing care played a role. The second time, it was helpful to have the same Health Visitor, for example, through the whole process.
2.7	Gill Thomas inquired about the cost of providing the service. She noted that it was clearly a service that worked and asked how the Trust could make it work so more people had access to it. Emma Jermy highlighted that one of the benefits was that the Health Visitor had regular contact with all the families at least an hour every work. In addition, the service also empowered families and gave them confidence to utilise universal children's services.
2.8	Emma Jermy explained that the service were considering whether to offer the service for longer than 16 weeks, but there were capacity issues which needed to be ironed out. She highlighted that the service empowered families to access other important services.
2.9	Matthew Winn inquired whether the clinical record was accessible to all clinicians who are involved in providing care so that service users do not have to continue to repeat the same information. MM confirmed that this was the case.
2.10	Matthew Winn asked MM whether the statutory home visits offered better support than the group setting. MM explained that, for her specifically, it was important to get out of the house and therefore the group was very important.
2.11	Emma Jermy explained that all participants of the Nurture Group Initiative also had the option to connect virtually with other members.
2.12	Matthew Winn asked how the service ensured that they were offering a service tailored to the needs of the service users. Emma Jermy explained that this was a key consideration. For example, the group in the east of the county had low attendance and therefore the service was considering moving the meeting to a venue at the hospital.
2.13	Matthew Winn highlighted that it was important to ensure this and similar patient stories are shared with commissioners when they are reconsidering provision of children's centres. Emma Jermy explained that the service was providing feedback to commissioners, but it would be helpful for service users like MM to come and speak with commissioners as well.
2.14	MM noted that the service had offered her great support and ensured that she did not feel isolated.
2.15	Nicola Scrivings thanked MM, Emma Jermy and Lisa Milner for attending.
<b>3</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	On minute 7.3, Gill Thomas clarified that an annual fire report would still be presented separately.
3.2	On action 8.2 relating to the Luton & Dunstable Hospital undertaking BCG immunisations, Matthew Winn reported that it had now been agreed that the Luton and Dunstable would now be responsible for 30% of BCG vaccinations. He explained that the commissioner would now need to find a solution for the other 70%.
3.3	Anita Pisani updated the Board that the backlog was on track and the agreed plan was being delivered.
3.4	David Vickers reported that North West Anglia NHS Foundation Trust had informed the Trust that they would be stopping undertaking BCG vaccinations. The Trust was challenging this decision.
3.5	Mark Robbins explained that the Assistant Director of Estates & Facilities had been briefed on the Board request relating to facilities in Dynamic Health gyms. It had been agreed to provide changing areas and locker rooms. However, there would not be a provision of shower facilities due to space. Matthew Winn added that this would be included in the plan for North Cambs redevelopment.

<b>4</b>	<b>Back to the Floor Programme Update</b>
4.1	<p>Karen Mason updated the Board on the Back to the Floor programme. She highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Currently 85 visits are scheduled every year. This number was due to increase with the new services in Bedfordshire from April 2018.</li> <li>• The visits are split across the Wider Executive team and Non-Executive Directors link in to visits.</li> <li>• Each service decides what areas they want covered during the visit.</li> <li>• After visit reports are produced and published including actions identified and how they were completed.</li> <li>• Feedback from the services on the visits is very positive. They appreciate directors and senior leaders experiencing frontline issues first hand.</li> </ul>
4.2	<p>Karen Mason highlighted some learning from recent visits:</p> <ul style="list-style-type: none"> <li>• it was important to ensure that if the visit included visiting patients or observing clinicians in practise that this was highlighted to the service user in advance;</li> <li>• there have been some challenges in relation to visits to small teams.</li> </ul>
4.3	<p>Richard Cooper noted that it was positive to hear the updates on the programme. In particular, it was critical that actions were being completed and feedback provided to the frontline staff. Karen Mason added that the Communications team follow-up with individual leaders after visits to ensure actions identified are logged and updates on actions are reported in the weekly newsletter.</p>
4.4	<p>Anita Pisani added that the positive feedback from staff was reflected in the Trust's engagement scores in the Annual Staff Survey.</p>
4.5	<p>Anne McConville highlighted that she had found some of her recent visits frustrating because she had spent most of time speaking to one member of staff. Nicola Scrivings responded that speaking to staff was still viewed by the staff positively and helped to triangulate information with other intelligence. Karen Mason acknowledged the comments and noted that these would be fed back into the planning process.</p>
4.6	<p>Nicola Scrivings inquired about the logistics and why changes were made if visits had already been booked. Karen Mason responded that a majority of visits were rescheduled at the request of the service.</p>
4.7	<p>Gill Thomas highlighted that it would be helpful for Non-Executives to be clearly briefed in advance about the plan for the visit and also getting feedback on the actions taken as a result. It was agreed that the Communications team would arrange for Non-Executives to receive quarterly updates. <b>Action: Karen Mason</b></p>
4.8	<p>David Vickers highlighted that most patients welcome directors and senior managers to observe frontline staff if they are asked.</p>
4.9	<p>Nicola Scrivings summarised they key issues raised by the Board:</p> <ul style="list-style-type: none"> <li>• better logistics;</li> <li>• communication with Non-Executives on progress against identified actions;</li> <li>• clear communication with Non-Executives about the plan for the visit in advance; and</li> <li>• communicating with teams so that they are aware of the role of the Non-Executives.</li> </ul>
<b>5</b>	<b>Trust wide Quality Report</b>
5.1	<p>Julia Sirett briefed the Board on key areas in the report. She updated the Board on the information governance serious incident which related to a fax being sent to the wrong number mistakenly. The incident had been reported to the Information Commissioner and the Trust was waiting to hear back on the outcome. David Vickers explained that the fax had gone to a secure room and had been immediately destroyed. The Board was briefed on the systems in place to govern use of faxes.</p>
5.2	<p>Julia Sirett added that the Trust was collaborating with partners on a digitalisation project in Luton. The plan is to ensure all care home were equipped with secure systems and emails so that information is shared safely. Matthew Winn added that the STP had a pot of money targeted at ensuring care homes on NHS mail. The Board asked for a definitive date to be included in the actions. <b>Action: Anita Pisani</b></p>
5.3	<p>Matthew Winn inquired whether the audits related to sepsis in the Community Nursing Teams were clinical audits and whether they were conducted in both teams. Julia Sirett confirmed</p>

	that clinical audits had been undertaken in both Community Nursing Teams.
5.4	Matthew Winn inquired whether similar audits are undertaken in Adult teams. Julia Sirett was to investigate and report back. <b>Action: Julia Sirett</b>
5.5	Matthew Winn inquired how the Board received assurance on sepsis. Julia Sirett explained that assurance was provided through the Infection Prevention and Control Group which reports to the Quality Improvement and Safety Committee. She explained that the next Infection Prevention and Control Group would be receiving updates from all teams. It was agreed that the Infection Prevention and Control Annual Report would include an update on sepsis. <b>Action: Julia Sirett</b>
5.6	Julia Sirett updated the Board on safe staffing levels. She described the process for review. Anita Pisani explained that with Community Paediatrics in Luton the team had invested in alocum paediatrician and were looking to recruit additional nursing resource to mitigate the risk. Julia Sirett added that this was also discussed in detail at clinical operational board.
5.7	Gill Thomas noted that the update provided assurance on the concerns previously raised at Board. Regular updates should be provided going forward. Anita Pisani responded that this would be included in the bi-annual workforce review. <b>Action: Anita Pisani</b>
5.8	David Vickers updated the Board on learning from deaths. He thanked Hussein Khatib who had undertaken the review. He briefed the Board on the key learning points from the 44 deaths that were reviewed. No areas of concern had been identified.
5.9	Nicola Scrivings inquired whether the exercise would be undertaken again in the future and the process for ensuring this was embedded. David Vickers acknowledged that it had been resource intensive to undertake this exercise. A dedicated Learning from Deaths Group was to be held to assess how this will be taken forward in future.
5.10	Julia Sirett added that it was important to have a systematic, process which was organic rather than looking backwards, to support quarterly reporting.
5.11	David Vickers added that the national guidance provided so far was focussed on deaths in hospital.
5.12	Matthew Winn noted that the Trust had agreed on a proportionate approach. Comparatively, the Trust was doing more than other community Trusts. It was important to check and ensure that our approach was consistent with other community health providers.
5.13	It was agreed that further discussions would be undertaken between the Medical Director, Chief Executive and NHS Improvement.
5.14	Matthew Winn noted that the review had identified two areas around the Trust's practice and approach. What was the plan for ensuring this learning is shared across all relevant teams. It was agreed that Anita Pisani would discuss with Linda Sharkey - Service Director for Luton Children and Adults how best to do this. <b>Action: Anita Pisani</b>
5.15	Julia Sirett briefed the Board on the summary on 2017/18 Quality Impact Assessments. She noted that additional work needed to be undertaken in relation to Luton as and when new initiatives are identified. <b>Action: Julia Sirett</b>
5.16	Gill Thomas inquired how flu vaccinations compared with last year. In 16/17 the Trust achieved the target, however, unfortunately for 17/18 we only achieved 62.4% against a target of 75%. She added that the team have identified a number of improvement actions for 18/19 to improve uptake and have also learnt from other Trusts which had performed better. Matthew Winn noted that other Trusts had achieved 80% uptake.
5.17	Anne McConville highlighted that messaging was important in driving up uptake of the flu jab. It was agreed that the plan for this year's flu season would be presented to the Board in July/Aug 2018. <b>Action: Taff Gidi</b>
5.18	Anne McConville presented the key issues from the Quality Improvement and Safety Committee. There were no issues for escalation to the Board.
5.19	Anne McConville briefed the Board on the discussion relating to resuscitation training and process for responding if a patient required resuscitation on our sites. Julia Sirett explained that this had been identified as a result of learning from two incidents.
5.20	Matthew Winn asked whether the drop in the stability rate shown in the data pack was cyclical and whether the Board should have any concerns. Richard Cooper inquired whether this was a national standard. Anita Pisani explained that this was a metric which measured the number of staff in post for 12 months or more. She explained that the stability rate assessed: <ul style="list-style-type: none"> <li>• turnover rate for staff in post for 12 months or more which reflects on recruitment and</li> </ul>

	<p>retention.</p> <ul style="list-style-type: none"> <li>• also highlights where a high number of staff are new in post.</li> </ul>
5.21	Anita Pisani explained that a further deep dive at team level was required to understand what was behind the drop. However, it was important to note that the Trust was not an outlier compared to our peers.
5.22	Gill Thomas inquired whether the rate was likely to be lower for the next few months. It was agreed that this would be covered in the bi-annual workforce review. <b>Action: Anita Pisani</b>
5.23	Matthew Winn inquired whether it was understood why the number of complaints had decreased. Julia Sirett explained that the Trust was getting better at resolving issues at source before they escalate.
5.24	Matthew Winn challenged whether, at some point, the number of complaints becomes statistically insignificant. Julia Sirett responded that the main issue was to ensure that the Trust was identifying both complaints and any cases resolved at source. Anne McConville explained that it was important to ensure the Trust did not lose the intelligence gathered through the informal resolution process.
5.25	Nicola Scrivings probed whether the increase in IG incidents from 2015 onwards was related to the new services that transferred into the Trust at the same time. Julia Sirett explained that this was reviewed as part of the periodic thematic analyses and there had been no link identified specific to the new services. It was agreed that a further analysis would be included in a future report to the Board. <b>Action David Vickers/Taff Gidi: To assess the reasons for increase in IG incidents since 2015 and to present this to the IG Steering Group.</b>
5.26	Nicola Scrivings inquired about Friends and Family Test in Norfolk. Julia Sirett explained that they had incorporated this into Just One Number. Nicola Scrivings noted that it was important to understand the dissatisfaction with Just One Number. Matthew added that it was important to desegregate Friends and Family Test from people who attend in person
5.27	Anita Pisani stated that it was important that we put this feedback into context as only 19 out of 6000 people had said they would not recommend the Trust.
5.28	The Board commended the MSK teams involved in the work to reduce the back log in the service. It was agreed that the Chair would write to the service. <b>Action: Taff Gidi</b>
5.29	Nicola Scrivings inquired about the Safety Thermometer. Julia Sirett explained that the value was a triangulation of this data with other intelligence. A review had been conducted on this and presented to the Luton clinical operational board. Anne McConville added that triangulation with other intelligence was critical because it helps understand seasonal variations.
5.30	Anita Pisani added that a thematic review on pressure ulcers was to be presented to the Luton clinical operational board in April.
5.31	MW notes that staff should be commended for the increased research activity. He gave an example of the presentation to Leadership Forum on Just One Number data which the research team were now looking to use for other research. David Vickers concurred and noted that it was more evidence of the impact a small investment in resources can make. He spotlighted iCaSH who had increased research activity significantly.
5.32	Anita Pisani highlighted the appraisal rate and reported that the Trust would be aiming for 92% target for 2018/19.
<b>6</b>	<b>Trustwide Finance Report</b>
6.1	Mark Robbins briefed the Board on financial performance and capital spend to date. The Trust was on track to meet year-end target.
6.2	Matthew Winn reminded the Board that the Trust's planned surplus was unaffected, but the year-end would be affected by the non-recurrent STF funds similar to the previous year. Anita Pisani added that an explanatory note would be included in the annual report.
6.3	Matthew Winn noted that the CIP plan for Luton, this needed to also model for the care homes programme which might exacerbate the situation in the short term. Mark Robbins responded that there was an ongoing review to manage this. Anita Pisani added that some of the financial pressure was due to the Trust invested in additional resources within our Community Paediatric team to enable the team to manage demand. There were ongoing contractual discussions to address this.
	<b>Budget</b>

6.4	Mark Robbins presented the 2018/19 budget. He noted that this was based on the operational plan which was signed off by the Board in December 2017 and then accounts for any changes since then. He highlighted the revised control total. The revised annual income was £129m. This had not impacted on planning assumptions.
6.5	Mark Robbins explained that the CIP target of £3m or 2.4% did not include the new Bedfordshire services. However, these services would not be expected to deliver CIP in their first year with the Trust.
6.6	On budget setting, the pay assumption was 1%. This was based on the expectation that a higher award would be fully funded for all Agenda for Change staff.
6.7	Matthew Winn explained that public health cuts were not included in the CIP plans. They were treated as decommissioning of services. This meant that the real savings being made would be higher.
6.8	Nicola Scrivings raised questions from Geoff Lambert about being paid for performance. Matthew Winn explained that the picture was varied, with some services where the Trust could not bill for additional activity. Where the Trust cannot bill for additional activity, the Trust works with commissioners to review contractual arrangements.
6.9	The Board was also briefed on 2018/19 CIP plans including which schemes had been identified and for how much. The Board was also briefed on the breakdown across the different services and the corporate schemes.
6.10	Nicola Scrivings noted that the position at this point in the year was consistent with previous years. The only difference was the specific challenges in the Luton locality. She inquired how this would be addressed.
6.11	Anita Pisani noted that she was concerned about Luton CIP. The clinical operational board had already been informed that they may not be able to identify schemes to meet their target. A new Service Redesign Lead for Luton had been appointed to help the teams with their service improvement plans. Mark Robbins confirmed that this was to be discussed at clinical operational board and he expected the teams to continue to work on these during the first quarter of 2018/9.
6.12	Julia Sirett added that the quality impact assessment process had been strengthened for 2018/19. The Chief Nurse, Medical Director and Director of Finance would be meeting with Service Directors to review schemes. This was further supported by a revised screening tool.
6.13	Anita Pisani explained that the new services transferring into the Trust in April would take at least 3 months to identify opportunities for service improvement.
6.14	Matthew Winn reassured the Board that even with the challenges discussed, the Trust would be in a position to deliver Trust wide target for the current year. However, a decision needed to be made early in the new financial year on whether to revise the target for Luton. Alternatively, the Board could choose to revise the surplus target. It was agreed that the Board would revisit this area again in July 2018.
6.15	David Vickers highlighted the challenge of explaining to front line staff that they need to continue to deliver on CIP when they see a surplus.
6.16	Gill Thomas inquired whether quality impact assessments would be reported via the clinical operational board. Matthew Winn responded that if Non-Executive Directors wanted to review specific quality impact assessments, this could be facilitated through the Chief Nurse and Director of Finance.
6.17	Anne McConville inquired how CIPs are triangulated against other intelligence like staffing pressures. She was concerned about the impact of staffing pressures in Luton for example. Anita Pisani responded that all CIPs would be quality impact assessed and approved before being implemented. A decision was to be made in July 2018 on the final CIP target for Luton. This would then need to be communicated with staff that the Trust would be looking elsewhere to deliver these.
<b>7</b>	<b>Key issues and escalation points from Clinical Operational Boards and Performance information</b>
	<b>Ambulatory</b>
7.1	Richard Cooper briefed the Board on key points from Ambulatory Care. He provided a verbal update on the ongoing work on Express Testing which was not included in the report.
7.2	The Board was briefed on the risk relating to doors at Breydon clinic. Work had been undertaken to fix the problem. A new fire risk assessment has been booked to assess

	whether the doors are now compliant.
	<b>Luton</b>
7.3	Nicola Scrivings briefed the Board on the key issues from the Luton clinical operational board including updates on BCG backlog and pressure ulcers. Anita Pisani explained that the service was currently forecasting Audiology 6 week breaches into May 2018 due to lack of capacity. The service was currently recruiting for temporary cover and looking at a different skill mix.
	<b>Children</b>
7.4	Gill Thomas summarised the main points from the Children and Young People clinical operational board. She highlighted the ongoing issue relating to antenatal care contact. Matthew Winn explained that the Trust had now agreed with Norfolk hospital for records to be transferred electronically which should improve the process. Similar agreements had not yet been reached in other localities.
7.5	A deep dive into appraisals rate had also been presented
7.6	Regarding risk 1349, Matthew Winn inquired how more consistent support from out of hours service could be achieved. David Vickers noted that it was largely a staffing issue. This was being discussed with CPFT to improve consistency. It was agreed that the Medical Director would raise this formally with CPFT. This was to be added as an additional mitigation on the risk. <b>Action DV: To formally raise the issue of consistency for out of hours service with CPFT and ensure risk 1349 mitigation actions were updated to reflect this.</b>
<b>8</b>	<b>Bi-annual review of delivering the business plan</b>
8.1	Julia Sirett updated the Board on the implementation of the quality strategy. She noted that this was monitored via the Quality Improvement and Safety Committee to ensure the programmes were on track. Anne McConville added that the committee had been assured by the update presented.
8.2	Anita Pisani covered the workforce strategy update. She highlighted the significant improvement in health and wellbeing score. She also briefed the Board on diversity and inclusion including progress in implementation of the Cultural Ambassadors programme.
8.3	Mark Robbins provided a progress update on procurement of ICT currently provided through Serco. He also highlighted the work undertaken to harmonise SystmOne units.
8.4	On Estates Strategy, Mark Robbins discussed the ongoing strategic estates projects including Princess of Wales.
8.5	The ministry of defence had now confirmed that their land next to the Princess of Wales site was available for purchase/transfer. The Trust was due to meet with the Department of Health to discuss.
8.6	Gill Thomas challenged whether 'robust compliance management' reflected some of the areas where the committee was still looking for further assurance in relation to non-Serco managed properties. Mark Robbins acknowledged that this was still work in progress. It was agreed that this would be updated to reflect discussions at the last committee meeting. <b>Action Mark Robbins: To update Estates strategy implementation report to reflect remaining gaps on non-Serco properties on compliance.</b>
8.7	Karen Mason updated the Board on progress against Communications Strategy which was on track.
8.8	Anita Pisani briefed the Board on performance against objectives and measures as follows: <ul style="list-style-type: none"> <li>• Objective 1c - target was 90% not 98%</li> <li>• Objective 2 - the Trust had exceeded on this e.g. ELFT</li> <li>• Objective 3d - the Trust was unlikely to achieve this at year end.</li> <li>• Objective 4d - the work was ongoing</li> </ul>
8.9	Nicola Scrivings inquired whether the objectives would be reviewed for 2018/19 since the Trust's portfolio had changed and some of the measures were no longer relevant. Anita Pisani noted that the proposed changes to the measures would be included when the next update was presented to the Board.
8.10	On Sustainability, Gill Thomas inquired whether this should be included in the annual report. Mark Robbins responded that there would be a section on sustainability in the report. Matthew Winn added that the biggest impact would be seen once some of the ongoing capital

	projects were fully implemented e.g. by replacing inefficient boilers.
<b>9</b>	<b>Annual Staff Survey Results</b>
9.1	Anita Pisani presented the results from the 2017 staff survey. The Trust was best in class overall when compared to other community Trusts nationally for overall staff engagement, best performing in the East of England and 9th nationally when compared to all NHS provider Trusts.
9.2	The key highlights were that 59% of all staff had completed the survey and overall results were very good and a continued improvement from the previous year. There were still some areas requiring improvement and therefore the Trust should not be complacent.
9.3	Anita Pisani highlighted some of the key indicators which were impactful on patient care like overall engagement score and do staff feel supported by their immediate managers. In general, the overall picture showed that most of the Trust's leaders were leading well.
9.4	There were two key findings which had deteriorated compared to the previous year.
9.5	Of the 4 key findings linked to Workforce Race Equality Standard, the Trust had performed above average on 3, but one indicator had deteriorated.
9.6	Anita Pisani explained that it was not yet clear why this had trended negatively. One possible option was that the Trust had been raising awareness about discrimination against BME staff as part of its proactive management over the last year and therefore may have increased reporting and awareness in this area. Gill Thomas and Richard Cooper agreed that it was important to raise awareness on this issue even if it increased reporting in the short term.
9.7	Anita Pisani noted that one of the actions taken based on last year's improvement plan was to provide more support for staff to raise concerns. This work was led by Taff Gidi, the Trust's Freedom to Speak Up Guardian. Staff also had a channel to raise concerns anonymously through the staff side Chair.
9.8	Nicola Scrivings challenged whether there was evidence staff were using the staff side Chair as a resource to raise concerns. Anita Pisani confirmed that she was aware of staff raising concerns through this route and that the Trust continues to promote this role/avenue.
9.9	Nicola Scrivings noted the difference between staff survey results on bullying and harassment of staff by managers and colleagues and the number of incidents reported via Datix. She inquired whether there was any understanding yet of why that was. Anita Pisani responded that the Trust was yet to undertake further analysis to understand this disparity. Julia Sirett noted that it would be beneficial to also review 'near misses' to see if they reveal any additional intelligence.
9.10	Anita Pisani noted that the 3 weakest performing areas were: 1. Appraisal rates 2. Number of staff working extra hours 3. Staff reporting bullying and harassment of staff by managers.
9.11	Anita Pisani briefed the Board on the trends. She noted that the analysis showed the Trust had climbed back to 2014 engagement levels. Richard Cooper noted that staff engagement was the most important measure of an organisation's health. Karen Mason noted that the Trust would be sharing this with staff in different forums and communications. It was important to share this for staff morale. Gill Thomas concurred that staff should be hearing about the positive results.
9.12	Matthew Winn noted that it was encouraging to see the Trust being best in class on 19 out of the 31 key findings reflecting the improvement work that had been undertaken in a number of areas.
<b>10</b>	<b>Key Issues Reports from Board Sub Committees</b>
	<b>Strategic Change Board</b>
10.1	Nicola Scrivings briefed on the main issues discussed.
10.2	Anita Pisani provided a verbal update on Bedfordshire Community Health Services transition. The transfer was on track for 1 April 2018. There was a lot of ongoing work to ensure staff in the services felt part of the Trust from day one including plans for senior leaders to visit services in the lead up to and immediately after the transfer to ensure full visibility.
10.3	A number of induction events had been arranged. Dates had been circulated to the Non-Executive Directors so they could also attend if they wanted to. A key focus is on ensuring that the Children's and Adults continued to run collaboratively even though they were being run by the Trust and East London Foundation NHS Trust. Therefore, joint lunches were to

	held during the induction days between the services to ensure they continue to view themselves as one unit.
10.4	The biggest concern being raised was whether IT would run smoothly from day one. Matthew Winn explained that the IT provider was not changing which should make the transition smooth.
10.5	Gill Thomas inquired whether a contract had been signed. Anita Pisani and Mark Robbins explained that the head contract between ELFT and the commissioners had been signed. The Trust was yet to sign the subcontract but were on track to do so ahead of 1 <sup>st</sup> April 2018. Anita Pisani explained that the two Trusts would be sharing informatics teams and clinical systems teams and it was envisaged that these internal contracts/SLA would be signed after transfer.
10.6	Gill Thomas inquired about property arrangements. Mark Robbins explained that ELFT would be the Tenant and the Trust would sublet.
10.7	It was agreed that the chair would get a briefing before her meeting with the ELFT Chair.
	<b>Estates</b>
10.7	Gill Thomas briefed the Board. She reported that a timeline for the Princess of Wales Strategic Outline Case had been signed off.
10.8	The timeline for the full implementation of the PAM tool was to be presented to next Estates committee meeting.
10.9	The committee had received very good assurance on compliance for Serco managed properties. However, there was still further work to be done in relation to other non-Serco properties.
	<b>Charitable Funds</b>
10.10	Matthew Winn reported to the Board that the Dreamdrops Fundraising Committee has elected to stay under the Trust. They had been given an option to transfer to NWAFT when Children's Acute Services are transferred this year.
10.11	Anne McConville asked whether Dreamdrops could be encouraged to invest in non-hospital based care. Matthew Winn explained that, while most of the charity's recent work had supported Children's Acute Services, their objects were to support children in Huntingdonshire. They were already supporting some work to turn staff stories presented to the Board so they could be used for training staff.
10.12	Gill Thomas inquired about the losses reported on charitable funds. Nicola Scrivings clarified that the losses were not materially significant. Mark Robbins explained that this related to funds held by CPFT on behalf of the Trust. It was agreed that Mark Robbins would circulate further information outside the meeting. <b>Action: Mark Robbins</b>
	<b>Audit</b>
10.13	Mark Robbins updated the Board on the main issues from the Audit committee. He noted the issues discussed at the last meeting relating to the internal audit follow-up report. The paper included an update on the latest position.
10.14	Richard Cooper inquired whether the updates that had been sent to internal audit and not included in the report had now been updated. Mark Robbins confirmed that there were some issues to be resolved on the auditors side, but there were also areas of improvement for the management team in terms of responding to actions. An updated position would be presented to the April audit committee.
<b>11</b>	<b>Chair and Chief Executive</b>
	<b>CEO Report</b>
11.1	Matthew Winn summarised the key points in the report including Higher Education England workforce review.
11.2	The Board was asked to delegate approval of the annual report to the Extraordinary Audit Committee on 25 May 2018. The Chair and Chief Executive were to sign off on behalf of the Board. If any significant issues are identified, these would be communicated to Board members before sign off. The Board approved delegation.
11.3	On the Board Assurance Framework, Matthew Winn explained that the assurance maps were being presented for final sign off by the Board. These were dynamic flowcharts which would continue to be updated as the assurance process evolved.
11.4	The next step was to develop assurance maps for a specific service, as an example, to map

	out the service level assurance process.
11.5	Nicola Scrivings inquired about adding a risk relating to Luton CIP. Mark Robbins confirmed that this would be included as part of the broader financial risk.
11.6	The Board recommended that the Executive consider the following additional risks: <ul style="list-style-type: none"> <li>• risk relating to GDPR and potential impact on services</li> <li>• risk relating to collaboration with care homes</li> <li>• new risk relating to Public Health cuts.</li> </ul> <b>Action - proposed risks to be discussed at Executive Committee. Update - action now closed. Discussed at March Executive meeting.</b>
11.7	Gill Thomas inquired about risk 2731. Julia Sirett explained that this was a new risk relating to GPs giving consent to override. This was a national issue that the Trust was engaging with other partners to find a resolution. Matthew Winn explained that a decision had been taken to follow guidance from the Information Commissioner which had unintended consequences for Trusts. This was likely to be challenged.
11.8	Gill Thomas highlighted a number of risks with an anticipated closure date at the end of March. She wanted to know if these were going to be closed. Anita Pisani responded that each risk would be reassessed and a decision taken to extend or close it.
11.9	Matthew Winn explained that the Joint Partnership Board would be circulated to members outside the meeting and then approved at the Board to Board. This was because there are number of areas where the Trusts had not yet reached resolution. Taff Gidi had now escalated the issue to the Chief Executive to discuss with his counterpart at CPFT.
11.10	Anne McConville noted that terms of reference needed to be clear on the role of the people participation committee versus QISCOM. Nicola Scrivings explained that she was meeting with the Chief Nurse to discuss.
<b>12</b>	<b>Any other Business</b>
12.1	None
<b>13</b>	<b>Questions from members of the Public</b>
13.1	None

*- Meeting closed -*

*Date of next meeting: 9 May 2018,*

*Venue: Teal Room, The Poynt, 2-4 Poynters Road, Luton, LU4 0LA*