

## DRAFT MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 28<sup>th</sup> September 2022

11:30am – 15.10pm

Microsoft Teams

#### Members:

Mary Elford	Chair
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Oliver Judges	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Anna Gill	Non-Executive Director
Catherine Dugmore	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Kate Howard	Chief Nurse
Rachel Hawkins	Director of Governance and Service Redesign
Steve Bush	Director of Children and Young people's Services

#### In Attendance:

Karen Mason	Head of Communications
Geoff Lambert	Non-Executive Board Adviser
Tracey Cooper	Service Director, Ambulatory Care (item 1)
Ellen Ballantyne	Head of iCaSH (East Region) (item 1)
Lisa Wright	Patient Experience and Participation Manager (item 1)
Sarah Kilby	Patient Experience Adviser (item 1)
Leila Daniel	Deputy Named Nurse Adult Safeguarding (item 1)
Carl Turner	Interim Associate Service Manager iCaSH Norfolk (item 1)
Mercy Kusotera	Trust Secretary and FTSU Guardian
Nicky Srahan	Clinical Lead - Large Scale Vaccination Programme

#### Apologies:

#### Minutes:

<b>1.0</b>	<b>Staff and Service User Story: "Our Journey of Improvement: iCaSH &amp; Safeguarding"</b>
1.1	<p>A digital story was shared to discuss and explore a case that both iCaSH and Safeguarding teams worked on. The following points were noted from the story:</p> <ul style="list-style-type: none"> <li>• The patient had HIV and later died from an HIV acquired illness.</li> <li>• First concerns were raised during level 3 safeguarding training.</li> <li>• The concerns were discussed with the head of safeguarding. The incident was then raised on Datix.</li> <li>• The concerns were presented to iCaSH and Safeguarding panel meeting in April 2021.</li> <li>• The team had not managed to unpick the real concerns with the patient due to them not attending for appointments.</li> </ul>

1.2	<p>The following ideas were developed from the incident to prevent similar incidents happening again:</p> <ul style="list-style-type: none"> <li>• Norfolk reflective practice group created and meets once a month to discuss patients that clinicians have concerns about</li> <li>• Monthly MDT meetings, now minuted and with clear terms of reference.</li> <li>• Improved record keeping, actions are saved to clinical system records.</li> <li>• iCaSH and Safeguarding services' working relationships had improved following the incident</li> </ul>
1.3	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> <li>• From safeguarding perspective, Cambridgeshire and Peterborough would adopt a similar approach to Norfolk reflective practices in the coming month. The Safeguarding team were also in communication with Bedford iCaSH team.</li> <li>• An audit was carried out on the reflective practice group, themes identified were shared through local governance meetings.</li> <li>• Learning from the serious incident has been embedded within iCaSH and safeguarding services.</li> <li>• It was anticipated that Wisbech clinic would be up and running for Kings Lynn patients making it easier to access the service locally.</li> <li>• Nationally, some examples of child exploitation and grooming were related to sexual health. The story provided forums to explore and discuss the issues which was essential to protect and support staff. <b>Action: Kate Howard to ensure the learning from the incident was embedded across Trust services.</b></li> <li>• Quality Improvement and Safety Committee receive regular thematic reviews on safeguarding, serious incidents and learning from deaths. It was noted that it was beneficial to hear the details of this case at Board.</li> <li>• iCaSH covers a large geography including Norfolk, Suffolk, Cambridgeshire and Bedfordshire and Milton Keynes and has a number of clinics across the patch. In the story, Wisbech clinic did not have an HIV service running. The nearest HIV clinic was King's Lynn. There were plans to establish a satellite HIV clinic using staff from Kings Lynn.</li> <li>• A number of initiatives were in place to improve access of iCaSH service, these included: <ul style="list-style-type: none"> <li>○ 24-hour online STI screening</li> <li>○ Postal medication</li> <li>○ Video consultations where clinically appropriate</li> </ul> </li> <li>• iCaSH is a standalone service and confidentiality is important. General safeguarding procedures are followed. Staff ask for consent to share information. Registered patients are encouraged to share their HIV status with their GPs.</li> <li>• iCaSH data is reported to Adults Clinical Operational Board. Detailed information about safeguarding is discussed with commissioners during operation groups for each county.</li> <li>• Children's safeguarding report is included in Children's and Young people's COB.</li> </ul>
1.4	<p>The Board thanked staff for sharing their experience and providing assurance to the Board on how learning from the incident was embedded.</p>
2.0	<p><b>Chair's welcome, apologies and additional declarations</b></p>
2.1	<p>The Chair welcomed all to the meeting.</p>
2.2	<p>There were no apologies for absence.</p>

2.3	There were no new declarations of interest in the current agenda. Any previously made declarations did not conflict with the meeting agenda.
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	The minutes of the meeting held on 20 <sup>th</sup> July 2022 were <b>approved</b> as a correct record of the meeting.
3.2	The Board <b>noted</b> updates to the action log.
<b>4.0</b>	<b>Chair's update</b>
4.1	The Chair provided a verbal update to the Board from the following recent visit: <ul style="list-style-type: none"> <li>• Visit to Bedfordshire school nurses. The support provided to the school nurses by the leaders and safeguarding team was commendable.</li> <li>• About 80% of the cases the team received related to children's emotional health and wellbeing. The team were keen to be part of the wider mental health system within Bedfordshire.</li> <li>• Reflective practice (highlighted in the staff story) was important, MDTs provided a forum to learn from cases.</li> </ul>
4.2	The following points were noted in discussion: <ul style="list-style-type: none"> <li>• There was an outstanding away day session with East London Foundation Trust (ELFT), one of the items on the agenda was to explore how to get closer working. <b>Action: Anita Pisani to link with Simon Harwin and ensure that the school nurses' team in Bedfordshire was connected to the ELFT Mental Health Support Teams in schools.</b></li> <li>• The Trust had completed a detailed annual training needs analysis around skills and competencies required to meet the changes in the demands on staff in terms of the complexity of children's needs. The Trust had recently appointed a head of strategic workforce planning.</li> </ul>
4.3	The Board <b>noted</b> the Chair's verbal update.
<b>5.0</b>	<b>Chief Executive Report</b>
5.1	The Chief Executive briefed the Board on progress and key issues, events and activities since the last Board meeting.
5.2	The following key headlines were noted: <ul style="list-style-type: none"> <li>• The Trust continued to respond to living with COVID-19 pandemic and supporting people with monkeypox.</li> <li>• Reference to two NHS Providers reports: <ul style="list-style-type: none"> <li>○ Realising the benefits of provider collaboratives</li> <li>○ Insight paper on staffing challenges.</li> </ul> </li> <li>• Freedom to Speak Up (FTSU) update. October was Freedom to speak up month. A round table conversation on civility would be filmed for the National Guardian to publish as one of speaking up themes for October 2022.</li> <li>• The Board was asked to approve the Critical and Major Incident Plan (CMIP) and overarching Business Continuity Policy and Plans (BC). The plans had been recently considered by the Quality Improvement and Safety Committee (QISCOM) on 7th September 2022. A more in-depth review was planned for next year as part of the Trust's response to the EPRR Core standards submission, which was due to be received by the Board at the November meeting. The updates to the CMIP and BC reflected the recent national and legislative changes. <b>Action: Rachel Hawkins to present the EPRR Core Standards submission to November 2022 Board meeting.</b></li> <li>• At the end of the Integrated Governance Report (IGR) Board discussion, the Board would confirm whether the Board Assurance Framework (BAF) was an accurate reflection of the strategic risks facing the Trust and whether there were any risks which needed to be added to the risk register.</li> </ul>

	<ul style="list-style-type: none"> <li>• Changes to risks 3163 and 3164 relating to staff morale and workforce challenges. The two risks were previously scored at 20 but had both had been reduced to 12 following Incident Management Team meeting discussion.</li> <li>• Communications update including social media campaign.</li> </ul>
5.3	<p>In discussion, the following points were noted from the Chief Executive's report:</p> <ul style="list-style-type: none"> <li>• The Trust had been awarded two new contracts: <ul style="list-style-type: none"> <li>○ Contract for Mental Health Support teams in schools across Norfolk and Waveney. Recruitment to staff needed was underway.</li> <li>○ Integrated front door for children's services; the Trust was working jointly with Norfolk and Suffolk Foundation Trust to support children and young people's mental health services.</li> </ul> </li> <li>• Two FTSU modules referenced in the report were e-learning modules; one module was specifically for Board members. The Board agreed that the module for the Board would be embedded into a Board development session as an interactive conversation. <b>Action: Mercy Kusotera to schedule FTSU module for the Board as an interactive session for Board Development.</b></li> <li>• QISCOM recommended Board approval for the CMIP and Business Continuity Policy and Plans. The Committee was <b>substantially</b> assured that the Trust had processes in place to be partially compliant with the new standards this year. The Trust was going through a peer review process with partners within the system.</li> <li>• There was a national surveillance relating to Covid rates. The data would help to determine whether the Covid -19 rates were declining or increasing. The Trust continued to hold an IPAC huddle, monitoring internal external data.</li> <li>• Inflationary pressure issues and cost of living impact would be covered in 'sustainable organisation' section of the IGR. <b>Action: Rachel Hawkins to include cumulative risk for Board Development session discussion.</b></li> <li>• Board members were urged to read the NHS Provider papers referenced above.</li> </ul>
5.4	<p>The Board <b>reviewed</b> and:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the content of the report.</li> <li>• <b>Approved</b> the Critical and Major Incident plan and Business Continuity Policy Plans.</li> </ul>
<b>6.0</b>	<b>Integrated Governance Report (IGR)</b>
6.1	<p>Rachel Hawkins provided an overview of the IGR for the reporting period June and July 2022. The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>• The overall assurance rating for the report was reasonable.</li> <li>• The level of assurance that each section of the report provided for the relevant domains of safe, caring, effective, responsive, and well led.</li> <li>• Key issues and conversations from Clinical Operational Boards (COBs) were summarised at the front of the IGR.</li> <li>• Strategic risks and operational risks scoring 15 and above.</li> <li>• Reference to Long-Acting Reversible Contraception (LARC) / PREP data (Ambulatory Care summary) needed to be corrected. <b>Action: Rachel Hawkins to correct the data relating to LARC on the COB summary.</b></li> </ul>
6.2	<p>Kate Howard briefed the Board on the outstanding care section. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Overall assurance ratings were: <ul style="list-style-type: none"> <li>- Substantial for effective</li> <li>- Reasonable for safe, caring and responsive</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Reduction in complaints handling capacity in June 2022, this led to reduction of assurance in caring domain. This was due to one member of staff on medium term sickness and one unfilled vacancy.</li> <li>• Complaints team was now back to 75% capacity with unfilled post being recruited into.</li> <li>• Brief overview of the national patient safety strategy which was released in September 2022. The framework would be monitored via Verto and required board leadership. The Chief Nurse and the Medical Director would have shared responsibility. Further update on the framework would be provided as required.</li> <li>• One serious incident was declared during the reporting period and the investigation was due to close soon.</li> <li>• Two incidents were submitted to the Commissioners for closure during the period. An action plan had been developed for both incidents and would be monitored for completion.</li> <li>• One patient alert was received and was reviewed by the IPAC matron.</li> <li>• Safeguarding annual report was presented to the Quality Improvement and Safety Committee on 7<sup>th</sup> September 2022. Relevant sections were reviewed by the COBs on 14<sup>th</sup> and 15<sup>th</sup> September respectively.</li> <li>• Safeguarding team was working on the new processes for court reporting and escalations across the organisation. The processes were now ratified for use across the Trust.</li> <li>• Mandated safeguarding supervision rates continued to be variable across the patch.</li> <li>• There was a change in requirement for lateral flow testing which came out on 1<sup>st</sup> September 2022. Staff were no longer required to lateral flow test routinely.</li> <li>• Six Covid 19 staff outbreaks were reported; this was consistent with the national picture. Reintroduction of face masks in clinical areas appeared to have helped to reduce the number of positive cases.</li> <li>• Flu vaccination programme was due to commence on 13<sup>th</sup> October 2022 and an implementation plan was in place.</li> <li>• Referral to treatment targets were discussed in detail during COBs. The Medical Director, the Chief Nurse alongside other clinician colleagues were reviewing the potential for outsourcing some of the diagnostic assessments.</li> <li>• Dental minor oral surgery service had an average of five weeks wait.</li> <li>• Peterborough Long Case General Anaesthetic list (adults and children with complex needs) had cleared the backlog of urgent cases.</li> <li>• Considerable reductions in LARC / PrEP waits in some localities for example Kings Lynn.</li> <li>• The CQC Statement of Purpose was included in the pack for Board approval due to the following changes: <ul style="list-style-type: none"> <li>○ addition of new Large-Scale Vaccination (LSV) site in Lescalles Ward, Kelling hospital. The site became operational on 5<sup>th</sup> August 2022.</li> <li>○ LSV site based in Beetley Ward, Dereham hospital closed on 31<sup>st</sup> July 2022</li> </ul> </li> <li>• Areas of outstanding practice included: <ul style="list-style-type: none"> <li>○ New Dimension staff gym at the Poynt, this gave the teams a gym space.</li> <li>○ Non-Medical prescribing conference held in July 2022 was a great success.</li> <li>○ LSV service delivered a number of sessions on Deaf Awareness and introduction to British Sign Language (BSL) to support deaf service</li> </ul> </li> </ul>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	users and staff.
6.3	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Ongoing work relating to children’s waiting lists especially in Bedfordshire and Luton due to demand and capacity issues.</li> <li>• Mitigation was in place to manage waiting lists, there was a focus on improving the experience of service users. There was good communication to ensure service users were updated on the waits.</li> <li>• Data relating to medicines management showed that there was a reduction in the number of incidents attributable to the Trust and the percentage of no harm incidents. <b>Action: Dr David Vickers to include in the next IGR confirmation whether the reduction in the number of incidents was a trend and if so, what actions were being taken.</b></li> <li>• Importance of system working to improve children’s services.</li> <li>• The CQC Statement of Purpose information about Kelling site needed to be corrected. <b>Action: Kate Howard to update the CQC Statement of Purpose to clarify that the Large Scale Vaccination site (Kelling Hospital) was opened in August for a couple of weeks but was now closed. Oliver Zangwill Centre to be removed from the list, it was closed in June 2022.</b></li> </ul>
6.4	The Board <b>approved</b> the CQC Statement of Purpose subject to the above comments
6.5	<p><i>Learning from Deaths Report</i></p> <ul style="list-style-type: none"> <li>• The Board commended the iCaSH team for putting in place a structured judgement review process for reviewing deaths relating to HIV.</li> <li>• The Board <b>noted</b> the contents of the Learning from Deaths Quarter 1 2022-23 report.</li> </ul>
6.6	<p>Anita Pisani briefed the Board on the level of assurance regarding the strategic objective to ‘Be an excellent employer.’ The following points were noted:</p> <ul style="list-style-type: none"> <li>• Overall assurance ratings were reasonable for safe and effective domains and substantial for well led. Agency ceiling would be reported in the next report. <b>Action: Mark Robbins to include assurance relating to agency ceiling in the next report for November Board.</b></li> <li>• There were two BAF workforce risks relating to morale and workforce challenges (3163 and 3164). Both risks were reviewed during Incident Management Team (IMT) and the scores were reduced from 20 to 12 based on the feedback received from services during that time.</li> <li>• Increase in sickness levels in particular Luton Adults. Conversations held with HR business partner for Luton to ensure there was support for staff and line managers to manage sickness cases.</li> <li>• Short-term sickness continued to be challenging for Luton Adults services. Mitigation was in place, this included addressing recruitment challenges. Six international nurses had recently arrived in the country and were undertaking their training to be able to go onto the NMC register. Four more international nurses were expected in November 2022.</li> <li>• Drop in stability in July 2022, to 82.85% which was below the target of 85%.</li> <li>• Trust turnover rate was currently 15%; this was less than the rate for Community Provider Trusts which was at 16.8%.</li> <li>• A learning from leavers survey had been sent to over 240 leavers who left the Trust since April 2021 asking them for their fair reflection of working for the Trust. Responses were expected by end of September 2022. <b>Action: Angela Hartley to include a summary of the leavers’ feedback in the bi-annual workforce report to the Board in November 2022.</b></li> <li>• The Trust continued to support the physical, mental and financial health and</li> </ul>

	<p>wellbeing of staff. A focused discussion took place at the Trust Leadership Forum which was held on 8<sup>th</sup> September in relation to what more could be done to support staff during these challenging times.</p> <ul style="list-style-type: none"> <li>• Agreed to extend the removal of 3.500 mileage cap until at least 31<sup>st</sup> December 2022.</li> <li>• National 2022 staff opinion survey was launched on 19<sup>th</sup> September 2022 with the closing date being 25<sup>th</sup> November 2022.</li> <li>• The Trust was also running an internal staff survey for bank staff.</li> <li>• Refreshing the Trust's 3 Year Strategy covering 2023 -2026. Staff conversations were set up between 27<sup>th</sup> September to 30<sup>th</sup> October 2022. Feedback from the sessions would inform Trust Board conversations on the development of the new strategy.</li> <li>• Continued focus on the delivery of the two local workforce equality delivery system objectives.</li> <li>• The Trust anti-racism pledge was promoted in the first Cultural Diversity network newsletter. Board members were asked if they would be willing to be featured in future Cultural Diversity newsletters; this was agreed. <b>Action: Anita Pisani to ask the Comms Lead to link up with Board members so they can feature in the Cultural Diversity network newsletter.</b></li> <li>• The Trust had not yet set an agency ceiling for 2022-23; this was being formalised.</li> </ul>
6.7	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust launched financial support package for staff in April 2022. During the Leadership Forum which was held on 8<sup>th</sup> September 2022 leaders were urged to ensure their teams were aware of the different offers and support currently available. The information was also available on-screen savers.</li> <li>• It was clarified that the stakeholder relationship management report (which was presented to the Private Board) and the 'collaborate with others' section of the IGR measured different elements and had different assurance levels.</li> <li>• The national FTSU Index had been stopped. The Trust could still get assurance from the national staff survey questions relating to the People Promise; for example, 'we have a voice that counts.'</li> </ul>
6.8	<p>Anita Pisani briefed the Board on 'collaborate with others' section. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust was embedded with the local systems and fully participated in ICS activities.</li> <li>• There were five measures for achieving the objective. The Trust was currently rated 'green' against each measure.</li> <li>• There were three strategic risks relating to collaborate with others.</li> <li>• Overall assurance for the objective was substantial.</li> <li>• A section on health and inequalities was being developed and would be populated in Quarter 2.</li> <li>• Collaboration was at the core of the Trust's research activities.</li> </ul>
6.9	<p>In discussion, it was noted that:</p> <ul style="list-style-type: none"> <li>• National polling of satisfaction with the NHS was carried out by professional polling firms; there were some limits on how the data could be used to provide assurance. However, there were surveys which were geographically specific about local services, for example GP survey. There were currently no census surveys that were specific to the Trust services.</li> <li>• Indicator 2e to be greyed out because work relating to the indicator was being developed. <b>Action: Rachel Hawkins to grey out indicator 2 e relating to health inequalities.</b></li> </ul>

6.10	<p>Mark Robbins briefed the Board on the ‘sustainable organisation’ section of the report. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The level of overall assurance was ‘Reasonable’ for the reporting period.</li> <li>• As discussed at the previous Board meeting held in July 2022, CIPs were delegated to service level from month seven onwards and would be reported in the second half of the financial year.</li> <li>• There were two strategic risks (3167 and 3488) relating to ‘sustainable organisation’ objective. There were no changes to the scores for both risks.</li> <li>• The Trust had received additional funding for inflationary support this year for non-pay and for the pay award</li> <li>• The Trust would be monitoring the non-pay service lines which were specific to the material areas of increased inflation and it was anticipated these would be reported at the next meeting in November Board. <b>Action: Mark Robbins to include in the next report, an update on non-pay service lines which were specific to material areas of increased inflation.</b></li> <li>• There were no new areas in materiality in variances for service performance (section 1.2)</li> <li>• The total spent for LSV service was £5.1 million up to month 4.</li> <li>• The cash position had seen a slight decline which was mainly because funds relating to the LSV were paid in arrears and also due to planned delay in payments for local authority contracts.</li> </ul> <p>From month seven onwards, LSV funding would be monthly, and not quarterly in arrears.</p>
6.11	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Increases in energy costs were being built into this year’s budget and would be monitored.</li> <li>• Other services (budget position – section 1.2) related to indirect costs that supported services; these included contracted income and central corporate services. <b>Action: Mark Robbins to include a more detailed analysis in Month 6 report to the Board in November 2022.</b></li> <li>• The Trust held ongoing live conversations with the Trust local authority commissioners regarding cumulative budget performance.</li> <li>• Confirmation that the contracting arrangements for the Trust providing LSV centres differed from the contracts provided to primary care and pharmacy.</li> <li>• Priorities relating to innovation would be captured in the service plans.</li> <li>• Confirmation that the Trust’s agreements with the local authorities for contract payments were quarterly paid in arrears.</li> </ul>
6.12	<p>The Board <b>confirmed</b> that the IGR provide a <b>reasonable</b> assurance.</p>
<b>7.</b>	<b>Committee Escalation Reports</b>
7.1	<p><i>The Trust Board noted the report from:</i>  <b>Quality Improvement and Safety Committee (QISCOM)</b>  <i>The following key headlines were noted:</i></p> <ul style="list-style-type: none"> <li>• <i>Two of the Trust Patient Safety partners joined the QISCOM meeting as observers.</i></li> <li>• <i>Commended safeguarding team for the progress they had made, for example the MASH re-design work within Cambridgeshire and Peterborough.</i></li> <li>• <i>Outstanding practice included expansion of clinical placements led by the Professional Education team.</i></li> <li>• <i>Appropriate action relating to Information Governance training requirements was being taken. Lessons learnt would be picked up by the Information Governance steering group. A conversation to be held as to whether the training requirement incident should be reported to the ICO. <b>Action: Rachel</b></i></li> </ul>



	<p><b>Hawkins and Dr David Vickers (Caldicott Guardian) to discuss with the Information Governance Manager any learning points arising from IG incidents.</b></p> <p><b>People Participation Committee (PPC)</b>  The following key points were noted from the report:</p> <ul style="list-style-type: none"> <li>• Comprehensive report from co-production across services. The Trust currently had one vacancy for co-production lead (ambulatory care)</li> <li>• Patient Experience Partner roles had been advertised using a similar model as the Patient Safety Partner posts.</li> <li>• An update on workforce diversity and inclusion including staff networks activity.</li> <li>• There was a process to ensure that flexibility was offered to staff wherever possible.</li> <li>• All interview panels to demonstrate diversity before recruitment commences.</li> <li>• Update on EDS objectives; work commenced on collecting demographic data for patients. Continued focus on addressing employment disparities in staff composition.</li> </ul> <p><b>Infrastructure Committee</b>  The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>• Progress updates on estates management and digital transition projects.</li> <li>• Positive discussion about the Green Plan and how it would be moved forward.</li> <li>• Assurance relating to cyber security and contracts.</li> <li>• The Trust had Digital Strategy in place and would be refreshed early next year. One of the key areas of focus for the Infrastructure Committee related to digital solutions and the impact on infrastructure. <b>Action: Rachel Hawkins to confirm when the Digital Transformation Strategy was due for review and whether a catch-up session with the Chair and the non-executive digital lead was needed.</b></li> </ul> <p><b>CCS / CPFT Joint Children’s Partnership Board</b>  The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>• Ongoing pressure relating to Health Visitor and School Nurse vacancies across the joint venture due to resignations, promotions, retirements and career development opportunities.</li> <li>• Changes to co-chairing arrangements; Jo Lucas (CPFT) had been replaced by Brian McCarthy.</li> <li>• Planned joint visit to YOUUnited – a charity working with the partnership on mental health and wellbeing.</li> </ul>
7.2	The Board <b>noted</b> the escalation points from Committees.
<b>8.0</b>	<b>Board reflection on the BAF</b>
8.1	Following the Integrated Governance report and Committee escalation reports discussion the following points were noted: <ul style="list-style-type: none"> <li>• Recommendation to take to the Incident Management Team meeting a proposal to increase risk scores for 3163 and 3164 relating to staff morale and workforce challenges and their potential impact on quality care. It was proposed to raise the scores from 12 to 16; both risks were previously scored 20 but were reduced to 12 at the beginning of September 2022. Based on recent COBs conversation and the IGR discussion, increasing the scores to 16 would be appropriate.</li> <li>• It was important to look at some of the underlying risk; a survey would be helpful. <b>Action: Anita Pisani to carry out a survey on cumulative risk in</b></li> </ul>

	<b>different services.</b>
8.2	Subject to the changes recommended changes to risks 3163 and 3164, the Board were satisfied that the Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and was assured that there were mitigations in place to address the risks. <b>Action: Anita Pisani to recommend to the Incident Management Team to review risks 3163 and 3164 and increase the scores from 12 to 16.</b>
<b>9.0</b>	<b>Medical Appraisal and Revalidation Report including Guardian of Safe Working</b>
9.1	The following points were noted from the report: <ul style="list-style-type: none"> <li>• A brief update on the Guardian Safe Working; there were no issues in relation to the employment of junior doctors.</li> <li>• There were no concerns about the medical appraisal and revalidation process.</li> <li>• The Board was asked to approve the statement of compliance (section 7). <b>Action: Matthew Winn to sign the Compliance Statement for submission to NHSE/I.</b></li> </ul>
9.2	The Board <b>approved</b> the Medical Revalidation report.
<b>10.</b>	<b>Annual Claims and Litigation Report 2021/22</b>
10.1	The Board received and <b>approved</b> the report
<b>11.0</b>	<b>Any other Business</b>
11.1	The following were noted: <ul style="list-style-type: none"> <li>• The Board noted that it was Geoff Lambert's last Board meeting with the Trust and thanked him for his contribution to the Trust since he joined in 2015.</li> <li>• The next Board Development session on 19<sup>th</sup> October 2022 would be held at Gemini House in Ely. It would be an opportunity for Board members would had not yet visited Princess of Wales (POW) hospital to visit the site.</li> </ul>
<b>12.0</b>	<b>Questions from members of the public</b>
12.1	No questions were received from the public.

*Date of next Public Trust Board Meeting: 23<sup>rd</sup> November 2022*

*Venue: Microsoft Teams*